



ECDC Advisory Forum

**Minutes of the Sixty-second meeting of the ECDC Advisory Forum
24 September 2020 (via audio conference)**

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Opening and adoption of the programme (noting Declarations of Interest)

1. Mike Catchpole, ECDC Chief Scientist, welcomed all participants to the 62nd Advisory Forum meeting. He advised that Andrea Ammon would join for the update on COVID-19. He welcomed Wolfgang Philipp, Ingrid Keller and Laura Jansen from DG SANTE, European Commission, Caroline Brown (morning) and Masoud Dara (afternoon) from WHO's Regional Office for Europe. As advised prior to the meeting, colleagues from McKinsey would be joining to observe the discussion on the COVID-19 work plan, and there had been no objections to this. Apologies had been received from Czechia, Romania, and Spain. The draft programme was adopted and there were no conflicts of interest to declare. Mike Catchpole also advised that during some of the sessions, ECDC would be using an interactive polling tool called Mentimeter to collect opinions which required a mobile phone or computer linked to the Internet.

Adoption of the draft minutes of the 61st meeting of the Advisory Forum (11 May 2020) and the draft minutes of the sixth Extraordinary Advisory Forum meeting (9 June 2020)

2. The draft minutes of the 61st AF meeting on 11 May 2020 had been circulated before the meeting and amendments had been requested by France on point 9, Ireland on point 16, and Sweden on point 24 and these had already been taken into account. The draft minutes were adopted without further amendment. For the sixth extraordinary AF meeting, Portugal had requested a minor amendment on point 7 which had been taken into account. The draft minutes were adopted with no further amendments.

3. Mike Catchpole, ECDC Chief Scientist, suggested that the session on the ECDC decision-making tool for addressing emerging and re-emerging infectious disease threats not under EU-wide surveillance should be dropped from the agenda to give more time for discussions on COVID-19.

Update on epidemiological situation and recent ECDC activities in relation to COVID-19

4. Andrea Ammon, ECDC Director, gave a short update on the epidemiological situation and recent ECDC activities in relation to COVID-19, including details from the latest risk assessment on COVID-19, which was being published that day.

5. Mike Catchpole suggested that during the general discussions, AF members could comment on their experience with contact tracing apps. The floor was then opened for discussion.

6. Frode Forland, Observer, Norway, pointed out that in Norway the current numbers for COVID-19 cases were much lower than before because, thanks to better testing regimes, and aided by modelling studies, it is anticipated that around 50% of cases are detected, compared to approx. 10% in March. Norway was experiencing local outbreaks that they were attempting to shut down as quickly as possible, and these were slightly easier to tackle.

7. Mika Salminen, AF Member, Finland, agreed, saying that the analysis in Finland was similar. The issue was difficult to communicate to the public as case numbers were constantly being compared with those from the spring. Finland was also experiencing smaller localised clusters which were being tackled rapidly at regional level. On 1 September, Finland had launched an app which did not record personal data, but instead looked at the proximity of people, keeping a track on all phones that it had been in touch with in the last two weeks. There had been a good uptake and more than two million downloads so far. The app was completely voluntary. Thanks to the app it had already been possible to notify people in several clusters more quickly than via the tracing teams, so the first results were positive. Otherwise, patterns were like those in other countries, with most infections among younger people and increasing trends in this age group.

8. Aura Timen, AF Member, EUPHA, said that when the 15–49 year age group was broken down into narrower age groups, the major transmission group was students aged 20–29 years (in the Netherlands 20–24 years). She asked if ECDC was aware of any successful strategies for tackling these age groups, irrespective of country.

9. Thorulfur Gudnason, Observer, Iceland, said that Iceland was currently experiencing another wave of COVID-19 in Reykjavik which was being brought under control. In Iceland an app had been used since March that collected GPS points for each phone. Not only did the app help people to remember where they were, but also if they were contacted by a contact tracing team, they could download this information for the team. The app had been downloaded by approximately 50% of the population so far. Another app was currently being developed which was based on the proximity of phones and it was hoped that it would be possible to start using it soon. Iceland had taken a very aggressive approach to contract tracing so far, and this had been a key element in the battle against COVID-19 to date.

