



ECDC Advisory Forum

**Minutes of the Fifty-ninth meeting of the Advisory Forum
Stockholm, 11 December 2019**

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Opening and adoption of the programme

1. Mike Catchpole, Chief Scientist, ECDC, opened the meeting and welcomed the participants to the teleconference, in particular Masoud Dara, WHO Regional Office for Europe and Frank van Loock, representing DG SANTE, European Commission. Apologies had been received from Cyprus, Estonia, Italy, Latvia, Portugal and Spain. No conflicts of interest were declared.
2. The draft programme was adopted with no changes.

Adoption of the draft minutes of the 58th Meeting of the Advisory Forum

3. A minor correction, requested by France in points 35 and 38, had been reflected in the final draft. There were no further comments and the minutes were adopted.

Update from ECDC Surveillance and Response Support: update on Epidemic Intelligence and response support activities

4. Josep Jansa, Head of Section, Epidemic Intelligence and Response, ECDC Surveillance and Response Support Unit, gave a short update on the situation with Ebola in the Democratic Republic of Congo, having just returned from a mission to the region. He explained that a service-level agreement (SLA) had been signed with ECHO on 10 October 2019 under the terms of which ECDC could support response in the field. His mission had lasted around five and a half weeks. He had travelled to DRC on 13 October 2019 and had been mainly supporting response tasks in Butembo (North Kivu) and Ituri provinces. In Butembo the situation was calm and there had been no new cases, so the mission had been moved to Ituri where new cases were still being detected and the outbreak was still ongoing. The main task had been surveillance work to support contact tracing and active surveillance, which involved going to health centres (not treatment centres) in the DRC health system and trying to identify potential cases. It was important to help communities to regain confidence in the treatment centres and to ask the treatment centres to work more closely with response teams. In DRC, most treatment centres were private and patients had to pay, however the public treatment centres for Ebola were now free of charge. Violence in the region had increased towards the end of the year, partly because the government had sent in troops to contain rebel groups which had increased tension. The difficulty for teams working in the field was due to the high mobility of the general population and the general insecurity in the area. His mission had ended on 19 November and another ECDC colleague had now travelled out to DRC to work in the analysis cell (analysing the Ebola outbreak to explain the dynamics, analyse the trends and predict what might happen in coming months). He was due to return on 18 December after which there would be a new ECDC mission in January.

5. ECDC was complimented on its response, and questions were asked about the stockpiling of Ebola vaccine and about what action was being taken with regards to measles in DRC. In response, Josep Jansa reported that Ebola treatments were now proving to be very effective and that there were some discussions currently going on at WHO on the issue of the stockpiling and use of Ebola vaccine at the present time. He also noted that WHO was undertaking measles vaccination campaigns to increase the coverage rate but there was little information available on the current status. In response to a question about case fatality ratios, he noted that the mortality rate in DRC cities was much lower (33-34%), compared to other affected areas, in which it was around 66%. In response to a question about collaboration with GOARN, Josep Jansa noted that ECDC was continuing to work with GOARN and was a member of its steering committee, and that year 2020 would be the 25th anniversary of GOARN alongside the 15th anniversary of ECDC and this provided a window of opportunity to promote the cooperation and the excellent work being done by both.

6. In response to a question about possible joint procurement of Ebola vaccine in the EU, Frank van Loock, European Commission, noted that this would be discussed at the meeting of the Health Security Committee that very afternoon so it was high on the agenda. He also noted that there were proposals on the table covering vaccination, access to experimental treatment, medical evacuation and other issues.

7. Josep Jansa also provided updates on:
- the transmission season for West Nile virus, noting that ECDC would be doing some comparisons and analyses on this year's trends;
 - monitoring of influenza for the 2019-2020 season, noting that as yet, there was nothing specific in terms of transmission but ECDC would continue to monitor;
 - a recent risk assessment on cases of Lassa fever in the Netherlands originating from Sierra Leone;
 - an outbreak of KPC producing carbapenem-resistant Enterobacteriaceae in Lithuania.

Guidance on HPV vaccination in EU countries – focus on vaccination of boys, people living with HIV and 9-valent HPV vaccine introduction

8. Edoardo Colzani, Senior Expert, Vaccine preventable diseases, Surveillance and Response Support Unit, ECDC, gave a short introduction on the updated guidance and asked for feedback on the document.

9. Masoud Dara, WHO Regional Office for Europe, said that WHO had reviewed the guidance, which was in line with their own guidance and HPV position papers. The major concern for WHO was the global supply of HPV vaccine and due to the fact that this issue was not foreseen to be solved in the coming years or before 2026, the most recent recommendation by the SAGE Committee from October 2019 was that countries that had not yet implemented vaccination for boys should not do so. If countries had already introduced HPV vaccination for boys and wanted to continue they could, but otherwise the recommendation was to continue vaccinating girls and not expand to boys. He would send the recommendation in written form and it would be useful if it could be included in the chapter on public health impact of HPV.

