ECDC Advisory Forum

Minutes of the Sixty-ninth meeting of the ECDC Advisory Forum

Stockholm, 17 May 2022

Contents

Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 69th meeting of the Advisory Forum, which was taking place both in person and via videoconference.

2. Mike Catchpole, Chief Scientist, ECDC, welcomed the participants to the meeting, in particular the newly appointed Observer Member for Iceland, Kamilla Sigridur Josefsdottir, the newly appointed Alternate Member for Romania, Christian Radu Cucuiu, and the newly appointed Member for Sweden, Britta Björkholm. Apologies had been received from Estonia, Finland, and Poland.

3. The draft programme was adopted with no changes and there were no conflicts of interest declared.

4. Frode Forland, Member, Norway, asked for the opportunity to say a few words as this was his last AF meeting. He thanked ECDC and AF colleagues who he had worked so closely with. He would be starting work at the Africa CDC, based in Addis Ababa, in September 2022 and would also be meeting Maarit Kokki, Head of the Executive Office, ECDC, to discuss ways in which ECDC and Africa CDC could collaborate more closely in the future. He also thanked all his colleagues at ECDC for the fruitful collaboration over the years. He then gave a short update on the COVID-19 situation in Norway, mentioning that numbers had been going down since week 8 and 9, and had now reached a plateau. However, he was uncertain about what would happen during the summer, given the rise in the number of cases with the BA.4 and 5 variants of concern in Portugal and Spain, and it would be necessary to stay alert and monitor this risk.

5. Mike Catchpole thanked the AF Member for Norway for being such a strong supporter and a critical friend to ECDC over the years.

6. Andrea Ammon also thanked the AF Member for Norway for his support and input over the years, and for always offering a frank and honest opinion and she wished him all the best for the future.

Adoption of the draft minutes from the 68th Advisory Forum meeting

7. There were no requests for amendments to the draft minutes from the 68th Advisory Forum meeting held on 22 February 2022. The minutes were adopted.

Update from the Director

8. Andrea Ammon, Director, ECDC, said that the COVID-19 situation throughout the EU was similar to that described by the AF Member for Norway. However, there were other public health events currently ongoing in the EU and for the first time in its history, ECDC had three crisis teams operating in parallel (COVID-19, hepatitis, Ukraine), with a fourth about to be established for monkeypox.

9. With regard to COVID-19, numbers were in decline, but it was difficult to assess the situation since testing practices were becoming less coherent. The Director stressed the need to monitor the situation for the over 65s as increases had been seen in this age group and the numbers were still 75% of the maximum. ICUs and hospitals had seen increases in some countries but, overall, these were still moderate. Today's discussions would also include preparations for the longer-term perspective and the autumn/winter season. ECDC was also carefully monitoring the B.4 and B.5 variants of concern and there was a need to look at how to make messaging for COVID-19 vaccination campaigns more efficient.

10. The second crisis team was working on the increase in cases of hepatitis of unknown origin. This was a baffling phenomenon, being reported around the world, which had no connection to travel. The main hypothesis was an adenovirus; however, this theory was still being investigated.

11. The third crisis was providing support for Ukraine and neighbouring countries in the wake of the refugee crisis following Russia's invasion in February 2022. Czechia had now also been included in the regular meetings of this group. The stream of refugees had stabilised, although there were concerns in Romania about the situation with unaccompanied minors. All countries had made tremendous efforts, welcoming refugees, offering jobs, getting children into schools, etc. At the most recent Management Board meeting, there had been a request for meetings involving all the EU Member States as, although the five neighbouring countries were supporting the majority of refugees, many others were also accommodating them. ECDC currently had two staff deployed in Poland, one with DG ECHO for the humanitarian missions and one with the WHO Coordinating Centre in Krakow. Since the previous week, a risk communication officer had also been deployed via GOARN in Romania. ECDC had translated all its documents relating to Ukraine into Ukrainian, Polish, Romanian, Slovakian and Hungarian, and was currently preparing an advocacy document for early warning and response to help responders assess their capacity. During the current week, ECDC would also be publishing an overview of the online training courses available for anyone interested.