10. Carlos Matias Dias, AF Member, Portugal, said that in the last month, one of the measures to tackle rising incidence had been the setting up of rapid support teams with members from several ministries, to help local

health authorities in the event of local clusters, high numbers and lack of resources. It was becoming difficult to hire healthcare staff for rapid response teams and this was a concern. Portugal had held daily media conferences since the beginning of the pandemic, and these had proven to be an important channel for conveying information on preventive measures to the public. However, with the public having become saturated with current COVID-19 communication channels, other channels were now being investigated. Regarding measures for younger age groups, Portugal had initiated soft 'proximity intervention' measures to disperse gatherings of young people at night and to convey information on preventive measures to them. When interviewed, young people usually said that they were aware of the problem, but they tended to downplay the risk to themselves and their families. Portugal had also started to use an app and so far, it had been downloaded by one million people (10% of the population) and had helped the contact tracing helpline team to trace around two dozen proximity contacts.

11. Isabel de la Fuente, AF Member, Luxembourg, reported that the situation was similar in her country. Even though they had a high testing capacity compared to other countries, they had still seen an increase in cases over the last month. During the second wave, there had been very few deaths and the median age of cases was 30 years. At present, there were no contact tracing apps in use as the Prime Minister was unwilling to authorise their use due to privacy issues. However, they had not been completely ruled out and some of the population were using the app from Germany which also worked in Luxembourg. On the other hand, the number of contact tracing staff had been increased.

12. Bruno Coignard, AF Alternate, France, said that in France they were using an app called STOP COVID which was not based on the Google solution. Downloads of this app were disappointing and therefore its usefulness for contact tracing was yet limited. The French government was currently preparing a communication encouraging people to download it. In France there was also an app available called "Mes conseils COVID" which helped people to obtain advice or find out about testing. As in other countries, there were many people trying to get tested so the app was useful in helping them to access testing locally.

13. Frode Forland, referring to comments by the AF Member for Portugal regarding the public adhering to advice, said that in the latest edition of Eurosurveillance Norway had published a study on this and the results had been surprising. When asked, less than 30% of respondents had said that they would go into quarantine if they were not showing symptoms and 70% said that they would go into quarantine if showing symptoms. It therefore looked as though people were getting tired of measures and complying with them.

14. Natalia Kerbo, AF Alternate, Estonia, said that only 10% of Estonian citizens were using apps. She had been in contact with the contact tracing team to ask if the app was helpful and had been told that occasionally it had been but that its usefulness was limited.

15. Mike Catchpole, ECDC Chief Scientist, noted that WHO was currently developing messaging targeting young people and that this would be ready soon.

16. Kåre Mølbak, AF Member, Denmark said that the app being used in Denmark had been downloaded 1.4 million times (Denmark had a population of 5.8 million). In the beginning the app had not been helpful but now that so many people had downloaded it, it had been possible to find a few hundred cases that would not have been found otherwise. Denmark was seeing a similar pattern to Norway, with local outbreaks (e.g. at social events in ethnic communities, at a university opening, at a slaughterhouse) and was using targeted measures to address them. However, the new wave of infection that had hit Copenhagen was driven more by wider community transmission, meaning that it had been necessary to shift from targeted to more widespread measures.

17. Mike Catchpole, summing up some of the Chat comments, noted that Mika Salminen had pointed out that 14 days of quarantine was a long time for people, especially if they had to do it more than once, and therefore Finland was modelling shorter quarantine periods. A total of 2.1 out of 5.5 million people had downloaded the tracing app in Finland. Frode Forland had provided the link to the IPSOS study in the Eurosurveillance article. Isabel de la Fuente had commented that Luxembourg had reduced the quarantine period from 14 to 10 days.

18. Andrea Ammon, ECDC Director, agreed with Frode Forland's point that all the countries were in a different place in terms of testing levels compared with the situation in the spring, however she advised caution. She did not want to convey the message that "numbers were higher because of more testing". To avoid complete lockdowns, it was necessary to be alert and follow-up very strictly. Debate on length of quarantine warranted more reflection and study and she hoped that it would be possible for the countries to achieve a more aligned view on this issue. Similarly, regarding point-of-entry measures, an area that the European Council had been struggling with for 3-4 weeks in order to find common ground, it was hoped that an aligned approach could be agreed to dispense with the current confusion. She suggested that the outcome of AF debates on testing and the duration of quarantine could contribute to the overall debate and hoped that a solution could be found soon as there appeared to be a clear political desire to reach a common agreement for all the European countries.

