



ECDC Advisory Forum

**Minutes of the Fifty-fifth meeting of the Advisory Forum
Stockholm, 12 December 2018**

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Opening of the meeting and adoption of the draft programme (noting the Declarations of Interest and Specific Declarations of Interest, if any)

1. The meeting was opened by ECDC Director, Andrea Ammon, who welcomed the participants.
2. Mike Catchpole, Chief Scientist, ECDC, welcomed the participants, in particular Susan van den Hof, the newly appointed AF Alternate for the Netherlands, Masoud Dara, from WHO's Regional Office for Europe and Frank van Loock from DG SANTE. Apologies had been received from Belgium, Cyprus, Estonia, Greece, Malta, Portugal and Spain.
3. There were no declarations of conflict of interest and one proposed amendment to the draft programme which was to include a short discussion on Brexit under 'Any Other Business'.

Adoption of the draft minutes from the 54th meeting of the Advisory Forum (25-26 September 2018)

4. The draft minutes were adopted, taking into account a request by Portugal for an addition to point 42: 'the AF Alternate to Portugal gave a presentation on the case definition for measles, making the case for a new measles definition, applicable during outbreaks'.
5. Mike Catchpole, ECDC Chief Scientist, explained the rationale for the new shorter style of minutes. Not attributing comments to Member States made it easier to summarise the proceedings, although a full record of the minutes would be retained for reference. AF Members were not participating in the AF as representatives of their Member States but as individual experts providing independent advice to ECDC. A request to express a specific personal expert view could, however, still be accommodated and noted in the minutes if necessary.

Update from ECDC on the main activities since the last Advisory Forum

6. Andrea Ammon, ECDC Director, gave a brief update on the main activities since the last Advisory Forum meeting.¹

ECDC Surveillance and Response, update on epidemic intelligence and response support activities

7. Vicky Lefevre, Acting Head of Surveillance and Response Support, gave a brief update on the epidemic intelligence and response support activities including the new EWRS system.² Responding to questions on the new EWRS system she confirmed that consideration had been given to including the new IHR criteria in the scope of the notification criteria and ECDC would work closely with WHO to see how the criteria could be tested in the future. The new system was not restricted in terms of access and there was no change from the previous system (access would be same across all modules).
8. Tamas Bakonyi – Head of Disease Programme, Emerging and Vector-borne Diseases, ECDC, gave a short update on West Nile virus (WNV) and the 2018 season³, a topic which would be further discussed at the AF meeting in February 2019 following the ongoing consultation process with NFPs. Questions related to whether a dialogue had been opened with clinical networks and research networks regarding outbreak analysis; whether use of the term 'affected area' refers to the NUTS 3 level; the

¹ Update on ECDC activities (A Ammon)

² Update on Epidemic Intelligence and Response Support Activities (V Lefevre)

³ West Nile Virus 2018 Transmission Season, EU/EEA and EU Enlargement Countries (T Bakonyi)

interpretation of the term 'individual donation' with regard to specimens; the status of vector monitoring for WNV in Europe; information on the distribution of countries affected by the outbreak and whether case-finding had been more active in 2018, and whether there was any surveillance data available on cases in returning travellers affected abroad.

9. In response to these points it was noted that in the first instance ECDC approached the Competent Bodies, however consideration could be given to approaching clinical networks once information had been received from NFPs. With regard to the NUTS 3 region, it was confirmed that this was the geographical unit used when defining affected areas, and it was also noted that there would be new affected areas reported for 2018, indicating geographical expansion. With regard to testing, most of the guidelines recommended individual NAT testing but some countries preferred to test pooled samples as it was less costly, however, this depended on the sensitivity of the test kit declared by the producer. The main vector *Culex pipiens* is widespread in most of continental Europe so surveillance would not provide much new information. There are also several other mosquito species that are competent vectors for the virus. The reason that some countries did not test blood but applied a deferral policy was due to economic considerations, in such situations if the number of blood donors from affected areas was insignificant and all blood from deferred donors could be removed from the system, then it was up to the Member State to decide whether to test. One factor contributing to the large number of cases reported in 2018 could have been the early publicity about the high activity triggering the interest of diagnostic laboratories to test for WNV. Another potential factor is if there had been a change in the virulence of the WNV strain circulating in Europe, although there is little evidence to support this. Revealing the differences in the genetic materials of the virus would provide some answers to this question. Regarding surveillance data on travel-related cases, there was a distinction made in TESSy between autochthonous and imported cases. These data are published in the Annual Epidemiological Reports and could be made available on request.

Conclusions and Actions

ECDC will continue with its investigations into factors that potentially drove the increase of WNV in 2018, and will take into account the Advisory Forum's feedback.

Draft ECDC Action Plan to support EU/EEA Member States to increase vaccine acceptance

10. Andrea Würz (Expert, Communication Capacity Support, Public Health Capacity and Communication Unit, ECDC and Tarik Derrough, Senior Expert, Vaccine-preventable Diseases, Surveillance and Response Unit) gave a short outline of ECDC's planned activities to help combat vaccine hesitancy.

