ECDC Advisory Forum

Minutes of the Sixty-sixth Meeting of the ECD Advisory Forum

29 September 2021 (via videoconference)

Contents

Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 66th Advisory Forum meeting (videoconference).

2. Mike Catchpole, Chief Scientist, ECDC, chairing the meeting, welcomed John Middleton, newly appointed Member, representing non-governmental academia organisations, Association of Schools of Public Health in the European Region (ASPHER); Marko Korenjak, newly appointed Alternate, representing non-governmental patient organisations, European Liver Patients' Association; Jose Rafael De La Camara De Llanza, newly appointed Alternate representing non-governmental academia organisations, European Society for Blood and Marrow Transplantation. He also noted that Sophie Quoilin, AF Alternate, Belgium, and Franz Allerberger, AF Alternate, Austria, were both stepping down from the Advisory Forum, and he thanked them both on behalf of ECDC for their contributions, which were hugely appreciated.

3. Apologies had been received from the Netherlands, and from Aura Timen, the European Public Health Association.

4. The draft programme was adopted with no changes.

5. There were no conflicts of interest declared.

Adoption of the draft minutes from the 65th Advisory Forum meeting

6. The draft minutes of the 65th Meeting of the Advisory Forum (11 May 2021) had been circulated to members in advance of the meeting. No changes were requested, and the minutes were adopted.

Brief update from ECDC Director

7. Andrea Ammon, Director, ECDC, thanked the participants for the feedback they had given prior to the meeting on two documents the agency was planning to publish imminently: the 16th update of the Rapid Risk Assessment (RRA) on COVID-19, and a technical report updating COVID-19 surveillance guidance. She encouraged participants to air any further thoughts they had on either document during the meeting. Regarding the RRA, she said that despite a highly successful rollout of vaccines to adults in most EU countries, there was still some way to go regarding the coverage of the whole population. ECDC's modelling suggests that protection for the overall population across EU Member States is currently still too low to adequately combat the highly transmissible Delta variant of concern, especially with some countries removing social distancing and other restrictions. As a result, the RRA concludes that there are scenarios in which EU countries could see a higher burden of hospitalisation and severe disease in the next two months. Regarding the surveillance guidance, she said the agency had noted a rise in cases of other respiratory viruses, and that she looked forward to participants' thoughts on how best to monitor these signals along with those for COVID-19 so that health systems are not overwhelmed this winter. She also updated participants on the Health Emergency Preparedness and Response Authority (HERA) Incubator; after receiving 24 applications from countries, ECDC had signed grants totalling €77 million. Most of the contracts have been signed, and the pre-financing is now being rolled out. In parallel, ECDC is putting in place a capacity-building contract so that countries have enough skilled staff to make the infrastructure operable. Regarding HERA itself, she informed participants that ECDC is part of its board, the first meeting of which would be held the same week. ECDC will work out with colleagues at HERA a division of work, especially regarding the task of threat assessment, forecasting and modelling to come to a synergy between the organisations' operations.

8. She gave a short update on the proposals by the European Parliament, Commission, and Council on changing ECDC's mandate, and the discussions between them. She was yet to receive feedback on their discussions but felt there were significant differences between their three proposals, and that while she hoped a consensus would be adopted by the end of 2021, it seemed clear that the institutions wanted to adopt their proposals for ECDC and EMA, regulation on serious cross-border health threats, and probably also HERA as part of a package for the European Health Union, so it would be challenging.

9. She reminded participants that the closing plenary session of the Joint Strategy Meeting would be held the next day. The agenda would cover summaries of the working groups, which AF participants had contributed to, and the keynote speaker would be Francesca Colombo, head of the Health Division at the Organisation for Economic Co-operation and Development (OECD). She added her personal thanks to Sophie Quoilin and Franz Allerberger for their long-standing and constructive contributions to the Advisory Forum.

10. Bruno Coignard, AF Member, France, asked whether face-to-face meetings of the Advisory Forum were being planned.

11. Mike Catchpole, Chief Scientist, ECDC, replied that these would happen as soon as the epidemiological situation allowed, and said he hoped this would be in the not-too-distant future.