19. Mike Catchpole noted that everyone agreed there was now far more testing than in the spring, and therefore although the levels appeared to be similar, this was not the case. However, the key message to communicate was that the trend was rising and that increases were being seen in many countries, particularly in younger age groups. Although these often started as localised outbreaks they could develop into community transmission and spill-over was inevitable unless this was contained.

20. Osamah Hamouda, AF Member, Germany referring to the German app, said that this had been downloaded by 18 million out of a population of 80 million (20%). The app was similar technically to that described by the AF Member for Finland. Efforts were also underway to harmonise and expand the German app to a further 10 European countries. The app had been in use for three months; however, data from the app was very restricted so there was no way of knowing how many infections had been reported (a rough estimate was between 6 and 10%). The situation in Germany was like that in Denmark. There was a large number of local outbreaks, many in connection with larger private parties, weddings, church and family gatherings and workplaces. One reason that the numbers had been kept at bay so far was that contact tracing was working quite well. There were 500 trained staff employed in contact tracing who were supporting local health authorities with their tracing work. He agreed with comments by Frode Forland and noted that communication was a huge challenge as there was so much misinformation in relation to COVID-19. He did not believe that travel restrictions were a solution for controlling infection. Germany was currently experiencing localised epidemics and local outbreaks and clusters. Therefore, introducing travel restrictions affecting a whole city/region/country would not make any difference – a point which had to be made repeatedly to politicians and policymakers.

21. Mika Salminen totally agreed with the AF Member for Germany, however politicians had a different view and it had been very difficult to influence that. In the spring, Finland had been quite successful in suppressing the virus and politicians had decided to continue with the approach of closing the border. The public health institute had tried, unsuccessfully, to tell them this would not help. There was also a gridlock over this issue in the government. Therefore, the official Finnish position was that since the country was in a better position than others in Europe, it would continue with travel restrictions for the time being.

22. Thorulfur Gudnason said that Iceland's strategy on travel had been easy to implement because there were very few points of entry. Since 15 June 2020, different strategies had been adopted. Testing at borders at the time of arrival had proved to be insufficient as many people tested negative and then became positive later and then spread the virus in the community. A second approach had been for people to stay in quarantine for five days on arrival (as well as being tested at the border). So far, 200 cases had been found by testing people at the border and all samples were being tested using WGS. He was convinced that the testing had prevented further spread of the virus in the community, although it was uncertain how long they would be able to continue doing this, and people were reluctant to come to Iceland because of it. He asked whether there was any evidence that the virulence of the virus had changed since last winter. His microbiology team in Iceland had not seen any compelling evidence that this was the case.

23. Andrea Ammon, ECDC Director, noted that, as an island with few points of entry, it had been possible to adopt such a system in Iceland, and that case notification levels were indeed very low. However, ECDC's opinion was based on an assessment of the current situation – that the infections from travellers did not make a significant difference.

24. Frode Forland said that the issue of border closures was a hot topic. Norway had a long border with Sweden and there was a huge difference in incidence between Norway and Sweden until now, and border closures had an evidence-based effect. The problem was that it was a very political issue and it had also been difficult logistically to enforce restrictions. By keeping borders open, as advocated by the European Commission, it would be difficult to prevent spread in regions. In more than half of Norway's municipalities there had been no cases recorded, so there was a huge difference between the incidence in highly and sparsely-populated areas, as in other areas of Europe. Until now, the IHR have been based on a broad principle that border closures normally have little impact on pandemic progression, while having significant negative consequences, but this issue has now been taken up by the Review Committee on the Functioning of the IHR during the COVID-19 Response as it has been shown in this pandemic that border closures helped to keep the incidence of COVID-19 down to some extent in the beginning, which in turn could have helped to inhibit the spread across the world.

25. Mike Catchpole pointed out that the latest version of ECDC's rapid risk assessment published that day had also touched on this subject, pointing out that the situation changed once very low levels of infection were achieved.

26. Kåre Mølbak, who agreed with Frode Forland, said that one of the lessons learned from the pandemic was that viruses did actually respect borders. In the long term there would inevitably be transmission of the virus in European countries, but in the short term, closing borders during the early phase of the pandemic had kept the seeding of the virus in the community to a much lower level.

