ECDC Advisory Forum

Minutes of the Fiftieth meeting of the Advisory Forum

Stockholm, 26-27 September 2017

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Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) *(Document AF50/01)*

1. The meeting was opened by ECDC Director, Andrea Ammon, who welcomed the participants, noting that it was the 50th meeting of the AF and her first meeting as ECDC director.

2. Mike Catchpole, Chief Scientist, ECDC, welcomed Ute Enderlein, WHO's Regional Office for Europe and Frank van Loock, EU Commission. Apologies had been received from Cyprus, Malta, Romania, Slovakia and Aura Timen (EUPHA). Two conflicts of interest had been identified, and the relevant AF Members would refrain from contributing to discussions on the issues concerned. There were no further conflicts of interest declared.

Adoption of the draft minutes of the 49th meeting of the Advisory Forum (23-24 May 2017) *(Document AF50/02)*

3. Mike Catchpole, Chief Scientist, ECDC, said that Germany had already commented on the minutes and amendments had been made to points 15, 53 and 62, and Sweden had requested an amendment to point 86. Kåre Mølbak, AF Member, Denmark, noted that his last name was misspelled throughout the AF49 minutes. The draft minutes were then adopted without further amendments.

Update from ECDC on the main activities since the last Advisory Forum *(Document AF50/03)*

4. Andrea Ammon, ECDC Director, gave a brief update of the main activities since the last Advisory Forum meeting.[1]

Update on actions arising from the second External Evaluation of ECDC

5. Mike Catchpole, Chief Scientist, ECDC, gave a short update on the progress in implementing the Joint Action Plan.[2] There were no further questions or comments.

Update on third External Evaluation of ECDC

6. Andrea Ammon, ECDC Director, gave a short presentation on the plans for the third external evaluation of the Centre.

7. Paul Cosford, AF Member, UK asked whether there were opportunities for the AF to influence the scoping of the terms of reference for the external evaluation.

8. Andreas Gilsdorf, AF Alternate, Germany, expressed concern that a considerable amount of ECDC's time was taken up with programme management and evaluation rather than the technical content, and inquired whether this was perceived as a problem.

9. Andrea Ammon, ECDC Director, responding to the question by the AF Member, UK, suggested that he approach the UK representative of the Management Board. With regard to the concern expressed by the AF Alternate for Germany, she pointed out that the evaluations would extend over a number of years, , and that the evaluations were an opportunity to improve ECDC's methods of working more in-depth than the external evaluation would look. In any case, the eventual contractor for the external evaluation will have an overview of all ongoing evaluations and their results if available already. In the event of a public health crisis, work on evaluation could be reprioritised accordingly.

[1] Update on ECDC activities (A Ammon)
[2] Joint Action Plan to address recommendations arising from the second External Evaluation: Progress Report (M Catchpole)

Update on Single Programming Document – 2018

10. Andrea Ammon, ECDC Director, gave a short presentation on the Single Programming Document 2018.[3] There were no comments or questions from the floor.

Priorities 2019 (Single Programming Document 2019-2021)

11. Andrea Ammon, ECDC Director, gave a short presentation on the Single Programming Document 2019-2021 and the priorities proposed,[4] following which the floor was opened for discussion.

12. Paul Cosford, AF Member, UK, pointed out that although he was conscious of Brexit issues, he was still hopeful that the UK would be able to continue participating in ECDC work and discussions in the future. He asked whether, in a world in which scientific evidence was increasingly being challenged, ECDC should discuss the science of behavioural change and changing public attitudes as applicable to public health issues.

13. Sophie Quoilin, AF Alternate, Belgium, suggested that it would be expedient to design a vaccine strategy to target specific groups rather than just trying to increase coverage.

14. Kevin Kelleher, AF Member, Ireland, suggested that it would be more appropriate for ECDC to take an all-hazards approach when debating options for the future. With regard to vaccine coverage, anti-vaccine campaigns were gaining momentum in Ireland through social media so it would be useful to look at how to change our approach to tackle this.

15. Kåre Mølbak, AF Member, Denmark, agreed with the comments made by the AF Members for UK and Ireland. He also recommended that there should be more focus on new technologies and cited the example of point-of-care systems which was an unregulated area. The results of tests done using point-of-care equipment did not reach public health surveillance institutes and were not being added to national public health data.

16. Jaap van Dissel, AF Member, Netherlands, inquired how the strategic points were translated into budget forecasts since the budget looked similar for most diseases, and it would be interesting to see more detail or differentiation.

17. Isabel Noguer, AF Alternate, Spain, commented that Member States are currently not providing data on substances of human origin and inquired how ECDC is going to deal with this gap in the future. She further remarked that cross-border problems and how to target specific populations requiring vaccine coverage were other areas of concern.

18. Silvia Declich, AF Member, Italy, sought further clarification on the comments made by the Commission regarding strengthening the one-health approach (since there now appeared to be more focus on vector-borne diseases and the relationship between human and animal entomology). She also asked whether the AF would have the opportunity to see the document again before it was submitted to the Management Board.

19. Thorolfur Gudnason, Observer, Iceland, asked whether ECDC would have to skip other issues in order to have sufficient budgetary funds to deal with the 2019 priorities, and if so, which areas would be affected.