12. Andrea Ammon, Director, ECDC, agreed, assuring participants that they would all meet face-to-face as soon as possible but said she could give no firm commitment on dates right now.

13. John Middleton, Member representing non-governmental academia organisations, ASPHER, commented that ASPHER was pleased to be working with ECDC on two collaborations, one on competencies in infection control and a second on teaching materials for vaccinology and vaccine hesitancy. He commended ECDC for the RRA, which he said was a superb piece of science covering a huge amount of ground in an authoritative manner. He added that ASPHER was very concerned about 'long COVID' and new manifestations of chronic or persistent COVID-19 and would like to work with ECDC on common definitions for these. ASPHER was also concerned with the multitude of new symptoms for COVID-19, which they didn't feel were adequately covered in a lot of national guidance. He also asked whether ECDC is able to offer advice or assistance with coordination to those countries that don't have the resources to carry out genomic surveillance. Regarding HERA, he asked about the potential for overlapping boundaries between its work and that of WHO and WHO Europe, mentioning swine flu in Poland and avian flu in Russia as examples – whose job would it be to monitor such situations?

14. Frode Forland, AF Observer, Norway, agreed with Andrea Ammon's earlier comment that the RRA raised some uncomfortable issues. He pointed out that COVID-19 vaccination coverage in Africa is currently at around 5%, and that this had potential ramifications both in Europe and globally regarding bringing the pandemic under control. He supported the precautionary principle evident in the RRA's messages. Regarding ECDC's mandate, he asked for elaboration on the differences between the institutions' proposals.

15. Andrea Ammon responded to both these comments. She said that the agency is looking at 'long covid' and discussing how to have an overview of it. She thanked John Middleton for the offer of assistance on this from ASPHER and said the Centre would follow up on this if needed. On genomic surveillance, she said that ECDC had evaluated the proposals and awarded money for the infrastructure for genomic sequencing that countries had said they needed. For those countries unable to carry out the required amount of sequencing, ECDC has had a contract in place since April whereby countries send their samples to a contractor and ECDC pays for the sequencing. These two projects in combination mean that since April every EU Member State has had, either by their own means or supplemented by the contractor, the possibility to sequence as much as they require. She added that the support was available not only for sequencing but also for bioinformatic analysis, and that around 65 000 samples had been sequenced using this mechanism. Regarding HERA's boundaries, she agreed that these needed to be discussed. She said there was no time to detail all ECDC's activities regarding EU-neighbouring countries and beyond but highlighted that countries outside the EU are monitored by the agency's epidemic intelligence work and that for animal flu viruses the agency is in regular contact with EFSA and the respective Commission services, meaning it receives One Health updates. Regarding the institutions' positions on ECDC's mandate, she broadly summarised these, noting that the Parliament was the only one of the three to suggest widening it to include non-communicable diseases. The Commission has proposed wider options in terms of ECDC collecting health system parameters it does not currently collect, and that the agency has more 'bite' in terms of auditing preparedness plans and recommendations, while stopping short of suggesting it should be able to make binding recommendations. The Council's proposal offered less bite and is the closest to the agency's current mandate. She said in her view there was a significant gap to bridge between the three proposals to reach a consensus.

Exchange of information, experience, and concerns

16. Mike Catchpole, Chief Scientist, ECDC, commented that, due to the current transitionary phase of the pandemic, it may be a good idea to reconvene the ad hoc COVID-specific Advisory Forum discussions that had been held approximately once a month prior to the summer. Participants indicated in the chat function whether they were amenable to this – 23 participants agreed to the idea, and none disagreed.

17. Mike Catchpole opened the floor to further discussion on the surveillance guidance document and the RRA. On the surveillance guidance, he acknowledged that a key point had been made by AF members prior to the meeting regarding the poor phrasing of a sentence on whole genome sequencing, and that this would be redrafted to clarify its intended meaning.