12. The fourth crisis group was being set up for monkeypox. It was uncertain yet whether there was a link between the cases in Portugal and the cases in the UK and more information would hopefully be available in the next couple of days. ECDC was also preparing for its new mandate which would hopefully be approved during the French presidency. This would require some internal adaptation within the Agency, and this would also be a topic for discussion with the directors of the Coordinating Competent Bodies and the National Coordinators at their meeting the following day.

13. Mike Catchpole, Chief Scientist, ECDC, pointed out that there would also be some items later on the day's agenda which were relevant to discussions on ECDC's new mandate, particularly with regard to scientific advice on non-binding recommendations. He introduced the item on scenario analysis by reminding the AF members of discussions on COVID-19 scenarios which had taken place at the last AF meeting in February 2022. In the interim, the International Science Council had also published a set of three COVID-19 scenarios of a similar nature. The purpose of the scenarios document was to help determine priorities for COVID-19 in the future. Although the future course of the disease was difficult to predict, the virus would continue to evolve, and new variants would emerge. It was therefore important to retain high levels of preparedness and to step up vaccination coverage. A recent European Commission Communication had set out a course of action to be taken during the transition period. ECDC's document looked at five different scenarios over a 10-year forward-looking period, in order to help public health professionals prepare for the future.

Update and discussion on COVID-19 – Scenario analysis

14. Howard Needham, Expert Scientific Liaison, Methods and Standards Unit, ECDC, gave a short presentation on COVID-19 measures and scenario analysis in the medium and long term which was followed by a discussion.

15. Mike Catchpole asked the AF Members to give their views on the package of measures for the proposed COVID-19 scenarios. Based on this feedback, ECDC would further refine the scenarios and decide whether to make the document public or use it for internal planning purposes.

16. John Middleton, ASPHER, said that this approach to preparedness was useful and believed that the document should be public. With regard to planning for next autumn/winter season, he believed there should be dedicated provision for isolation – either in specialised hospitals or by separating COVID cases from routine care. Based on the maxim that it was best to plan for the worst, Member States needed to plan for Level 4 if not 5 and be prepared in terms of supply chains/procurement with drugs, masks, vaccines, etc. given that the situation would probably worsen in the winter and that a new variant could possibly emerge.

17. Osamah Hamouda, AF Member, Germany, said that although it was important to plan for the future, the political dimension was increasingly influencing public health decisions and this aspect needed to be taken into account in preparations. With regard to the description of the scenarios, he did not believe that the global perspective would be critical for the national situation and therefore Member States would probably prefer to look at the local/regional area or the situation in neighbouring

countries. The section on testing could be quite controversial and if the document was published, factors such as whether ECDC would recommend community testing would have a significant impact. In Germany, they were trying to take a more practical approach and stop pointless testing - which was not being done for any other diseases – in order to put COVID-19 into perspective vis-a-vis other diseases.

18. Britta Björkholm, AF Member, Sweden, said that the document could provide a good basis for national planning. She agreed with the comments made by the AF Member for Germany regarding testing and the usefulness of broad community testing and would prefer testing for a specific result. She believed that the document could be published, if combined with careful communication to retain the public's trust.

19. Jan Kynčl, AF Member, Czech Republic, pointed out that it was still difficult to know what would happen in two weeks' time. There was still a need for COVID-19 surveillance, especially moving towards the autumn when cases of the virus would increase. It was important to seize the opportunity to make some changes in surveillance and preparedness, however this required resources. He agreed that a clearer strategy for testing would be beneficial. It was also important to take account of the societal perspective and the document could be used as a means for moving COVID-19 into routine surveillance for respiratory diseases. He suggested it might also be useful to discuss a possible change in the COVID-19 case definition.

20. Lorraine Doherty, AF Member, Ireland, asked about the audience for the document, pointing out that it was necessary to get public health officials on board. In Ireland they had struggled with surveillance during the pandemic and all extra support had now been withdrawn. Many staff from the public health service were moving into the private sector and it was important to analyse and deal with this issue. With regards to vaccination, although the vaccines were now known to be reliable, uptake was a different matter. People had lost interest and confidence and it was therefore necessary to give some thought to how to get the public to accept them in the future.