20. Andrea Ammon, ECDC Director, thanked the participants for their input. With regard to vaccine hesitancy, she suggested that this issue should be tackled at a brainstorming session during a future AF meeting. ECDC was also planning a project to examine the use of social media to promote vaccines. She pointed out that improvement of vaccine coverage referred to overall improvement, and she agreed that tackling coverage in specific population groups would improve coverage in general. With regard to the contribution to EU health security beyond infectious diseases, this topic had been under discussion ever since the inception of ECDC. The last two external evaluations had examined and rejected the idea of extending the Centre's remit, and therefore ECDC would continue to concentrate on infectious diseases. However, she pointed out that ECDC's Founding Regulation gave the Centre a mandate to work in areas where the cause was unknown, until clarified, which helped to facilitate work in some of the areas mentioned. Regarding point-of-care tests, this item had been taken on board and would be included in the 2019 Single Programming Document as a new development which could influence ways of working. In

[3] ECDC Single Programming Document (SPD) 2018 (A Ammon)
[4] ECDC Single Programming Document (SPD) 2019-2021 (A Ammon)

answer to the question as to how project deliverables were determined, ECDC was now linking activities with budget and FTEs to the single strategic objectives. For the 2019 Strategy, this would be done in autumn 2018. With regard to substances of human origin, ECDC's work related to the risk of these substances in connection with infectious diseases. For example, the West Nile maps were produced for the blood safety authorities in the Member States. With regard to the Commission comments on the one health approach, she would investigate and revert. She confirmed that the document would be shared with the AF for a second review following discussion in the November Management Board meeting. In answer to the question on whether activities would have to be skipped, she explained that the Founding Regulation sets the legal frame for some tasks to be done statutorily. So, if necessary, some areas might be reduced in scope rather than being skipped (examples here could be the areas of food and waterborne diseases and/or influenza.)

Draft policy on non-serial outputs based on analysis of Member States' data

21. Mike Catchpole, ECDC Chief Scientist, introduced the draft policy, explaining that paragraphs 12-23 set out key principles taken from Workgroup discussions at the last AF meeting. In order to realise these principles, the document set out some practical proposals, and ECDC was keen to obtain feedback on whether paragraphs 24-30 were workable as feasible proposals for implementation.

22. Kevin Kelleher, AF Member, Ireland, was pleased with the document which reflected comments made in his group. Further examples of serial and non-serial reports would be useful and a regular review of the policy document would have to be incorporated.

23. Andreas Gilsdorf, AF Alternate, Germany, was pleased with the document as a summary of AF discussions. He understood that non-serial referred to unplanned, ad hoc activities but felt that the phrase might need more clarification. He would also have preferred to see a more active rather than passive consultation of Member States (simply announced on the website). There was an inconsistency between the first and second part of the document, one stating there would be collaboration and the other stating that ECDC 'may invite' experts for collaboration. He would prefer experts to always be consulted where possible. Longer deadlines were required for consultation, three days was impossible. ECDC should not exclude the procedure for analysis in the public domain as it could potentially improve interpretation. Paragraph 26 regarding relevant stakeholders should stipulate 'relevant NFPs' as they should be the main recipients. He was very pleased to have had the opportunity to comment on the material so that it would reflect the national reality in each case.

24. Carlos Matias Dios, AF Member, Portugal was pleased with the document and asked if or when he would be able to circulate it in the country.

25. Paul Cosford, AF Member, UK, agreed with the comments made by the AF Alternate for Germany. Although he agreed that data should be used to help control infectious diseases and that information should be published, he pointed out that sometimes a delay in publication could be helpful when countries were dealing with sensitive issues. It was therefore vital to build in sufficient time for Member States to be able to consider an issue before publication.

26. Birgitta Lesko, AF Alternate, Sweden, suggested that the phrase 'may invite the relevant stakeholders' should be changed to read 'the NFP should always be informed' and also suggested that there should be a timescale included for commenting. It was not clear what type of document was being referred to, and the time scale would obviously depend on whether it was a rapid risk assessment or a peer review article.

27. Isabel Noguer, AF Alternate, Spain, said that the document was a great improvement on the one discussed at the last meeting, and the diseases and core functions were well covered by ECDC. She noted that there were areas in which there were gaps in the surveillance systems, and it would be an excellent opportunity to include these in the non-serial reports.

28. Mike Catchpole, Chief Scientist, ECDC, noted that there was clearly an issue with the definition of 'non-serial' and he would try to clarify and separate this from routine surveillance outputs traditionally published according to a timescale. Non-serial referred to both epidemiological reports that were part of the planning process but not necessarily standard (annual or quarterly outputs), and to ad hoc reports that were produced in response to issues that had not been foreseen in the annual planning process. With regard to the issue of active versus passive consultation, for some outputs he agreed that it was important to consult certain experts, and in those instances, NFPs could be asked to extend the circle of those invited to comment,

if necessary. However, for some ECDC outputs with fast turnaround (such as rapid risk assessments), it might be more difficult to obtain 28 sets of comments and therefore ECDC would have to maintain some discretion. With regard to the possibility of sharing the document, it was not confidential and once the final draft was ready, he would be pleased for it to be shared. Regarding the consultation process, inevitably, there would always be discussions on timing, but he understood that as a general principle it is preferable to avoid surprises. At some point in the near future, ECDC intended to publish online a single inventory of its scientific activities leading to outputs. He would revise the draft policy and circulate for final comments before enacting.

Epidemic intelligence update

29. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, gave an update[5] and the floor was opened for comments and questions.

30. Silvia Declich, AF Member, Italy, gave a short update relating to the chikungunya outbreak in Italy, explaining that blood donation had been stopped in the southern part of Rome and in Anzio. Efforts were also ongoing to investigate retrospective cases linked to the Anzio outbreak. The virus had been isolated by two laboratories to date. She was concerned about speculation in the press, and migrants being blamed for the outbreak whereas the source was probably imported as a result of tourism. Since the last outbreak, Italy had developed a preparedness plan for arbovirus outbreaks which had helped significantly. She encouraged all those countries in the potential outbreak area to put a plan in place. The Lazio region of Italy had had a hot summer with no rain and even water shortages, so climatic conditions had probably not been ideal for increasing the mosquito population.

31. Denis Coulombier commented that, according to his understanding, there was a problem with the screening of blood donations due to licences. The question was whether the mutation of the strain, associated with higher infectivity and competence of the mosquito, might affect the risk assessment.

32. Jean-Claude Desenclos, AF Member, France, gave a short update on the chikungunya outbreak in Var, France (August–September 2017).[6]

33. Jaap van Dissel, AF Member, Netherlands, asked whether ECDC's risk assessment highlighted the possibility of the disease spreading to other countries in Europe via mosquitoes imported as a result of commercial tyre sales.