27. Osamah Hamouda said that the problem should be tackled differently. Germany had seen a strong increase in cases during the summer travel season and when they investigated those who had been found positive, there were two groups in Germany. The first was migrant workers living and working in Germany who had returned to their homes during the summer and were infected there during family festivities – middle-aged people in their 30s and 40s and their children (5–15 year-olds). The second group consisted of "party people" who had travelled abroad in order to attend large party gatherings, which often also involved considerable alcohol consumption – and this group consisted mainly of young people in their 20s. Family vacationers, staying in hotels and sitting on the beach, did not feature among those travellers returning home and testing positive. Therefore, it was not the travel itself that posed a risk. He suggested that it was important to convey a message to those who travel that they should behave safely and responsibly. Party-goers in Berlin could be just as easily infected as those in Mallorca. Placing travel restrictions on people to prevent them from entering the country was not effective. Moreover, as Iceland had confirmed, one test was not enough. Germany also had difficulties with the political aspect of COVID-19.

Decisions on travel restrictions were taken by the Foreign Ministry and the Ministry of Health and not by the Robert Koch Institute. To illustrate this point, he cited a recent instance where Germany had placed Prague and Vienna on the risk list, with over 50 cases per 100 000 population. However, within a few days Munich had reached the same level of infection, with over 50 cases per 100 000.

28. Mike Catchpole thanked all the participants for their excellent input which was very useful.

Surveillance of influenza during COVID-19

29. Cornelia Adlhoch, Expert Surveillance, Disease Programmes Unit, ECDC, gave a short presentation.

30. The response to Mentimeter voting was as follows:

- Do you agree to recommend testing sentinel and hospital-derived specimens for both influenza and SARS-CoV-2 simultaneously? Yes: 12. No: 0.
- Do you agree with the priority for COVID-19 in other non-sentinel primary care and simultaneous testing for influenza only for risk groups and the elderly? Yes: 14. No: 0.

31. Mike Catchpole noted that support for the two proposals appeared to be unanimous.

32. Bruno Coignard, AF Alternate, France, referring to Table 8 in the presentation on the minimum COVID 19/influenza surveillance data to TESSy, said that, regarding PISA indicators, due to the major changes made to the influenza surveillance as a result of COVID-19, it would be very challenging to apply the same thresholds to the current data. Furthermore, they did not have data going back five years. He asked for clarification on how to deal with this.

33. Cornelia Adlhoch responded that ECDC was fully aware that the PISA indicators were quite challenging this year. ECDC had been working with WHO colleagues and a decision had been taken not to ask for PISA this year as the indicator was not feasible.

34. Lorraine Doherty, AF Member, Ireland, agreed with the proposals, however, she pointed out that implementation would be challenging in terms of capacity for the undertaking of testing.

35. Susan van den Hof, AF Alternate, Netherlands, noted that her country had drive-through sites which involved one minute per person for swabbing. She believed that it would be very difficult in practice to do triage at such sites to decide who should be tested for SARS-COV-2 and/or influenza.

36. Cornelia Adlhoch responded that the test could be a random test for some of those attending the drive-through testing sites. ECDC was aware of the limited testing capacity for SARS-COV-2 and influenza, but it was important to try and retain some surveillance in order to obtain some information on influenza.

37. Mike Catchpole said that there appeared to be broad support for the approach, however, he recognised that implementation would be challenging.

ECDC COVID-19 work plan 2020-2021

38. Andrew Amato, Head of Corona and Influenza Disease Programme, Disease Programmes Unit, ECDC, presented ECDC's planned outputs for COVID-19 for the remainder of 2020 and 2021.

39. The participants voted on questions posed using Mentimeter as follows (all scores are against a maximum value of 5, with 0 indicating no agreement and 5 indicating full agreement that the topic is a priority):

- Do you agree that the following are priorities for ECDC's work plan?
Strengthen SARI surveillance – 4.5
Support laboratory activities – 4.1
Specific studies and applied research – 4
Ensure the scientific quality and coherence of communication on COVID-19 – 4.6.
- Do you agree that the following are priorities for ECDC's COVID-19 work plan?
Strengthen Member States' preparedness and response – 4.4
Contact tracing and apps – 3.5
Infection prevention and control activities 4.2
Support to the European Commission and Member States' COVID-19 vaccine strategy – 4.5.

40. Ágnes Hajdu, AF Alternate, Hungary, inquired about ECDC's intention to include communication activities in the work plan. Prioritizing communication with the public about specific issues could be important, for example, potential stigmatisation of COVID-19 cases in schools, which may impact testing and available data on COVID-19 transmission in school settings. Although such issues could be addressed at regional/national level, it might also be useful to address them at European level.