21. Ana Correia, AF Alternate, Portugal said that the document was useful for focusing on possible courses of action for the autumn and the long term. Even after two years there were many uncertainties with COVID-19 and it was important to invest in basic surveillance and possibly build a culture of preventive measures within the population (cough etiquette, washing hands, etc.) which would possibly have an impact beyond COVID-19. She would share the document with colleagues but thought that it might be dangerous to publish it.

22. Fernando Simón, AF Member, Spain, said that he would modify the document slightly to propose testing strategies to suit different circumstances, whilst also being aware that proposals for testing were difficult to formulate. It was also important to be careful about publicity concerning vaccines and proposing further doses did necessarily mean people would be better protected. Even if a new variant were to emerge, the population would probably be highly protected as so many people were now vaccinated. Therefore, it was more important to plan for a new pandemic involving a different disease. Surveillance was a major issue, and in most countries human resources for this were limited which was why strong political lobbying was needed to push for surveillance.

23. George Panagiotakopoulos, AF Alternate, Greece, hoped that the pandemic would decline, and the SARS-CoV-2 virus would eventually have a flu-like status. He stressed that people did not die because of the virus, but because of the inability of their immune system to deal with the virus. It was therefore vital to obtain a better understanding of the biology of the host to understand who was most vulnerable and to focus on those sub-sets of the population, resulting in a more effective response. Therefore, it was necessary to impress upon the scientific community the importance of obtaining a better epidemiological picture.

24. Isabel de La Fuente Garcia, AF Member, Luxembourg, said that it was important not to give people the idea that there would be new vaccines effective for new variants on an annual basis as this was impossible and, from a scientific point of view, it was important to transmit the right messages. It was also necessary to study the effectiveness of the vaccines and the length of protection. Public health experts were under pressure from the government to give more and more doses of the vaccine without

knowing if this was useful. As a result, they were losing the trust of people in the community at large. This fact needed to be highlighted more in the document.

25. Jurijs Perevoščikos, AF Member, Latvia, said that in his country they were planning for four levels of preparedness for the autumn. The major challenge with the new approach to testing and surveillance was to know which level they were at if there were no clear indicators. To date they had used number of samples, number of hospitalised cases, etc. He suggested that ECDC could provide recommendations on the new indicators.

26. Jonathan Suk, Principal Expert, Emergency Preparedness and Response, Public Health Functions Unit, ECDC, agreed that it was important to continue to push for public health resources and biological research. There had been a great deal of discussion about the sustainability of the response as well as planning for the worst, and it was necessary to strike a balance between risk and being able to scale up if the situation deteriorated. He also agreed with all the comments about community testing. He pointed out that ECDC experts in surveillance were working at present to integrate COVID-19 surveillance into the surveillance of other respiratory diseases. He was also aware of the political and economic dimensions of attempting to reintroduce NPIs and ECDC would be discussing this topic extensively in the coming months, both from the point of view of social acceptance and from a broader perspective. With regards to the audience and the intention of the models, the idea was that they could be used both to help with planning and to help with advocacy. Having a credible set of scenarios involving resources would serve as an argument for increased resources. He also noted comments questioning the necessity for regular vaccinations.

27. Andrea Ammon, Director, ECDC, said that over the past year and a half ECDC had produced ample guidance which now needed to be reviewed and consolidated for the future. The issue of staffing was very important, particularly as the pandemic had shown that in several countries reductions in public health had come at a cost. The idea that public health was a cost had to be turned around so that people understood that it was actually an investment. With regard to vaccination, it was certain that a new vaccination campaign would be necessary in the autumn and that it was important to look at how to approach the communication concerning this issue. In general, public health experts had not been so good at communicating with the public during efforts to control the pandemic and this area needed to be improved.