34. Jean-Claude Desenclos, AF Member, France, said that although cars and trucks could potentially be very effective carriers of *Aedes albopictus* it was still necessary to have the right climatic conditions. *Aedes albopictus* had been identified in the Paris area but at present was still unable to overwinter. However, the most recent outbreak in France had been very early (August rather than September/October) and the climate had been much warmer in the area during 2017 so a link to climate change could not be excluded. Although it was difficult to know if vector control measures were effective, prompt investigation and action could at least mitigate risk. However, he pointed out that outbreaks required significant resources to control and these may not be maintained in the future.

35. Isabel Noguer, AF Alternate, Spain, said that Spain had developed a plan and strengthened resources in the Mediterranean zone, particularly since there were areas of the country, such as Murcia and Valencia, with very high average temperatures in summer.

36. Carlos Matias Dias, AF Member, Portugal, said that Portugal had verified occurrences of *Aedes albopictus* in the north of the country, which had helped to raise public awareness in the country, although there had been no outbreaks as yet.

37. Franz Allerberger, AF Alternate, Austria, highlighted the dilemma of responsibility as to whether the biting activity of the Tiger mosquito should be the responsibility of the public health authority or the environmental agency in a Member State. In Austria, it only became the responsibility of the public health agency when a case or some form of sickness was identified.

38. Sophie Quoilin, AF Alternate, Belgium, said that Belgium had finally recently launched surveillance for exotic mosquitoes and inquired what measures should be taken if such mosquitoes where found. She

[5] Epidemic Intelligence (D Coulombier)
[6] Chikungunya outbreak Var, France, August-September 2017

suggested it was important for the Member States to learn from one another on this issue and to coordinate their efforts.

39. Paul Cosford, AF Member, UK, echoed the point made by the AF Alternate for Belgium, noting that *Aedes albopictus* was also now being identified in UK ports. Although the mosquitoes did not overwinter this issue was still of concern.

40. Hervé Zeller, Head of Disease Programme Emerging and Vector-borne Diseases, ECDC, said that there is no real risk of the disease being introduced with importation of goods through *Aedes albopictus* eggs because there is no or very limited evidence of vertical transmission of chikungunya or dengue for this mosquito species, and in addition the minimum infection rate of vertical transmission is extremely low. The risk of overwintering of infected adults is also extremely low. The mosquito is a daytime biting mosquito and therefore more of a nuisance for local populations in the early morning and late afternoon. On the other hand, *Aedes aegypti,* a major vector for dengue, bites during the day but it is not so noisy and not so evident that it is biting. With regard to the lack of rainfall in Italy, he pointed out that this was ideal for mosquito breeding and dry weather forced the mosquitoes to live in closer vicinity to humans so the risk was higher. Rainfall was therefore not a good indicator of mosquito activity.

41. Denis Coulombier said that the role of tyres in establishing the vector in different areas had been documented and that was how it was spreading in Europe; however, the good news was that in the absence of vertical transmission, there was not much chance of the actual disease spreading. The debate about mosquitoes as nuisance versus public health risk had been ongoing for a long time, however, this was a discussion for the Member States themselves. Although ECDC had published a guide on preparedness for vector-borne diseases, it did not go into the same detail as the plans developed by France, Italy and other countries with experience of outbreaks.

Draft Expert Opinion on the introduction of the meningococcal B (4CMenB) vaccine in the EU/EEA

42. Lucia Pastore Celentano, Head of Disease Programme, Vaccine-preventable Diseases, Office of the Chief Scientist, ECDC, gave a short presentation[7] and the floor was opened for comments.

43. Jean-Claude Desenclos, AF Member, France, opined that the document was well-balanced and useful. Given the vaccine hesitancy seen in some countries, if a new vaccine was to be introduced for infants with possible side effects, the sociological and socio-political aspects needed to be considered as well as the technical aspects. It would be important to add data which might directly affect coverage as it became available for each of the European countries in order to broaden perspectives. For example, feedback on the UK experience would be very useful.

44. Frank van Loock, European Commission, said that the document had done well to tread carefully and avoid making recommendations which would involve potential extra costs to Member States. He wondered why there were such differences in the economic evaluations and asked about conflicts with other vaccines in the Member States' vaccine schedules. He noted that the availability of the vaccine at pharmacies could provoke concerns, and suggested that there should also be the option of a 'no-action' scenario.

45. Jaap van Dissel, AF Member, Netherlands, felt that some context in relation to the other strains was missing. For example, in the Netherlands, the W strain was increasing more quickly than the B strain, and the mortality rate for W was 2–3 times higher, so the Netherlands was changing its strategy to accommodate this. He also requested more information on the availability of the vaccine for Europe.

46. Isabel de la Fuente Garcia, AF Member, Luxembourg, said that following a study carried out in Luxembourg, a decision had been taken not to recommend universal vaccination since the disease was low-burden and the vaccine expensive (100 EUR). However, it was available for purchase on demand at pharmacies as an option. Acceptance of the vaccine was high because there had been no negative publicity and people were terrified of meningitis and its consequences.

47. Silvia Declich, AF Member, Italy, said that Italy had carried out an assessment in 2014, which had raised all the points described in this expert opinion. If planning to introduce the vaccine, it was important that countries should be able to use the information that was available and not have to reinvent the wheel at each stage of the process. According to her understanding, there should be five years of post-marketing

[7] Draft Expert Opinion on the introduction of meningococcal B (4CMenB) vaccination (L Pastore Celentano)

surveillance data available post licence, so in addition to data from UK and Ireland who had introduced the vaccine, this surveillance data should also be available to fill knowledge gaps. She suggested that this fact should be verified and investigations undertaken on how to obtain this data. More details on the introduction of the vaccine in the UK could also be useful for other Member States.

48. Marta Grigič-Vitek, AF Alternate, Slovenia, said that the document was very useful and that she would be pleased to see something similar on HPV vaccine for boys. In Slovenia, there were many requests for the 4CmenB vaccine from the general public and there had also been problems procuring it. After the death of a child in 2016, the institute had been highly criticised for not being able to obtain the vaccine.