18. Using the chat function, Jose Rafael De La Camara De Llanza, Alternate representing non-governmental academia organisations, European Society for Blood and Marrow Transplantation, commented that in the COVID-19 surveillance guidance the population under surveillance is the general population. Immunocompromised patients, like Stem-cell transplant (HSCT) and onco-haematologic patients, often have prolonged positive PCRs, a situation prone to the emergence of variants in a setting of immunodeficiency. He asked if these cases, prolonged positive PCRs in immunocompromised patients, could be a population to target for the surveillance of variants.

19. Mika Salminen, AF Member, Finland, thanked ECDC for its work, which was greatly appreciated in tackling the pandemic. He said the issue on the surveillance guidance document was that when Finland scaled up its COVID surveillance and testing, this was based on the existing healthcare-based laboratories – the country has no separate standalone community testing capacity. This meant that in practice lots of habitual work on other respiratory testing was not carried out, as those who usually did this were busy with COVID. The country has recently changed its policy, so that it currently recommends testing only for unvaccinated symptomatic people with a very low threshold, but do not recommend testing for vaccinated people unless they are ill enough to seek care. This will impact the surveillance in Finland, as they have moved towards using hospitalisation and deaths as their main indicators. He was interested if other countries were in a similar situation.

20. Mike Catchpole commented that one of the challenges was to monitor vaccine effectiveness, and that if one does not test those who have been vaccinated this is potentially an issue for using surveillance to do this.

21. Julien Beauté, Principal Expert General Surveillance, Surveillance Section, ECDC, thanked the participants for their valuable feedback on the guidance document. He summarised the main points of the latest draft of it. He emphasised that the document was not intended to be a final word but to suggest the direction ECDC is inviting countries to take when setting up or improving their surveillance systems. Regarding reporting, he said that ECDC feels strongly about testing of symptomatic cases, including vaccinated people. He said ECDC would also put some emphasis on complementary studies, such as the Vaccine Effectiveness, Burden and Impact Studies (VEBIS) that the agency is currently setting up. He noted that at some point countries will need to try to integrate COVID-19 surveillance into the surveillance of respiratory viruses, including seasonal influenza. This entails several challenges: most sentinel schemes already in place may not have a sufficient coverage to meet the COVID-19 objectives; the laboratories testing for those viruses may not be the ones testing for COVID-19; and when we want to further characterise the viruses, including sequencing, the way influenza viruses are selected is not as systematic as we wish it would be for COVID-19.

22. Mika Salminen, AF Member, Finland, responded that he understood the objective of this approach, but inquired whether other countries were able to sustain that level of surveillance. Finland's healthcare managers and laboratories are saying this is impossible and they need to redirect staff to facing a more 'normal' situation. Regarding the reinfection of vaccinated people, he said these happen and are expected but that the more important question concerns avoiding severe outcomes, which is what the vaccines were evaluated to achieve.

23. Ágnes Hajdu, AF Alternate, Hungary, commented through the chat that there are important differences between the influenza virus and SARS-CoV-2 given that SARS-CoV-2 has a longer incubation period, asymptomatic/pre-symptomatic infections are more common, and infected people remain contagious for a longer time, and all of these factors increase its potential for hospital spread. She

further noted that COVID-19 vaccine effectiveness is likely to be lower in hospitalised populations (due to age and comorbidities) than in the general population. For this reason, targeted screening and tailored surveillance strategies are needed in the hospital sector to monitor healthcare transmission of SARS-CoV-2 and prevent disruption of healthcare provision.

24. Henrik Ullum, AF Member, Denmark, argued that when possible it is important to test vaccinated people as well in order to keep track of how effective the vaccines are in preventing both disease and infection. Regarding monitoring the situation, from a practical perspective there was a risk of these vaccinated people infecting others. The PCR results in Denmark indicated that many vaccinated people have high viral load. If one has the capacity, he argued one should keep monitoring exposed and symptomatic people.

25. Bruno Coignard, AF Member, France, commented that in his country the testing strategy would change on 15/10/2021 so that COVID-19 diagnostic tests will only be free, after a medical prescription for symptomatic patients, or for a few other indications (contact persons, minors, vaccinated people, local screening strategies). The surveillance system will need to be adapted to this new strategy. He was also interested to know what strategies Member States were doing regarding depositing SARS-CoV-2 sequences in various repositories (i.e., GISAID or EBI/ENA), and if ECDC had recommendations on this.