28. Henrik Ullum, AF Member, Denmark, pointed out that Denmark had performed a great deal of testing during the pandemic and had been pleased with the results so they were not keen on the idea of moving away from general testing to testing on purely clinical grounds. He pointed out that testing was a good way of keeping an overview of the pandemic and of controlling it, as continued testing had enabled them to optimise isolation and contact tracing in order to keep society open. Instead of discussing the sustainability of efforts in the long-term, it might be more relevant to examine whether other respiratory infections had been handled optimally and perhaps to look at how to do better in this area in the future.

29. Mike Catchpole, Chief Scientist, ECDC thanked the AF Members for their useful comments.

ECDC scientific advice process and impact framework

30. Helena de Carvalho Gomes, Head of Section, Scientific Process and Methods, Methods and Standards Unit, ECDC, gave a short presentation on scientific advice process and principles.

31. Mike Catchpole pointed out that with its new mandate, ECDC would be able to give recommendations and it was therefore important that ECDC's scientific advice was considered appropriate for the purpose. He welcomed any comments on the process and principles.

32. Fernando Simón, AF Member, Spain, said that the principles were similar to those applied in Spain and he agreed with most of them. However, in situations where they were dealing with diseases or outbreaks of unknown origin, finding the right expertise was difficult. One of the problems was that national experts believed that the data they had on a new/unknown issue was representative at national level, which was not always the case. A key problem with expert panels was that often an expert would

provide their opinion on the basis of poor-quality data. It was therefore important that the best available expertise was fully-formed expertise.

33. Mike Catchpole suggested that one of the ways of dealing with this was by bringing such issues to the AF to seek its views.

34. Lorraine Doherty, AF Member, Ireland, said that during the pandemic she and her colleagues had relied heavily on ECDC expertise and guidance for which she was grateful. In terms of principles, she believed that the timeliness of guidance was important, as was a structured approach. During the pandemic, her agency had established a health protection guidance unit tasked with producing guidance and this unit had a set of criteria as a basis for their work which she could share with ECDC and the AF. She also pointed out that it was important to show the origin of the guidance and whose opinion it was based on. During the pandemic in Ireland, they had seen expert clinicians giving advice to the public even though they were not public health specialists – and this issue remained a challenge.

35. Birgitta Lesko, AF Alternate, Sweden, said that the principles were good, but more thought was needed on the implementation of the guidelines. When dealing with policies, they had to be turned into practical measures at some point and this would always have to be done in different ways by each Member State, at regional and local level.

36. Helena de Carvalho Gomes thanked the AF Members for their input and hoped that the lack of negative comments indicated that the principles could be considered to be endorsed by the AF.

Scientific impact framework

37. Barbara Albiger, Principal Expert, Scientific Quality, Methods and Standards Unit, ECDC, gave a short presentation on the framework and the floor was opened for discussion.

38. Andrea Ammon, Director, ECDC explained that as an EU agency, ECDC was increasingly facing questions from the European Commission and the European Parliament on its impact. A first step was therefore to consult those who the output was intended for. Although this was not an ideal objective metric, at least it was a qualitative survey and perhaps an intermediate step.

39. Osamah Hamouda, AF Member, Germany said that there had been an initiative by the German government to try and measure infectious disease impact, however their idea of how to measure had been quite simplistic and they concluded that it was much more complicated than initially thought. At the Robert Koch Institute proper studies on impact had not been done beyond metrics, and he did not know if they would have adequate resources as it would require extensive support from specialists in the field. Therefore, the Institute would draw on ECDC's work rather than the other way around.

40. Fernando Simón, AF Member, Spain, said it was relatively easy to ascertain efficiency, but not impact. One of the main problems was that in public health most elements were multi-causal. In addition, most surveys asking about impact focussed on commercial and economic impact, however this was not an issue in public health.

41. Lorraine Doherty, AF Member, Ireland, said that her agency only used proxy measures of impact for testing, etc. The development of guidance was a difficult issue (for example, when developing clinical guidance for hospitals, it was impossible to know if every doctor and nurse would read it). Efforts had been made to measure impact in the area of patient safety, and she suggested that ECDC might be able to learn from this experience. In Ireland, their only foray in this area had been a survey on public messaging which had been undertaken during the pandemic by the Department of Health in Ireland to see how/if messaging was influencing behaviour.