49. Loreta Ašoklienė, AF Member, Lithuania, thanked ECDC for the document and the letter with an opinion on this situation that the Centre had made available in 2016. A final political decision had still not been taken on this issue in Lithuania so the public health institute had undertaken cost effectiveness studies this year. In Lithuania, the army were planning to begin vaccinating young people for the first time in 2017. The main discussions in the country were in relation to price, strain coverage and vaccine scheduling. With regard to strain coverage, she asked if it was needed to do the MATS (meningococcal antigen typing system) at country level or whether data from their neighbour countries could be used. Information on vaccine scheduling had also been very useful.

50. Thorolfur Gudnason, AF Observer, Iceland, would have appreciated ECDC expressing a stronger opinion regarding the MATS. He also pointed out that it was not practical for all the countries to do the cost effectiveness analysis on their own and he would have liked ECDC to provide a simple model on how a small country could evaluate this in their own setting.

51. Hanne Nøkleby, AF Observer, Norway, explained that Norway had had an epidemic of meningitis (B) from the 1970s to 1990s, and therefore it was difficult for people to understand why everyone was not being vaccinated now that a vaccine was available. However, there were not many cases and therefore there was little justification for vaccinating. It was therefore difficult to make people aware of the vaccine without promoting it. A cost effectiveness study was currently being planned for 4CMenB vaccine covering different age groups and changes in epidemiology.

52. Lucia Pastore Celentano confirmed that the limiting factors and side effects would be added to the summary of the document. She pointed out that the document was live so whenever more evidence became available it would be updated on ECDC's website. She agreed that five-year post marketing surveillance data would be useful to have and ECDC would contact the European Medicines Agency. Regarding MATS, the preliminary assumption had been that it was necessary to have MATS to assess strain coverage in country. However, manufacturers of the vaccine were now apparently providing MATS at the request of the country, although it was not clear if this was only after ordering the vaccine. ECDC would investigate and revert. ECDC would be working with external partners on a project to find an alternative to MATS as of March 2018, and would keep the AF posted. ECDC was also planning a project to develop a work stream for generic models that could be used and adapted to suit the country situation. A new VPD expert will soon join ECDC and will be assigned to focus on this issue. With regard to HPV vaccine for boys, ECDC has just finished work on a systematic review and cost-effectiveness study with the Robert Koch Institute and is currently updating its document on the subject which will be ready in 2018.

53. Kevin Kelleher, Ireland, referring to the meningococcal vaccine, said that in Ireland the debate had been based solely on cost. The vaccine had been approved for inclusion in the vaccine programme and uptake was high simply because it was included in the national vaccine schedule.

Virtual county visit to Ireland

54. Kevin Kelleher gave a presentation, with a particular focus on the areas of MSM/STIs and carbapenem-resistant Enterobacteriaceae.[8] [9]

55. Thorolfur Gudnason, AF Observer, Iceland, inquired whether rapid screening tests were being used in Ireland and whether there was a protocol in place for using them.

56. Kåre Mølbak, AF Member, Denmark informed that his country had recently implemented guidance on carbapenem resistance, which had been well received and he would be pleased to share it. The guidance

[8] HIV/STI in MSM in Ireland: trends and response (K Kelleher)
[9] CRE – What are we doing and are we doing it right? (K Kelleher)

identified a number of specific risk factors for patients ahead of admission to hospital and patients falling into these categories would be isolated. He stressed that it was vital to address these issues seriously as the situation with CRE was now getting out of hand in Europe.

57. Jaap van Dissel, AF Member, Netherlands, noted that many countries had seen the same phenomenon of a decrease in new HIV infections and an increase in STIs. One of the main influencing factors seemed to be an increase in the networks of the persons involved, so contact tracing had become more important and even a small increase in a network of sexual contacts could immediately explain the increase in epidemiology. Therefore, in larger cities in the Netherlands, efforts were focusing on increasing the number of persons notified, checked and followed up. With regard to CRE, the Netherlands had also developed extensive protocols for containment but not every CRE was the same, and therefore the situation depended on the strain and the host. They had worked on one specific protocol which focused on very fast typing to determine whether it was necessary to improve hygiene or to look at other factors such as antimicrobial stewardship. He suggested an exchange of protocols with Denmark might be useful.

58. Anastasia Pharris, Expert HIV, Surveillance and Response Support, ECDC, said that ECDC has separate systems for the surveillance of STIs and HIV and had indeed noticed a downward trend in new HIV cases at the same time as an increase in STIs among men having sex with other men. It was impossible to know what proportion of new cases were actually among men self-identifying as gay men and some cases were probably misclassified as unknown. She pointed out that gay men not self-identifying as gay were not so heavily networked which was part of the problem in reaching them with prevention messages. ECDC had recently received responses to a survey from 13 000 gay men using a gay dating app called 'Hornet', with around 10% saying they were using Pre-Exposure Prophylaxis (PrEP) and many of them ordering this on Internet. The issue of PrEP therefore needs to be addressed as it is likely influencing the trends being seen in Europe.

59. Dominic Monnet, Head Disease Programme, Antimicrobial Resistance, ECDC, confirmed that the phenomenon being seen with CRE in Ireland was similar in many other countries. Denmark and the Netherlands were both trying to fight against the trend and possibly due to strengthened infection control, greater resources in hospitals and prudent antibiotic use, they were coping better, however the phenomenon was being seen across Europe. Within a month, ECDC would publish revised guidance on infection prevention and control measures and tools for prevention of CRE entry into healthcare settings. By the end of the year, ECDC would meet experts identified by the countries to discuss a study on building capacity for carbapenem-resistant Enterobacteriaceae which would run over three years starting in January 2018.

60. Kevin Kelleher, AF Member, Ireland, said that the rapid screening tests in Ireland were not policy, and only one or two NGOs had used them. He suggested that new responses were necessary as part of a paradigm shift. In particular, the issue of behaviour had changed significantly in the last five years and this was the area that needed to be focused on.

61. Mike Catchpole, ECDC Chief Scientist, noted that there was a growing body of evidence to suggest that chemsex, behavioural responses to PrEP, and apps such as 'Grindr' were major factors affecting behaviour.

62. Jaap van Dissel asked whether in Ireland it had been considered in high risk groups to also provide gonorrhoea and syphilis prophylaxis or post-exposure antibiotics.