11. There was general support for the action and points proposed and the following comments were made:

- It was suggested that in order to counteract vaccine hesitancy there is a need to present evidence on a number of aspects such as the long term impact of vaccines in the population, immunity in adults, etc., (post-marketing studies); this information is necessary for the development of a life-long strategy on vaccination. ECDC should focus on bringing forward such evidence by allocating more internal resources and by finding new financial sources/mechanisms at EU level.
- A crisis plan to deal with a sustained attack on a particular vaccine programme would be useful, as would training for healthcare workers on how to respond on social media. Product information leaflets are used against public health agencies by anti-vaccine groups as they identify and focus on side effects, an issue which the European Medicines Agency might be able to help counteract.
- Patient organisations should be included in all activities and there should be a mix of top-down and bottom-up approaches. Specific focus should be on women with regard to vaccine hesitancy issues as they are more often the main care givers.
- It was important to monitor social media with regard to vaccine confidence and also to improve real time coverage of vaccination in Europe to see if campaign strategies work.

- It was necessary to prioritise the vaccines that have been most important in reducing severe disease, such as polio, which would help to create a stronger argument for better acceptance. It was also suggested that as long as there are considerable differences in vaccination recommendations across Europe the focus needed to be on the benefits of vaccinations themselves and not the vaccine hesitancy.
 - The issue of vaccine shortages could be linked to vaccine hesitancy.
 - It was suggested that ECDC could participate in the European Public Health Association (EUPHA)'s European Public Health Week 13-17 May 2019 where vaccines would be a priority issue.
 - Communication of the personal protection offered by vaccination is not enough, especially where benefit is in terms of herd immunity. Therefore emphasis should be on benefit to family or children and efforts focused on the need for behaviour change initiatives. It would be useful to have examples of long-term decreasing trends in vaccination rates that had been reversed and information on how this had been done. It was also important to identify the outcomes for the programme in order to be able to measure success.
 - Efforts should be made to create vaccine demand rather than counteract hesitancy. This issue could be discussed in connection with WHO Regional Office for Europe to see how it could fit in with their activities.
 - Masoud Dara, WHO Regional Office for Europe, noted that they were also doing communications work on hesitancy with a focus on social media. He suggested that ECDC could work together with WHO during Immunisation Week (24–30 April 2019) to produce common messages and press releases.
12. Tarik Derrough, Senior Expert, Vaccine-preventable Diseases, Surveillance and Response Unit, referring to the point about vaccine safety and information leaflets, noted that a European vaccine portal was currently being developed which included cooperation with EMA on the issue of how safety was being monitored. Although some vaccines faced greater challenges than others at present it was still necessary to give all vaccines the same priority. ECDC welcomed the opportunity to work with EUPHA and WHO on the issue of vaccine hesitancy and would do so in 2019.
13. Mike Catchpole, Chief Scientist, ECDC noted that impact assessment was an area in which ECDC was collaborating with other EU agencies with a scientific function and this would be discussed at a future AF meeting.

Conclusions and Actions

The feedback from the Advisory Forum broadly endorsed the approach outlined in ECDC's Action Plan. In line with the AF advice, ECDC is planning to launch a training module for healthcare workers as a priority. ECDC will collaborate with WHO Europe regarding communications during Immunisation Week (24–30 April 2019), and will initiate discussions with EUPHA.

Proposal for the development of an EU/EEA hepatitis B and C monitoring system

14. Erika Duffell, Senior Expert, Hepatitis, Surveillance and Response Support Unit, ECDC outlined the proposal for developing an EU/EEA hepatitis B and C monitoring system.⁴
15. In general there was support for the proposal and the following specific comments were made:
- It was recognised that it would be challenging to provide data for all these indicators without developing new data gathering systems that would require additional support from health authorities. However it was noted that the ECDC initiative could help this process.
 - It was noted that for some MS that do not currently have systems for collection of the requested data, having this activity at ECDC level would help promote the availability of data in the longer term.

⁴ Proposal for the development of an EU-EEA hepatitis B and C monitoring system (E Duffell)

- Based on monitoring experience with HIV in some countries, this type of monitoring had substantial impact on the development of treatment and care in the countries and was therefore very useful.
- It was noted that it might be difficult to answer the questions relating to surveillance data and patient information for some MS.
- Masoud Dara, WHO Regional Office for Europe, was pleased that ECDC's system was now aligned with WHO's and pointed out that WHO also collected data from non EU/EEA countries which could be used as a supplement.

16. Erika Duffell recognised that the collection of clinical data could be an issue for public health agencies but noted that it was possible and had already been done for HIV. With regard to dissemination of the online questionnaire to MS, she explained that it had only been sent to pilot countries so far but that the other Member States would receive it shortly.

Conclusions and Actions

The revised monitoring tool was endorsed by the Advisory Forum, and ECDC will proceed with its implementation, recognising that it will not be possible for all Member States to provide all requested data items from the start.