41. Mike Catchpole added that stigma could also affect parents' willingness to get their children tested. He noted that Caroline Brown (WHO EURO) had placed a reference on 'Chat' to a WHO document which provided practical advice on this issue.

42. Lorraine Doherty, AF Member, Ireland, highlighted the issue of identifying risk settings. In Ireland that week restaurants in Dublin had been closed due to a huge surge in the area, however the public health authorities were being challenged by the industry to explain the science behind this decision. For this reason, additional information on risk settings would be very useful. She also mentioned the issue of COVID-19 fatigue, particularly among young people, and the need for ideas/information on how to promote behavioural change. With regard to vaccines, she pointed out that Ireland did not have an immunisation monitoring system and a solution would need to be found for this if a COVID-19 vaccine was to be introduced.

43. Bruno Coignard, AF Alternate, France, asked if ECDC was planning an assessment of the impact of COVID-19 on other non-infectious diseases. In France they were planning to conduct studies on this after access to healthcare had been restricted during the pandemic.

44. Andrew Amato, referring to communication planning and activities, pointed out that ECDC had launched its vaccine portal and that COVID-19 related issues would soon be added. He noted the importance of looking at the issue of stigma in schools and this could be tackled in the next update of ECDC's guidance document on COVID-19 in schools. Regarding the comment from Ireland on risk settings, he agreed that this needed to be investigated. He was also aware that there was message fatigue in many countries and ECDC had a behavioural expert looking into this issue. He thanked the participants for their useful feedback.

45. Mika Salminen, AF Member, Finland, asked whether ECDC was working on an analysis of the impact of COVID-19 in health economic terms. This also needed to be done as part of an after-action review. At the moment all that was available was a comparison of countries based on deaths and a decrease in GDP.

46. Mike Catchpole said that ECDC currently did not have an expert on health economics in house, however the modelling team was working with the European Commission JRC on similar issues. AF discussions to date indicated that the extrapolation of generalised health economic analyses to individual Member State situations was a difficult issue which would be costly in terms of resources. WHO's Regional Office for Europe was working on this issue with UN partners in a number of countries. At an ECMID session on school closures held the day before, ECDC's expert on emergency preparedness and response, Jonathan Suk, had also touched on the issue.

47. Frode Forland, Observer, Norway, commented that the Norwegian Directorate of Health had been given this task in Norway.

48. Carlos Matias Dias, AF Member, Portugal said that at that moment in Portugal the official numbers showed a 5–10% decrease in GDP, and the current debate focussed on the shape of the epidemic curve with business activity restarting after the first wave. There was not much information available from the Ministry of Health, besides regular data on expenses in the National Health Services.

49. Rebecca Moore, AF Member, EIWH, asked whether there were any plans for ECDC to collect more data on COVID-19 in schools or in children for the whole of Europe since there was not much data available in ECDC's report on COVID-19 in schools.

50. Andrew Amato agreed that it was important to have the background on testing strategy in schools. However, he noted that some parents were reluctant to have their children tested (due to consequences with lockdown/quarantine, etc.) and evidence to date indicated that most children were asymptomatic. ECDC was collecting data on school closures and on age but did not have anything more specific for schools. He would check with ECDC's surveillance team.

51. Mike Catchpole, reading a 'Chat' comment by the AF Member for Finland, said that in Finland data was being collected on schools and exposure which could be shared with those interested. ECDC had case-based data in TESSy but this was not specifically related to schools. With schools having reopened in many places, it was likely that more data would eventually become available. Summing up the discussions, it appeared that ECDC's COVID-19 work plans had been well received and that none of the areas proposed had not been considered as a priority. The areas for priority - surveillance, vaccination, preparedness and response and clarity of scientific communication - all fitted in very well with the core areas of ECDC's mandate.

LUNCH BREAK

52. Andrea Ammon, ECDC Director, welcomed the participants back to the afternoon session and explained that she would be taking over as chairperson from Mike Catchpole, who was unable to participate in the afternoon session.

Review of ECDC activities on vCJD: follow up from AF59

53. Johanna Takkinen, Principal Expert Food- and Water-Borne Diseases, Disease Programmes Unit, ECDC, presented an update on the surveillance of variant Creutzfeldt-Jakob disease (vCJD) and the floor was opened for discussion.