42. Barbara Albiger said that, when attempting to measure impact, everyone faced the same problems. ECDC had been looking at the impact pathway 'informing the field' although this was the easy part of the process. Stakeholder surveys and evaluations were more important because they were longer term, and it took around one year for a guidance to take effect and become measurable. She

hoped that the AF Members would complete the next stakeholder survey, which was coming soon, to enable ECDC to help them have an impact on their public health outcomes.

43. Maarit Kokki, Head of Executive Office, ECDC confirmed that ECDC would be starting the stakeholder survey that week and some invitations for interviews and focus groups had already been sent out. Input from AF Members would be highly valued, and she hoped that as many as possible would participate.

44. Mike Catchpole thanked the AF Members for their endorsement of the approach presented. The conclusions would be published in a short document which could be used as a framework for assessing public health impact.

45. Barbara Albiger suggested that AF Members could make suggestions for any specific ECDC output that they thought might be suitable as a case study for trying the framework, and this could possibly be the subject for Working Group discussions at the September AF meeting.

Update on epidemic intelligence and response support activities

46. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, introduced the first topic and pointed out that with the new mandate, ECDC would be looking at how to better coordinate cross-border cooperation on outbreaks, so any insight from the Member States on this would be welcome.

Increase in acute hepatitis cases of unknown aetiology in children

47. Bruno Ciancio, Head of Section Surveillance, Public Health Functions Unit, ECDC, gave a short update.

48. Isabel De La Fuente Garcia, AF Member, Luxembourg, said that in Luxembourg they were anticipating a problem with the case definition because hepatitis of unknown origin (with elevated liver enzymes) was very frequent in children. The definition was very broad and therefore if they reported all cases there would be very many. She suggested that the case definition could be reviewed in the coming weeks as more information became available.

Multi-country *Salmonella* outbreak linked to chocolate products

49. Vicky Lefevre introduced the topic, noting that this represented a success story of cooperation between authorities in the food safety and public health sector, in that the contamination source had been found in the public domain and a recall of products initiated.

50. Johanna Takkinen, Principal Expert, Food and Waterborne Diseases, Disease Programmes Unit, ECDC, gave a short update on the situation.

51. Jan Kynčl, AF Member, Czech Republic wondered why a joint outbreak assessment took so much longer to produce than a rapid risk assessment.

52. Johanna Takkinen replied that it depended on how much information was available. Even if all the information was available to make a useful assessment, it sometimes still took time to analyse, assess and validate the data. There was also the problem that the joint outbreak assessment documents contained confidential information which had to be anonymised before publication. ECDC tried to produce the assessments as quickly as possible, but EFSA often needed more time to address the situation. In answer to a question as to whether COVID-19 sequencing caused delays to the output, she responded that she did not believe this was the case.

Proposed criteria and process for prioritising diseases for EU/EEA surveillance

53. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, introduced the topic by explaining that the criteria were currently in the Annex to Decision 1082/2013 (Cross Border Threat to Health) and that the rest of the decisions were in the Implementing Act. Decision 1082/2013 was currently under review and the Commission was discussing the text with the Council and the European Parliament. Initially, the plan had been to have everything (the criteria, the list of diseases and the case definitions) in the Implementing Act, but it seemed that the European Parliament had wanted to keep the criteria in the proposed Regulation on Serious Cross-Border Health Threats. This was why the proposed criteria were being presented at the AF meeting so that the AF Members could raise any objections and discuss the process and ECDC could then advise the Commission. There were currently five criteria being proposed for review by ECDC.

54. Phillip Zucs, Principal Expert, General Surveillance/Group Leader General Surveillance and Data, Public Health Functions Unit, ECDC, gave a short presentation on the proposed criteria and the floor was opened for discussion.

55. Osamah Hamouda, AF Member, Germany, asked whether ECDC colleagues had gone through the list according to the proposed criteria and whether this had revealed anything that needed to be left out. Although everyone was aware of the need to concentrate available resources on the most useful actions, the criteria might not be applicable to all countries and certain diseases were more of a problem in one country than another.