63. Kevin Kelleher replied that these were not used in Ireland as yet and that the main concern was resistance.

64. Jaap van Dissel agreed that there was a risk of resistance but suggested that a trial could be initiated to find out more about the use and effects of such prophylaxis.

65. Isabel Noguer, AF Alternate, Spain, said that in Spain there were similar figures to those described. Unfortunately, there was no information on the infected individuals and whether they were gay due to the fact that anonymous testing was being fostered. Opportunities for anonymous testing via Facebook were also being disseminated. In Spain there was a great deal of discussion about PrEP prophylaxis but unfortunately there were no hospitals or clinics open 24 hours a day that could be ready to administer this.

ECDC Public Health Capacity and Communication Unit

a) ECDC Preparedness Strategy

66. Jonathan Suk, Senior Expert, Public Health Emergency Preparedness, ECDC, gave a short introduction to the Preparedness Strategy document.

67. Jean-Claude Desenclos, AF Member, France, said that the document was quite generic and not specific. There were no operational aspects or explanations of the generic terms used. For example, the stockpiling of vaccines was not mentioned anywhere. Furthermore, there was no mention of Ebola or the need to deploy epidemiologists at local level. He did not see the added value in practical terms of preparedness and response.

68. Frank Van Loock, European Commission, shared the concerns of the AF Member for France. He had hoped to see a strategic focus on preparedness work at ECDC, building on knowledge of country issues and best practices. He suggested that the field of activity was too narrow and that it was important to identify all preparedness work being done at ECDC (i.e. also in training and surveillance units).

69. Ute Enderlein, WHO, said that ECDC and WHO had a vested interest in cooperating more closely and wished to see the two partners working more closely on capacity building. WHO was keen to invite ECDC to participate more in work on IHR, simulation exercises, etc.

70. Paul Cosford, AF Member, UK, noted that work on preparedness and response needed to reflect that systems were structured differently from country to country. He suggested an all-hazards approach so that the Strategy would also cover non infectious diseases.

71. Kåre Mølbak, AF Member, Denmark, echoed the reflections of other colleagues, pointing out that the document did not make it clear that preparedness was part of ECDC's core business. He noted that there was a great deal of information and material already available to draw upon. The document did not detail how a public health crisis could be managed in Europe, for example, by calling on the resources of the EPIET/EUPHEM network. The Strategy needed to draw upon specific experience in order to be useful.

72. Kevin Kelleher, AF Member, Ireland, suggested that it would be very useful if ECDC could organise training for the Member States in the form of desktop exercises to provide experience. Similarly, risk management and crisis communication were very important areas that needed to be covered.

73. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, ECDC, responding to the comments, suggested that many of the issues raised probably reflected the way in which preparedness and response were organised in the Member States, and the fact that they were more closely linked. ECDC's Strategy document had not covered Response elements which were outside the scope of preparedness, and within the remit of the Response Unit, however, he understood that it was necessary to better define the scope of the document. With regard to stockpiling of vaccines, although this was an important element of preparedness, risk management had been deliberately omitted as it was regarded a risk management issue.

74. Jonathan Suk thanked the AF participants for their input and confirmed that the Strategy would be restructured on the basis of their feedback.

75. Massimo Ciotti, Head of Section, Country Preparedness Support, ECDC, said that the Preparedness Strategy had attempted to cover aspects across all of ECDC's functions and describe how they were linked. He pointed out that ECDC could not work within the countries, however, it could help with the development of best practices, knowledge sharing (with the IHR and 1082 being based more on the cross-border aspects of preparedness work). ECDC's role was more of a brokerage role and the idea had been to show what had been developed so far and the logic behind these developments.

76. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, pointed out that preparedness had moved more towards the area of capacity strengthening and training, and therefore although there were synergies between the two areas they were focusing on different areas of work. In terms of work done on response, he informed the AF that there had been an in-depth evaluation of the Ebola deployment and discussions were now ongoing with ECHO on the potential for future involvement of ECDC in field deployment. ECDC was also finalising recruitment of the head of the Response section who would be in charge of further developing response activities.

77. Andrea Ammon, ECDC Director, thanked the participants for their comments, noting that they reflected the situation for ECDC ever since 1082 had come into force. It appeared that the expectations from the Strategy paper had been different, and she agreed that the Strategy should not reflect organisational structures, but operational issues. Before reworking the document, she asked the AF to provide more clarity on what they needed in order to meet expectations.

78. Kåre Mølbak suggested that the Strategy document should mention strategic issues such as the fact that any crisis should be dealt with at the lowest level in hierarchy and that those responsible on an everyday basis should also be responsible in a crisis situation. These were basic strategic principles in Denmark's own strategy which were applied in all areas.

79. Frank Van Loock, European Commission, suggested that all units and departments should have an input into a document of this type, in that there was a great deal of knowledge in house that could be applied, one example being the public health response to Ebola in 2015. He suggested that knowledge sharing, lessons learned and information on best practices would all be very useful.

80. Andreas Gilsdorf, AF Alternate, Germany, said that the definition of preparedness was very important and suggested that, in a crisis, preparedness and response could not be separated. In many countries response was organised at local rather than national level which meant it was difficult to develop plans which could be of practical use to everyone. He suggested starting with quite specific outbreak plans, a partner approach and perhaps some exercises rather than an all-hazard approach.

81. Paul Cosford, AF Member, UK, said that objectives 1 and 2 were correct but that the details needed to be more specific. He agreed that it was impossible to separate preparedness and response and also that systems were different in each Member State (the UK also had a more 'local' response strategy). He therefore suggested identifying commonalities from the various Member States and getting groups of experts together to 'pick their brains'.

82. Sotirios Tsiodras, AF Member, Greece, felt that the identification and prioritisation of shortcomings was missing from the document. He agreed with the AF Member for UK's evaluation of objectives 1 and 2. Overall, the Strategy was not bad but needed to focus more on specific areas.