54. Bruno Coignard, AF Alternate, France made a small correction, saying that the latest case from 2018 in France had now been confirmed.

55. Osamah Hamouda, AF Member, Germany asked for ECDC's opinion on whether there was a risk of a possible re-emergence of vCJD.

56. Johanna Takkinen said that this was a difficult question. The first sign of a possible re-emergence or early alert would be the confirmation of classical Bovine Spongiform Encephalopathy (BSE) in a cow that was born after the ban on animal protein feed. The question then would be how a cow could have become infected. Moreover, if BSE meat happened to enter the food chain, it would not be possible to see the re-emergence of human cases for a number of years, possibly even in 10-20 years, due to the long incubation period. However there is a small risk that this could happen.

57. The participants voted using Mentimeter as follows:

- Should ECDC stop funding outsourced activities on vCJD? Responses: 5 unsure, 4 yes, 2 no.
- Should ECDC dissolve the vCJD network? Responses: 6 no, 5 yes.

58. Andrea Ammon, ECDC Director, found the results inconclusive and asked for further comments from the floor.

59. Lorraine Doherty, AF Member, Ireland said that a risk assessment was required on the possibility of vCJD re-emerging. She also needed more time to discuss the issue with the person responsible for vCJD in Ireland in order to be confident that dissolving the network and ceasing surveillance would not create another risk.

60. Andrea Ammon pointed out that looking for re-emergence could require a different approach as the set-up was currently not designed for emerging cases. At present, there had not been a case for two years, however, given the long incubation period, perhaps this was an insufficiently long period. If a decision was taken to prolong and retain the network, the procurement process for a new contract and the resources required to maintain the network would be resources that could have been used for other diseases.

61. Howard Needham, Expert, Scientific Liaison, Scientific Methods and Standards, ECDC – copied a comment into 'Chat' on the risk of re-emergence. "A key point in the classical BSE case is that while there remains a ban on specified risk material entering the food chain, the PH risks are likely to be negligible. However, as BSE cases are rare, there will be increased likelihood that removal of high-risk tissue will become less stringent, and hence there would be a potential increase in PH risk. The presence of infection here is therefore important. Regarding the general question of re-emergence of vCJD; the greatest level of uncertainty remains susceptibility of heterozygote populations. To date virtually all cases have been in homozygotes at 129, but these make up on 40% of Caucasian populations. There remains a theoretical possibility that 50% of EU populations are incubating the disease, but with extended incubation period. Hence there remains some risk of re-emergence and the development of a so called second wave."

62. Carlos Matias Dias, AF Member, Portugal, said that his hesitancy was connected to concerns about eventual cross-border situations. He wished to have a better idea of the national systems in place, both in the health and agricultural sector, for dealing with the emergence of new cases in animals and humans. He therefore wished to be able to see the whole picture, to be reassured that a re-emergence could be dealt with at national/international level, in order to take an informed decision.

63. Kåre Mølbak, AF Member, Denmark, said that he had been in favour of discontinuing funding and dissolving the network, however, after listening to the advice from other AF members, he was no longer sure.

64. Andrea Ammon said that ECDC would take the advice of the AF for the purposes of internal discussions and also relay it to the Commission. ECDC would follow up with the AF later. She thanked the participants for their feedback.

Update on actions taken following the evaluation of the Fellowship Programme

65. Andrea Ammon, ECDC Director, introduced the item and explained the rationale behind it. She explained that this was a practical example of how ECDC was struggling to balance conflicting views, and needed more expert advice in the area. She confirmed that the two-part format would be retained in the training. She also explained that the concept note, which had been sent out would be rewritten in the coming weeks.

66. Carmen Varela Santos, Head of Section, Public Health Training, stressed the importance of reinforcing the topic of core competencies and multidisciplinary elements. She also agreed that flexible elements/optional modules would have to be introduced. She pointed out that training needs assessment was a process that ECDC wished to fine-tune to make it more systematic and by obtaining more information from the countries in order to better determine priorities.

67. Adam Roth, Head of Fellowship Programme, Public Health Functions, ECDC, said that despite the objections to taking away the two-path format, there had also been several positive, supportive arguments for addressing the inequalities.

68. Andrea Ammon agreed that the timeline was very tight, however she pointed out that if too much time was given to the planning and implementation, it would be 2025 before the first new fellows completed the training and the world would probably be a very different place by then. The floor was opened for discussion.