56. Rebecca Moore, AF Member, European Institute of Women's Health, noted that in addition to the differences between countries, politics also played a role. She suggested that it might be useful to have patient representatives to give a voice to patients in the discussions.

57. Birgitta Lesko, AF Alternate, Sweden, said that differences in the various countries' reporting systems also needed to be taken into account. With regard to EWRS, it was important to keep this for important emergency matters and not flood it with other information. She also suggested that in future more time should be given to the participants to read and discuss issues of this importance in their home countries before the meeting.

58. Fernando Simón, AF Member, Spain, noted that the focus was still on pathogens and cases and that perhaps it needed to encompass other aspects, such as a syndromic-based approach or surveillance determinants.

59. Phillip Zucs, responding to comments, confirmed that the concept had been tested in a small group at ECDC. The idea was not necessarily to completely scrap diseases from the list but to introduce more nuance with regard to their surveillance. Outbreaks, for instance, were more easily detected through event-based surveillance, and with epidemic intelligence, diseases would not disappear from ECDC's radar, if they were no longer routinely notifiable. He pointed out that the process and criteria applied at EU level and therefore may not have to be 100% aligned with national surveillance choices. Referring to the idea of including a patient representative in the panel, it was felt that they might not know enough about the diseases under discussion. He agreed with the comment that it was important not to overload EWRS and for as long as a threat was not firmly established, discussions should take place in EpiPulse. Regarding the comment by the AF Member for Spain about encompassing other aspects, he pointed out that it was necessary to start somewhere. The new Implementing Act would require a list of diseases, and this would cover at least 90% of outbreaks. Although it might be possible to do more syndromic surveillance, monitoring of social media, etc. in the future to close remaining gaps, this was all still too experimental as yet to be included in any legislation.

60. Andrea Ammon, Director, ECDC, said that with the Implementing Act, ECDC had an opportunity to rationalise the list and decide which of the diseases were worth the surveillance effort at EU level. However, this depended on the surveillance objectives at EU level. One aspect of ECDC's new mandate

would be to define surveillance standards, such as the Implementing Act with the list of diseases under EU surveillance.

61. Birgitta Lesko, AF Alternate, Sweden, said that discussions on standards and any changes to surveillance systems also needed to take into account WHO.

62. Lorraine Doherty, AF Member, Ireland pointed out that criterion E referred to "public health value" and she suggested that it was perhaps necessary to define what that meant.

63. Mike Catchpole, Chief Scientist, ECDC, thanked the participants for their useful comments.

A standardised monitoring tool for PrEP in the EU/EEA

64. Anastasia Pharris, Expert Coronavirus and Influenza, Disease Programmes Unit, ECDC, gave a short presentation and asked for comments from the floor.

65. Osamah Hamouda, AF Member, Germany said that he was not so closely involved in HIV work anymore but was impressed with the work that had gone into the tool and thought that the approach was a good example which could be followed in other fields.

66. Birgitta Lesko, AF Alternate, Sweden, agreed with these comments, however she pointed out that the Swedish system was not designed in such a way as to be able to obtain this information easily and it would involve a great deal of manual work to collect it. Although it might be possible to do it every now and then, it would not be possible every year.

67. Ana Correia, AF Alternate, Portugal, said that she had spoken to the relevant NFP in Portugal about this tool and she was very pleased with the process. In Portugal, PrEP was delivered in hospitals and delivery was now being discussed for primary healthcare services and the community. Therefore, the tool would be very useful and could possibly even be used as a supplement to the PrEP monitoring tool they were currently building.

68. Jan Kynčl, AF Member, Czech Republic, said that his colleagues involved in HIV had noted that the use of the two optional indicators: Awareness of PrEP among potential users and Willingness to use PrEP would require a lot of studies and availability of specific resources to fund such activities. In addition, for the supplementary indicator in Domain 2, the PrEP coverage, it was felt that this could be misleading as it was open to more than one interpretation.

69. Mike Catchpole, Chief Scientist, ECDC asked whether there had been any discussion on resources.

70. Anastasia Pharris clarified that this tool had been designed primarily for use at Member State level and was not drafted as a framework for data that ECDC would collect. Measures would be taken to ensure that collection at ECDC was harmonised (also with UNAIDS). ECDC is aware that it is not easy for all countries to collect all of the data frequently and that for some it was automated and for some this would involve manual work.