83. Thorolfur Gudnason, AF Observer, Iceland, pointed out that many countries had response plans in place against the background of the IHR. He therefore suggested that the Preparedness Strategy was too late as most countries had already developed their plans. He also agreed that response and preparedness needed to go hand in hand.

84. Jean-Claude Desenclos, AF Member, France, pointed out that ECDC had a great deal of experience to offer and a huge advantage in that it had the capacity to produce expert advice, however this advice appeared to be lacking in the Strategy document. Nevertheless, he felt that the discussion had been extremely useful.

85. Andrea Ammon, ECDC Director, thanked the participants for their very useful advice. She understood that the paper should cover both the aspects of preparedness and response and it would be revised to take account of the proposals made.

b) Evaluation of ECDC Fellowship Programme

86. Carmen Varela Santos, Head of Section, Public Health Training, ECDC, gave a short presentation after which the floor was opened for comments[10].

87. Frank van Loock, EU Commission, felt that it would be more appropriate to evaluate the two different tracks, EPIET and EUPHEM, separately.

88. Andreas Gilsdorf, AF Alternate, Germany, agreed with this comment. It was still too early to look at EPIET and EUPHEM as one programme. He agreed with the four pillars approach but would have liked to see the document in advance in order to prepare. He also asked for more information on the role and composition of the proposed Review Committee.

[10] External Evaluation of ECDC Fellowship Programme (EPIET and EUPHEM; EU- and MS-track) (C Varela Santos)

89. Mike Catchpole, ECDC Chief Scientist, confirmed that a summary of the presentation would be circulated, and written responses sought from the AF in order to give members the opportunity to give proper feedback.

90. Jean-Claude Desenclos, AF Member, France, said that one evaluation for both tracks would be acceptable provided that it was detailed and specific for each of the track. Information on the interaction between the two tracks would have to be included along with details of what fellows from both programmes went on to do in the future after training. He would also have liked to see the proposed evaluation document in advance. The role of the Review Committee was critical, and he suggested this could be set up in a manner similar to that for the evaluation of the surveillance systems. He asked for more information on this issue.

91. Jaap van Dissel, AF Member, Netherlands, asked whether an evaluation of competence was included, and how the goals identified would be achieved.

92. Mike Catchpole, ECDC Chief Scientist, concluded that the consensus appeared to be that the tracks needed to be examined separately, clarification was needed on the four pillars, and that a paper with the approach and planning for the evaluation, including the composition of the Review Committee would be made available to the AF for feedback as soon as possible, with a view to obtaining responses within two weeks. This feedback will be considered when drafting the detailed specifications and Terms of Reference.

E-health: an opportunity to strengthen surveillance: experiences from Denmark and France

93. As an introduction to the subsequent Working Group session, Kåre Mølbak, AF Member, Denmark, and Jean-Claude Desenclos, AF, Member, France, presented experiences of e-health usage to strengthen surveillance in their respective country.[11][12]

[11] eHealth topic: The Danish experiences (K Mølbak)
[12] Health care utilization data for surveillance: experience from the French “Système National des Données de Santé

Day 2 – Wednesday 27 September 2017

94. Mike Catchpole, ECDC Chief Scientist, welcomed Professor Theofilos Rosenberg, President of the Hellenic Center for Disease Control & Prevention (KEELPNO), attending the second day of the Advisory Forum meeting as a guest.

Advisory Forum Working Group topic – E health: an opportunity to strengthen surveillance

95. Jaap van Dissel, AF Member, Netherlands, summarised the discussions in Working Group A.[13]

96. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, said that it would be necessary to look at common standards because at present standards varied from country to country.

97. Sotirios Tsiodras, AF Member, Greece, summarised the discussions in Working Group B.[14]

98. Kåre Mølbak, AF Member, Denmark, added that the group had discussed the fact that there was no common recipe for the development of e-health for infectious disease control, and that each country would follow its own path. This would mean that each data set would come from different data sources and be based on a variety of algorithms, and when it finally all ended up in TESSy, ECDC would have to deal with a patchwork of data, which would be a real challenge for surveillance at European level.

99. Isabel De la Fuente Garcia, AF Member, Luxembourg, summarised discussions in Working Group C.[15]

100. Mike Catchpole, ECDC Chief Scientist, noted that there were many common issues raised by the three groups; that all groups agreed it was a good idea to document best practices; that most groups saw vaccine registries as offering added value for public health; all groups highlighted the legal issues of e health and data, and there was a strong feeling that this was an area in which ECDC could be doing more. He asked what the participants would advise as the next steps.

101. Jean-Claude Desenclos, AF Member, France, said that it was important to promote the usefulness of e-health and that legal issues should not prevent use of the data if handled properly. There was great potential for the use of e-health data. If ECDC needed a strategy for e-health and use of data, this should be embedded in a larger public health strategy.

102. Kevin Kelleher, AF Member, Ireland, said that ECDC needed to make a strong case for the public health needs associated with use of such data, rather than use of the data for clinical health purposes, in order to clarify how the data worked for public health and what it could do to help. Debates always focused on protection of personal data and it was important to show the benefit of this data for public health and its value to the experts.

103. Andreas Gilsdorf, AF Alternate, Germany, agreed that ECDC needed to encourage its national counterparts to be more enthusiastic about the digital future and bring them on board. It was important that people understood that this data could be used for the collective rather than the individual benefit and this had to be done at EU level rather than at country level.

104. Isabel Noguer, AF Alternate, Spain, pointed out that a great deal of data was available at EU level, the Commission had funded many projects and the public health agencies had a great deal of experience, yet they did not have access to this information. Another problem was that public health institutions and epidemiologists did not have access to information which had been collected for other purposes. Therefore it would be very useful if ECDC could convince the Management Board and other actors at the highest level to start discussing about this issue, and encouraging links across disease areas. She also emphasised the impact of the new EU Data Protection Regulation (GDPR) that would enter into force in May 2018, and the fact that it was not clear whether it would subsequently be possible to access personal data. The European Parliament, health authorities, and other relevant actors would need to discuss this issue and perhaps ECDC could take the initiative and organise a meeting on data protection issues. She also highlighted the issue of resources and the fact that this could tie up resources which would then not be available for other activities.