26. Mike Catchpole replied that he had been in correspondence prior to the meeting with colleagues in the European Commission's DG RTD involved in the science and DNA platforms, and ECDC is hoping to enter into technical-level discussions with them as they have had feedback from some colleagues in Member States that there are difficulties in submitting to that. He said he hoped to come back to colleagues on this in due course.

27. Franz Allerberger, AF Alternate, Austria, expressed support for Finland's position and suggested reconsidering the importance of PCR testing. He said that in his country there has been a switch to an increase in PCR testing, and that great care should be taken when discussing this term, as there were huge differences in sensitivity between mouth rinse and nasopharyngeal PCR tests.

28. Osamah Hamouda, AF Member, Germany, also commented on the sensitivity of tests, including antigen tests with an even lower sensitivity (around 40% false positives). Germany only counts PCR-positive cases. He noted that testing strategies have changed in many countries over time, and that it was due to do so in Germany: until now, antigen tests have been supplied by public financing, but from mid-October people will have to pay for their own tests. The PCR capacity has been upscaled considerably, mainly by private laboratories, which are reimbursed by health insurance. For the coming autumn/winter, the recommendation in Germany is that all symptomatic people should be tested by PCR, irrespective of vaccination status. Beyond routine surveillance, Germany has syndromic surveillance set up with several sentinel hospitals, which gives good information on the number of people who are hospitalised with respiratory symptoms, severe respiratory infections, and the proportion of those with COVID-19 among the SARI patients. He supported the idea of countries including SARS in their regular respiratory syndromic surveillance systems. For genomic surveillance, Germany was trying to implement systems that will be sustainable for other infections as well.

29. Fernando Simón Soria, AF Member, Spain, commented that Spain has never recommended self-testing. He agreed that countries need to slowly return to normal routines, which will mean reducing testing in the near future. Spain is currently carrying out 40% rapid antigenic tests (recommended only for symptomatic patients within five days of the onset of symptoms and for very close contacts), with PCR tests making up the remainder. Almost all are carried out by the national public system. They are currently working with ECDC to prepare the groundwork for a sentinel system, but he said that there were probably a few more months of trying to be exhaustive.

30. Using the chat function, Bruno Coignard, AF Member, France, commented that France also recommends confirming all antigen positives with PCR, but that in practice only 30 to 40% are. This is due to the fact that antigen tests are mostly performed outside laboratories (e.g. in pharmacies) and patients need to visit a laboratory for RT-PCR (most do not). One consequence is that they cannot sequence those antigen-only confirmed cases.

31. Birgitta Lesko, AF Alternate, Sweden, also used the chat function to note that Sweden was lifting most of its COVID-19 restrictions today but would continue with recommending PCR testing if symptomatic in addition to staying at home, independent of vaccination status.

32. Isabel De La Fuente Garcia, AF Member, Luxembourg, added that they were also phasing out free tests, meaning that a lot of asymptomatic cases will be missed. However, the school surveillance system will continue with antigen tests twice a week (positive cases confirmed by PCR), and vaccinated and unvaccinated people would still be surveilled equally. Sequencing capacity remains a priority for the country, with at least 60% of specimens sequenced at the national laboratory. Several other AF members shared experiences of testing strategies in their countries.

33. Julien Beauté, Principal Expert General Surveillance, Surveillance Unit, ECDC, commented that it seemed from the comments that many countries were either confirming or only reporting PCR-confirmed cases, and wondered whether at some point there was a need to revisit the case definition for surveillance purposes.

34. Ágnes Hajdu, AF Alternate, Hungary, commented through the chat that positive SARS-Cov-2 antigen tests were not routinely confirmed by PCR in Hungary.

35. Mike Catchpole, Chief Scientist, ECDC, thanked participants for sharing their experiences and thoughts on the matter, and said that in light of the comments he envisaged an updated draft of the surveillance guidance document. Turning to the Rapid Risk Assessment, he said that ECDC was very keen to hear feedback from participants.