10. Several members of the Advisory Forum welcomed the document and commented positively on its production, with particular note being made of the fact that knowledge gaps had been identified and a discussion started on the screening process, and that there was a section on the social aspects and under-vaccinated sub groups had been mentioned. A small number of issues were raised by Advisory Forum members, including:

- The approach taken to cost effectiveness estimates, including the need for more discussion on the discount rates applied;
- The fact that due to the length of time that had passed since the inception the document some of the most recent evidence was not included and therefore some information was not up to date which needed to be included, and therefore it was asked whether ECDC was planning to update the guidance with new information now available;
- Kevin Kelleher, AF Member, Ireland, noted there were two points in the document where the situation in Ireland was misrepresented and he would send details of them in an email

11. Edoardo Colzani, in response to the comments from AF Members, pointed out that it was recognised that the discount rate was a parameter that could change the result of the cost effectiveness assessment; however, it was considered that it was up to the technical team in each country performing the cost effectiveness analysis to take a decision on which rates to apply. With regard to the update on the content of the guidance, the area of most interest was probably the interface between vaccination and screening. He agreed that at some point in the future it might be useful to look at this area in more detail to decide whether there was a need for further vaccination, however this was still some way off as yet.

12. Mike Catchpole, Chief Scientist, ECDC, was aware of the long period of time which had elapsed and pointed out that this was always an issue with public consultation processes. He suggested that this issue could be brought up for wider discussion at a future AF meeting.

Options for future ECDC activity on variant CJD

13. Johanna Takkinen, Head of FWD Disease Programme, Office of the Chief Scientist, ECDC, introduced the paper and set out the possible options.
14. Mike Catchpole, Chief Scientist, ECDC, explained that ECDC was particularly interested in feedback on whether to continue working at the current level or to reduce activity in either surveillance, scientific advice or capacity support. He noted, and reported on, comments that had been contributed to the discussion by email.
15. Overall there was a relatively evenly split view expressed by those AF Members that commented on the paper and the questions that it raised: four AF Members expressing support for a reduction in the level of activities; three expressing support for continuation of vCJD-related activities at the same level; and one expressing support for only a small reduction in activities. The main arguments made for maintaining the current level of activities were that public health uncertainties remained regarding the possible future risks of vCJD, particularly related to the emergence of chronic wasting disease of deer and to occupational exposure, the relatively low cost of the activities, and the fact that ECDC's activity in this area was of particular added value to Member States that did not have capacity to maintain their own expertise for such a low incidence disease. Those expressing support for a reduction in activities, proposed that in particular network meetings could be held biannually or as virtual meetings, and that expert advice could be sought on an *ad hoc* basis.
16. It was also noted by an AF Member during the discussion, that the paper from ECDC highlighted the need for a systematic and transparent mechanism for making decisions about de-prioritisation of activities. In response to this, Mike Catchpole, Chief Scientist, ECDC, noted that in addition to IRIS, there was a further new tool (presented at the last AF meeting) that could also be used for such activities.
17. Mike Catchpole, summing up the discussion noted that in view of the mixed views expressed the matter would be discussed further with ECDC's Director and brought back to the Advisory Forum in the near future.
18. Johanna Takkinen thanked the members for their comments. She added that the existing framework contract would be in place until July 2021 so there was still some time available to discuss the various options.
19. In response to more general concerns expressed during the discussion, Mike Catchpole pointed out that although as of the beginning of 2020 ECDC would have implemented its new internal structure, it did not anticipate any immediate change in the disease networks or the ways of working with them. He also noted that ECDC was currently seeking final endorsement of its long-term strategy from the Management Board but this should not affect its external networks.
20. Mike Catchpole wished everyone happy holidays and noted that he looked forward to seeing the AF members at the next meeting on 18-19 February 2020 in Stockholm.

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	Tyra Grove Krause	Alternate
France	Bruno Coignard	Alternate
Greece	Sotirios Tsiodras	Member
Hungary	Ágnes Hajdu	Alternate
Ireland	Kevin Kelleher	Member
Lithuania	Loreta Ašoklienė	Member
	Nerija Kuprevičienė	Alternate
Luxembourg	Isabel De La Fuente Garcia	Member
Malta	Tanya Melillo	Alternate
Netherlands	Susan van den Hof	Alternate
Poland	Magdalena Rosińska	Alternate
Romania	Florin Popovici	Member
Slovakia	Mária Avdičová	Member
Slovenia	Marta Grgič Vitek	Alternate
Sweden	Anders Tegnell	Member
United Kingdom	John Watson	Alternate

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