[13] Feedback WG A
[14] Feedback WG B
[15] Feedback WG C

105. Carlos Matias Dias, AF Member, Portugal, strongly supported the comments by the AF Alternate for Spain. At national or local level, the technological capacities and surveillance needs were not always compatible, and therefore new forms of corporation were required to exploit technological capacities for public health action. He also pointed out that the area of big data seemed to be increasingly draining financial resources and in some cases competing with the needs of public health services. He also believed that there was potential for public private cooperation to use such data for forecasting in the future.

106. Sophie Quoilin, AF Alternate, Belgium, agreed with comments by the AF Alternate for Germany. Public health agencies were facing a revolution and the current systems were not set up to meet their objectives. It was possible that there would be potential for linkages and many other future uses for the data but it was necessary to think about the reality of how this would be financed.

107. Andrea Ammon, ECDC Director, thanked the participants for inspiring discussions. She agreed that a revolution was coming and that ECDC and all its stakeholders would have to deal with it in the years to come. ECDC would need to determine the skills set and methods needed and the policies that would have to be in place. She saw ECDC's task as to advocate, to gain a foothold in the new systems and to provide the services expected. As a first step, ECDC would have to look at advocating at EU level and increasing its presence in the area of e-health. The Agency already had a meeting arranged in two weeks' time with the Head of Unit responsible for e-health at the Commission to see how it could participate more. Another priority was adapting to the GDPR and ECDC would be looking at the impact of the Regulation on its work, with a view to discussing this at a future AF meeting.

108. Mike Catchpole, ECDC Chief Scientist, concluded that there were three areas where ECDC had a clear role to play: advocacy for public health use of data, supporting and enabling, and work in relation to EU standards.

ECDC Advisory Forum meeting dates for 2018 and 2019

109. Corinne Elizabeth Skarstedt, Head of Section, Corporate Governance, Director's Office, ECDC, provided further information on the members of the ECDC MB External Evaluation Steering Committee as requested by the AF. She then presented a list of proposed Advisory Forum meeting dates for the next two years:

AF52: 20–21 February 2018
AF53: 15–16 May 2018
AF54: 25–26 September 2018
AF55: 12 December 2018 (via audio-conference)

AF56: 19–20 February 2019
AF57: 14–15 May 2019
AF58: 24–25 September 2019
AF59: 11 December 2019 (via audio-conference).

EPHESUS: evaluation of EU/EEA surveillance of HIV/AIDS

110. Anastasia Pharris, Expert HIV, Surveillance and Response Support Unit, ECDC, and Andrew Amato, Head of Disease Programme HIV, Sexually Transmitted Infections and Viral Hepatitis, Office of the Chief Scientist, summarised the findings, conclusions and recommendations of the HIV/AIDS surveillance evaluation report.[16]

111. Mike Catchpole, ECDC Chief Scientist, noted that Mika Salminen, AF Member, Finland, had also been a member of the sub group reviewing the report and had provided feedback even though he was unable to attend the AF meeting.

112. Kevin Kelleher, AF Member, Ireland, reporting for the sub group that had reviewed the report, said that the group had been concerned about the lack of input from clinicians to the evaluation. His suggestion was that the system needed to focus on surveillance (action) and not programme monitoring. Consequently, there was a need to enhance the system. The report had not always distinguished clearly between surveillance and programme monitoring. Mika Salminen, AF Member, Finland, had suggested that an examination of continuum of care would be one way of looking at how the system was working. He had

[16] EPHESUS: Evaluation of EU/EEA Surveillance of HIV/AIDS (A Amato & A Pharris)

expressed doubts about the relevance of AIDS surveillance and felt that there was a need to focus more on behavioural surveillance. He was also very clear about the impact that the new EU GDPR would have on this surveillance. He also suggested that at some point in the future there would need to be an independent process for evaluating EU/EEA surveillance systems collectively rather than as separate entities.

113. Isabel Noguer, AF Alternate, Spain, said that she had very much appreciated the report and agreed with the conclusions. However, a major concern in Spain was that the HIV/AIDS reporting system was one of the best and a great deal of time and resources had been invested into it. Although she agreed that continuum of care monitoring and behavioural surveillance needed to be included, these data were being obtained from other sources (clinics, hospitals, etc.), and Spain was not keen to tinker with its well-functioning HIV/AIDS surveillance system at present. She suggested that everyone should participate in the cohort studies as these provided enormous amounts of information (both clinical and resistance data).

114. Jurijs Perevoščikovs, AF Member, Latvia, was pleased with the report. Latvia had found that the case definition (laboratory confirmation of cases) was unclear and had asked for clarification from ECDC. They now understood that the approach used for confirming a case was actually not being used in many countries and he therefore suggested that it should be updated and asked for ECDC's views on which guidelines to adhere to. With regard to transmission routes he was unsure that Latvia's system could identify different transmission routes, and there was a need to increase data quality (30% of cases in Latvia had an unknown route of transmission). Finally, he asked how it might be possible for a surveillance system to capture cases who tested anonymously, particularly those who were tested at prevention points (drug users) and did not visit a doctor for confirmation of their test results.

115. Jean-Claude Desenclos, AF Member, France, expressed how very pleased he was with the report and that it demonstrated how well the process had been set up. He asked whether the current surveillance system would be able to detect changes in relation to HIV trends in the future.

116. Thorolfur Gudnason, AF Observer, Iceland, made a general comment on evaluating EU/EEA surveillance systems, said that ECDC should not send too many detailed and extensive surveys to the Member States at once, given that other agencies also requested data (e.g. UNAIDS for the Global AIDS Monitoring system). Having a better idea of how surveillance systems were organised in each country would help ECDC to put this all into perspective.

117. Jaap van Dissel, AF Member, Netherlands, said that the report had been very well received in the Netherlands, and that it addressed the same problems that the Member States were encountering at national level. In the Netherlands, clinical data were no longer so important and there was an increasing tendency to look at trends rather than details. He applauded the approach set out in the conclusions of the report that decisions on the listed issues also needed to be taken at Member State level.