36. Osamah Hamouda, AF Member, Germany, said he and his colleagues felt that the document should give more emphasis to non-pharmaceutical interventions (NPIs) such as physical distancing and ventilation.

37. John Middleton, Member representing non-governmental academia organisations, ASPHER, agreed with this comment, saying that the report was very strong on vaccination and other issues and reflected on the NPIs, but that the recommendations, in particular to governments, could be strengthened. He argued that there needed to be a mandate on wearing masks in indoor spaces, schools, and other situations, as leaving this up to individual choice had been proven to be ineffective. He added that the RRA contained little regarding issues of inequalities: in all countries, there would be communities with very low vaccination rates, creating the possibility of large and enduring outbreaks to take off, and that this should be addressed.

38. Mike Catchpole replied that the document did include text on the issue of inequalities and pockets of low vaccination, and that these issues clearly needed to be addressed.

39. Frode Forland, AF Observer, Norway, commented that it was necessary to find the correct balance between the burden of the measures and the burden of the disease itself. He felt a flexible approach was needed in vaccination coverage, from national strategies down to local communities, and that NPIs could be used for shorter and longer periods depending on more local needs. He felt the document addressed the balance in a considered and responsible way.

40. Fernando Simón Soria, AF Member, Spain, said that it was important to look at the vaccines used as well as the percentage of coverage, as there were differences between them. He suggested slowly lifting NPIs and trusting in the vaccinations, while being careful to take these differences into account.

41. Henrik Ullum, AF Member, Denmark, mentioned that his country had lifted all NPIs three weeks earlier and had not seen a significant increase in cases since. He strongly agreed with John Middleton's comment regarding social inequalities, because despite a high overall vaccination coverage in Denmark there were still significant challenges in reaching some in the population.

42. Mika Salminen, AF Member, Finland, said that vaccines are the main way of escaping the pandemic but that some NPIs may still also be needed at national or regional levels. Finland has a national policy, but regions decide on more specific measures. The government's strategy is that all national restrictions will be removed once 80% full vaccination has been reached in everyone over 12 years.

43. Silvia Declich, AF Member, Italy, agreed that checking for inequalities in vaccination coverage was crucial, and outlined some of the ways this is being considered in Italy. She said that as the world will likely be living with COVID-19 for some time to come, this was an issue that deserved attention.

44. Thorolfur Gudnason, AF Observer, Iceland, agreed that an individual approach for NPIs was needed, and noted that despite extremely wide vaccine coverage in his country they had still recently

experienced a very big wave of cases. The reasons for this were unclear, but they had been following a somewhat different vaccine strategy than some countries, for example using Janssen a lot more. He highlighted the need to slowly release NPIs with an individual approach in each country depending on their situation.

45. Birgitta Lesko, AF Alternate, Sweden, commented that, despite NPIs being lifted in Sweden, they were continuing with active surveillance and emphasising that all with symptoms should go for PCR testing. They were also looking at denominators and determinants for not being fully vaccinated in Sweden and were actively seeking out these groups.

46. Using the chat function, Mika Salminen, AF Member, Finland, noted that vaccine misinformation was also spreading and making the rollout more difficult.

47. Mike Catchpole thanked participants, noting that there was a broadly agreed priority to vaccinate as much as possible, and that the RRA made clear that NPIs would continue to be required until there was a higher vaccination coverage than currently, but with latitude applied by countries as they felt their situations required. He said he hadn't heard any major dissent from the key messages of the RRA, and that the feedback had been very useful.

48. Sabrina Bacci, Principal Expert Vaccine-Preventable Diseases, ECDC, gave a presentation on the preliminary results of the vaccine effectiveness studies it had funded.

49. Thorolfur Gudnason, AF Observer, Iceland, thanked her for the presentation and asked if ECDC had been able to look at the effectiveness depending on the interval between the first and second dose.

50. Sabrina Bacci replied that unfortunately at the moment this was not yet possible because of the sample size, but it was in the planned analysis.