69. Frode Forland, Observer, Norway said that he and his colleagues had been in favour of bringing the two paths together and had done so themselves at their institute in Norway, where the move had been positively received by the fellows. However, he was aware that all training sites were different. He believed that there was a need to go through the objectives of the programme generally and look at other topics that needed to be brought in. There was a need for a module on evidence-based decision-making in public health and how to use these methodologies, as well as broader thinking to compass the area of behavioural science. It was also important to expand the programme, so that it was more widely available and less exclusive.

70. Adam Roth said the fact that Norway had already merged its two programmes was something that could possibly be used to encourage other countries.

71. Andrea Ammon said that it was difficult to include more people without them having to travel and that the networking aspect was lost when meetings were online instead of physical.

72. Lorraine Doherty, AF Member, Ireland agreed that the world would look different in a few years and that this would probably require changes. One skill that was very important was the ability to rapidly translate the epidemiological data received into guidance. Junior staff also had to be able to undertake communication and media work which was a skill that had to be learned and being able to nuance responses at national or regional level also required strong epidemiological skills.

73. Andrea Ammon fully agreed with the observation that the local level needed to be strengthened, as well as the national, pointing out that actually the first response to any outbreak or pandemic is requiring input at local level.

74. Osamah Hamouda, AF Member, Germany said that he agreed with the new proposal in general and believed that it would be a simplification of administrative processes and would offer more flexibility. He was also of the opinion that the timeline seemed quite tight. He pointed out that it was necessary to have close collaboration with training sites in the Member States and agreed that physical meetings were an asset to the whole programme.

75. Andrea Ammon said that ECDC would present a new draft concept note and have a new round of discussions to see how to take the issue further. She hoped that some elements could already be incorporated for the new cohort in 2022. There could be situations where it would be necessary to change quickly and she believed that it was also important not to wait until 2025 to add a behavioural science element, given the current situation with COVID-19. She thanked the participants for their input.

AF meeting dates for 2021 and 2022

76. Maarit Kokki, Head of Executive Office, ECDC set out the proposed dates for AF meetings in 2021 and 2022 as follows:

2021

AF64 – 18 February 2021 audio conference

AF 65 - 11 May 2021 – audio conference (followed by Joint Strategy Meeting on 12 May 2021)

AF 66 – 29 September 2021 (physical meeting)

AF 67 – 14 December 2021 (audio conference).

2022

AF 68 – 22-23 February 2022.

AF 69 – 20-21 April 2022

AF70 – 20-21 September 2022.

AF71 – 13 December 2022 (audio conference).

77. Andrea Ammon, ECDC Director, said that it had been decided there should be no physical meetings during the first quarter of 2021 unless the situation with COVID-19 changed dramatically.

78. Bruno Coignard, AF Alternate, France, requested a brief update on ESCAIDE as an item of AOB.

79. Andrea Ammon, ECDC Director, said that the planning of the sessions and side events was underway and that the conference would take place entirely online.

80. Frode Forland, Observer, Norway, said that the ECDC planning committee for ESCAIDE was having its next meeting in a week's time and that everything was indeed on track. The format would include both general and break-out sessions.

81. Andrea Ammon explained that the focus group sessions on a strategic analysis of ECDC's COVID-19 response would be overseen by the consulting group McKinsey. When the report was ready (October) it was hoped that this would result in some recommendations that could be implemented almost immediately the following year (i.e. during the pandemic rather than afterwards). All AF members had been divided into groups and one group had already been interviewed by the contractor. There was also a specific group for European Commission/WHO representatives. She hoped that the focus group discussions would be fruitful. She thanked all participants for their valuable contributions to the AF meeting and looked forward to seeing them again in December 2020.

Annex: List of Participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Sophie Quolin	Alternate
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	Birgitta Lesko	Alternate

Observers		
Iceland	Thorolfur Gudnason	Member
Norway	Frode Forland	Member
European Commission Non-Governmental Organisations (NGOs)		
EIWH	Rebecca Moore	Member
EUPHA	Aura Timen	Member
European Commission		
DG SANTÉ	Ingrid Keller	
DG SANTÉ	Laura Jansen	
World Health Organization (WHO)		
WHO Regional Office for Europe	Caroline Brown	
WHO Regional Office for Europe	Masoud Dara	