United Nations Political Declaration on the Fight against Tuberculosis: potential EU/EEA Member State needs for ECDC support

17. Marieke van der Werf, Head of Disease Programme, Tuberculosis, Office of the Chief Scientist, ECDC, gave a brief presentation to advise ECDC on the types of support that Member States would be most likely need to reach the commitments made in the political declaration, and how ECDC could contribute to those needs within the context of its mandate.⁵

18. A number of AF members identified the importance of global TB prevention and control activities. The following areas were flagged as being a particular relevance to EU/EEA:

- It was commented that TB in migrants had been a problem in Austria since 2015 and that there was a shortage of TB drugs. Due to regulations it was difficult to import drugs from outside the EU.
- Low and medium incidence countries have different types of epidemic and needed different support.
- Devising strategic plans, access to healthcare services, sharing of patient information across borders and support for TB programmes are the most challenging areas.
- The importance of collecting evidence on the effectiveness of screening and treatment for latent TB infection and the fact that in low incidence countries knowledge of TB diagnosis and treatment was decreasing, especially for drug resistant TB. It was important to use molecular surveillance and to reduce the stigma and discrimination in relation to access to care for migrants.
- Carrying out country visits in collaboration with WHO Europe can provide important input to national tuberculosis prevention and control programmes and implementing latent TB infection programmes is needed to arrive at tuberculosis elimination.
- Assessing what the political declaration meant for different countries and also where TB control was successful and sharing these experiences.
- Masoud Dara, WHO Regional Office for Europe, suggested that the focus should be on contributions to research and setting up a multi-sectoral accountability framework.
- Focussing on socio economic issues and their relation to TB and tackling stigma in migrants.
- Frank van Loock, DG SANTE suggested that the previous work on urban TB control could be taken up again in low incidence countries.

⁵ United Nations Political Declaration on the Fight against Tuberculosis: Potential EU/EEA Member State Needs for ECDC Support (M van der Werf)

19. Marieke van der Werf said that ECDC acknowledges the different types of epidemics and had been running a specific support project for high incidence countries in recent years. The EU can be an early testbed for initiatives on TB control (e.g. WGS and programmatic management of latent TB infection (LTBI)). LTBI is one of the targets in the UN Political Declaration, however it might be difficult to measure progress as it is not captured in EU surveillance. ECDC plans to provide support in this area.

Conclusions and Actions

The AF identified areas in TB prevention and control that are problematic and need support. The identified areas will be taken into account when priorities for ECDC's workplan 2021 are selected.

Any Other Business - Brexit

20. Following a request from Ireland, there was a short discussion on Brexit in relation to public health. Members were reminded that the AF was not the forum for broader discussions and that a helpful analysis of contracts and procurement protocols in relation to the UK had already been provided by ECDC's legal team.

21. Andrea Ammon, ECDC Director, pointed out that as an agency ECDC would have to comply with the agreement between EU and UK and at present it had no knowledge of what their future relationship would look like. If ECDC received any new information on this issue it would be shared with the AF participants.

22. The point was raised that UK would need to continue to work with all ECDC and EU colleagues in the area of cross border threats. If an agreement was not reached the UK would be a third party as of March 2019 and would then begin discussions with ECDC on future cooperation to protect the health of the European population. All Member States had concerns regarding outbreak collaboration and dealing with cross border threats in a post Brexit situation with a no deal outcome.

Conclusions and Actions

ECDC has undertaken an impact analysis vis-à-vis procured services, but until the outcome of ongoing negotiations are known it cannot speculate on future models of cooperation. If ECDC receives any new information on this issue it will be shared with the AF participants.

23. Mike Catchpole, Chief Scientist, ECDC, concluded the meeting by thanking the participants for their feedback and comments. He wished everyone a happy holiday season and looked forward to seeing them at the next meeting on 19-20 February 2019 in Stockholm.

Annex: List of participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Croatia	Sanja Kurečić-Filipović	Member
Czech Republic	Jan Kynčl	Member
Denmark	Tyra Grove Krause	Alternate
Finland	Mika Salminen	Member
France	Bruno Coignard	Alternate
Germany	Osamah Hamouda	Member
Hungary	Zsuzsanna Molnár	Member
	Ágnes Hajdu	Alternate
Ireland	Kevin Kelleher	Member
Italy	Silvia Declich	Member
Latvia	Jurijs Perevoščikovs	Member
Lithuania	Loreta Ašoklienė	Member
Lithuania	Nerija Kuprevičienė	Alternate
Luxembourg	Isabel De La Fuente Garcia	Member
Netherlands	Susan van den Hof	Alternate
Poland	Magdalena Rosińska	Alternate
Romania	Florin Popovici	Member
Slovenia	Marta Grgič Vitek	Alternate
Sweden	Anders Tegnell	Member
United Kingdom	Paul Cosford	Member
	John Watson	Alternate

Observers		
Iceland	Thorolfur Gudnason	Member
Norway	Frode Forland	Member
Non-Governmental Organisations (NGOs)		
EIWH	Rebecca Moore	Member
EUPHA	Aura Timen	Member
European Commission		
DG SANTE	Frank van Loock	
World Health Organisation (WHO)		
WHO Regional Office for Europe	Masoud Dara	