ECDC Policy on scientific integrity and independence

51. Mike Catchpole, Chief Scientist, ECDC, invited feedback on a draft internal policy regarding ECDC's scientific integrity and independence, which had been circulated to participants before the meeting. He explained that the document was intended to be published on ECDC's website to make explicit the principles the agency would adhere to, having consulted with colleagues in WHO, CDC in Atlanta and others on their policies.

52. Derval Igoe, AF Alternate, Ireland, didn't see any mention of finance and funding in the document, and wondered if this was an oversight.

53. Mike Catchpole replied that he felt this was implicit in the document, which did state that ECDC will not engage in partnership or collaboration where the primary benefit appeared to be monetary gain but said this would be looked at further.

54. Osamah Hamouda, AF Member, Germany, asked if independence from external political pressure or influence is addressed in the document.

55. Mike Catchpole replied that it was but said it could perhaps be drawn out further. A brief discussion ensued on the precise wording of this, and possible methods of avoiding undue political pressure. Several participants noted that they had been under political pressure in their roles in their countries during the pandemic, and that this would likely also apply to ECDC. Some participants noted that political pressure would always exist in the public health field, especially in times of crisis. He said these comments would be considered in a revision of the document, thanking participants for the feedback and inviting them to respond in writing by the end of the week if they had further comments. It was also noted that these issues might also be raised in the JSM meeting due the next day.

56. John Middleton, Member representing non-governmental academia organisations, ASPHER, asked if ECDC received funds from anywhere other than the EU.

57. Mike Catchpole clarified that it did not.

Meeting dates for 2022 and 2023

58. Maarit Kokki, Head of Executive Office, ECDC, presented the proposed dates for the Advisory Forum meetings in 2022 and 2023. The proposed dates were as follows:

For 2022:

AF68: 20-23 February

AF69: 20-21 April

AF70: 20-21 September

AF71: 14 December (audio)

For 2023:

AF72: 21-22 February

AF73: 18-19 April

AF74: 19-20 September

AF75: 12 December audio)

59. She mentioned that the April 2022 meeting would deal with the integration of the 'issue, resource, impact and solidarity' (IRIS) prioritisation process in ECDC's planning, and that this would be an opportunity to consult participants on the agency's priorities for 2024.

60. Mike Catchpole, Chief Scientist, ECDC, asked for any objections to the dates, and none were given so these dates were agreed. He re-emphasised that ECDC wants to embed the AF's views more strongly in its planning process.

Any other business

61. There was no other business.

62. Participants clapped to show their appreciation and gratitude for departing AF members Sophie Quoilin, AF Alternate, Belgium, and Franz Allerberger, AF Alternate, Austria.

63. Mike Catchpole, Chief Scientist, ECDC, thanked participants for their time, thoughts, and continued support, and closed the meeting.

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	Henrik Ullum	Member
Estonia	Natalia Kerbo	Member
Finland	Mika Salminen	Member
France	Bruno Coignard	Member
Germany	Osamah Hamouda	Member
Greece	George Panagiotakopoulos	Alternate
Hungary	Ágnes Hajdu	Alternate
Ireland	Derval Igoe	Alternate
Italy	Silvia Declich	Member
Latvia	Jurijs Perevoščikovs	Member
Lithuania	urgita Pakalniškienė	Member
Luxembourg	Isabel De La Fuente Garcia	Member
Malta	Tanya Melillo Fenech	Alternate
Portugal	Carlos Matias Dias	Member
Slovenia	Irena Klavs	Member
Spain	Fernando Simón Soria	Member
Sweden	Birgitta Lesko	Alternate
Observers		
Iceland	Thorolfur Gudnason	Member
Norway	Frode Forland	Member

European Commission Non-Governmental Organisations (NGOs)		
European Institute of Women's Health	Rebecca Moore	Member
Association of Schools of Public Health in the European Region	John Middleton	Member
European Liver Patients' Association	Marko Korenjak	Alternate
European Society for Blood and Marrow Transplantation	Jose Rafael De La Camara De Llanza	Alternate
European Commission		
DG SANTE	Cinthia Menel-Lemos	
World Health Organization (WHO)		
WHO Regional Office for Europe	Danilo Lo Fo Wong	