118. Hanne Nøkleby, AF Observer, Norway, reported that the comments she had received in Norway were almost identical to those made by the AF Members for Ireland and Finland.

119. Mike Catchpole, ECDC Chief Scientist, agreed that it would be a good idea to broaden the base of stakeholders to be consulted. However, he was unsure about the concerns expressed in relation to the distinction between surveillance vs programme monitoring, pointing out that both serve to improve disease prevention and control.

120. Andrew Amato, Head of Disease Programme HIV, Sexually Transmitted Infections and Viral Hepatitis, Office of the Chief Scientist, thanked the AF for its feedback, noting that a network consultation was being planned as a follow-up. He agreed that clinicians should have been more involved in the evaluation, given that the majority of HIV/AIDS surveillance notification data come from clinicians. On the other hand, cooperation with cohorts had increased over the last 2–3 years. With regard to behavioural surveillance, he felt that ECDC was receiving mixed messages and he wished to know what needed to be done in this area.

121. Jean-Claude Desenclos, AF Member, France, suggested that there should be more use of surveys and more contextual information made available, particularly where a country consisted of multiple communities. He pointed out that in the US, a federal country, states have been carrying out behavioural surveys with a common methodology very successfully for many years, so it was not impossible. However, he stressed that behavioural data should not be stored in TESSy as they differ conceptually from case data.

122. Jaap van Dissel, AF Member, Netherlands, agreed that behavioural data would be misplaced in TESSy.

123. Isabel Noguer, AF Alternate, Spain said that she did not think that creating a laboratory network would be a good idea as the necessary information could be obtained from cohort studies and this would therefore be a duplication.

124. Andreas Gilsdorf, AF Alternate, Germany, said that since this was the first of a number of evaluations, attempts should be made to make the expectations and recommendations as fitting as possible to the overall demands of the surveillance system. For this reason, NFPs for surveillance should continue to be included in all the evaluations, in addition to the disease specific Focal Points in order to also receive input that is relevant to the system as a whole. He agreed with the AF Members from France and Netherlands that additional disease specific requests (e.g. behavioural surveillance data) could not all fit into TESSy.

125. Kevin Kelleher, AF Member, Ireland, made the point that behavioural surveillance was very relevant and useful for Europe, since the gay community was one of the most mobile populations in Europe.

126. Mike Catchpole, ECDC Chief Scientist, concluded that the discussions did not indicate that there was a need to change the underlying methodology, that the report had generally been well received, that some of the discussions had focused on behaviour and the fact that it was important, without necessarily advocating behavioural surveillance at EU/EEA level.

127. Anastasia Pharris, Expert HIV, Surveillance and Response Support Unit, ECDC, thanked the participants for their comments which would be taken to the network for further discussion. She agreed that it was quite artificial to divide surveillance and programme monitoring, but this had been the contractors' choice. ECDC does collect variables for the HIV continuum of care, but they are optional so the issue will be brought to the network to decide whether they should be kept, developed/changed or collected through another process. Some behavioural information, particularly concerning MSM, had been collected in one-off Commission-funded projects across Europe. One example was the European MSM Internet Survey, which was about to be repeated by the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA), asking gay men across Europe about their behaviour. However repeat of these projects is not guaranteed and therefore she suggested that there was a need to look at the EU added-value of common actions on behavioural surveys and to come back to the AF for further advice in the future.

Update from the European Commission

128. Frank van Loock, DG SANTE, gave a short update on recent activities.

129. Jaap van Dissel, AF Member, Netherlands, pointed out the challenges of co-financing European projects, and the fact that the large sums required made it increasingly difficult to participate in such projects.

130. Frank van Loock responded that joint actions were totally different in that they relied on a commitment from a Member State. The Commission was aware of the problem, and was looking at how to deal with this, but he agreed that the threshold (60%) was very high. The health programme would be re-evaluated in the future, and in 2019, the Commission would analyse how it had been working and possibly revise it accordingly.

Update from WHO's Regional Office for Europe

131. Ute Enderlein, Programme Area Manager, Country Health Emergency Preparedness and IHR, Division of Health Emergencies and Communicable Diseases, WHO's Regional Office for Europe, gave an update on recent activities.

Any other business

132. Andreas Gilsdorf, AF Alternate, Germany, noted that following discussions at the AF the day before, the ECDC Preparedness Strategy had now been sent to the NFPs for Preparedness in the same form with no indication of what the AF had advised and recommended. Details of the recommendations needed to appear in the accompanying email in order to avoid duplication of work. He asked that this procedure, which also applied to other documents, should be avoided in the future.

133. Andrea Ammon, ECDC Director, confirmed that she would investigate and follow up.

134. Mike Catchpole, ECDC Chief Scientist, thanked the participants for the discussions, and in particular for the feedback from the Working Groups. He looked forward to seeing many of the participants again at ESCAIDE in November. The next AF meeting will convene on 12 December 2017 via audio conference.

Annex: List of Participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Sophie Quoilin	Alternate
Croatia	Sanja Kurečić Filipović	Member
Czech Republic	Jan Kynčl	Member
Denmark	Kåre Mølbak	Member
Estonia	Kuulo Kutsar	Member
France	Jean-Claude Desenclos	Member
Germany	Andreas Gilsdorf	Alternate
Greece	Sotirios Tsiodras	Member
Hungary	Emese Szilágyi	Alternate
Ireland	Kevin Kelleher	Member
Italy	Silvia Declich	Member
Latvia	Jurijs Perevoščikovs	Member
Lithuania	Loreta Ašoklienė	Member
Luxembourg	Isabel De La Fuente Garcia	Member
Netherlands	Jaap van Dissel	Member
Portugal	Carlos Matias Dias	Member
Slovenia	Marta Grgič-Vitek	Alternate
Spain	Isabel Noguer	Alternate
Sweden	Anders Tegnell	Member
Sweden	Birgitta Lesko	Alternate
United Kingdom	Paul Cosford	Member
Observers		
Iceland	Thorolfur Gudnason	Member
Norway	Hanne Nøkleby	Alternate

European Commission		
DG Santé	Frank Van Loock	
WHO		
	Ute Enderlein	