71. Mike Catchpole understood that the AF was supportive of the indicators, even though in some countries they might be more difficult to implement than in others, and that overall, there was a general endorsement. He thanked the AF Members for their input.

How should or could ECDC tailor its risk assessments and scientific advice according to variations in regional/national epidemiology and capacity?

72. Mike Catchpole, Chief Scientist, ECDC, gave a short presentation, and the floor was opened for discussion.

73. Bernhard Benka, AF Alternate, Austria, said that this was a difficult issue, similar to previous discussions on how to measure scientific impact. ECDC might put a great deal of work into its scientific output which was then not taken up at national level because each Member State functioned in different

ways with different systems (federal, national, regional). Therefore, it would be better to define more precisely what was required beforehand so as not to waste energy and resources on output which was not useful.

74. Osamah Hamouda, AF Member, Germany, suggested that it might be worth going through the questions for each topic separately since for some topics there might be only one response for all countries while for others there might be a range of options. It was also a matter of acceptance. Therefore, it would depend on the issues covered and there might not be one standard way to approach this.

75. Mike Catchpole said that although there was often discussion at the AF as to the proportionate response for a given risk, sometimes the issue was more about the capacity or feasibility of collecting certain types of data. Therefore, the question was to what extent could ECDC attempt to assess feasibility across all Member States before providing guidance.

76. Osamah Hamouda said that it was not feasible to ask all the Member States before coming up with a recommendation. He therefore suggested selecting a few Member States to ask, depending on the situation/disease, in order to get a feel for what would be possible.

77. Britta Björkholm, AF Member, Sweden, asked what an ECDC recommendation would actually entail.

78. Mike Catchpole replied that such a recommendation would be non-binding. At present, although ECDC did not make recommendations, Member States often felt that it was very difficult not to respond and the feeling was that the recommendations carried weight with policymakers.

79. Andrea Ammon, Director, ECDC, said that there had been a number of discussions on this issue as to whether ECDC was too general, specific or prescriptive with its recommendations. She suggested that ECDC should try to do an impact assessment for a specific issue on what its options for response would mean and the resources that would be involved as there was no point publishing guidance that was not feasible. There were situations where recommendations were tailored specifically to one country, when ECDC had been asked to evaluate a specific situation for a country, and in this case, there was a much broader uptake of the recommendations as this was in the interest of the country in question. The phrase 'profound country knowledge' (which appeared in the legal text for the extended mandate) would need to be taken into consideration when developing recommendations. When tailoring risk assessments and scientific advice, one proposal that had been discussed would be to have three options – high, medium and low impact – which would enable countries to opt for the most appropriate.

80. Bernhard Benka, AF Alternate, Austria, wondered whether country desk officers would help with this issue.

81. Andrea Ammon believed that it was necessary to have a combination of longer missions in countries and a basis on which to build for specific scenarios/issues.

82. Rebecca Moore, AF Observer, European Institute of Women's Health, saw this as a great opportunity to involve citizen organizations in order to get input from a different perspective.

83. Britta Björkholm, AF Member, Sweden, suggested that either the assessments had to be written very loosely or with different options, so that they were applicable to different Member State systems. In Sweden this was done at the sub-national/regional level through discussions and dialogue, explaining the conclusion reached in relation to the recommendation, and trying to obtain input and take into account any obstacles.

84. Mike Catchpole suggested that ECDC could consider advocating a set of standards that were appropriate. One example was EU LabCap which had helped to improve standards in laboratories across Europe. The same type of approach could be applied in other areas.

85. Lorraine Doherty, AF Member, Ireland, said that during the pandemic in Ireland they had received information and advice from an emergency team, a public health emergency team and ECDC. They had then taken the best parts from all of these sources.

86. Andrea Ammon said that the countries should be taking the final decision in each case and ECDC should be providing support, if so requested. The idea was to identify gaps and improve the situation. She pointed out that following ECDC visits relating to AMR, some Member States had presented the country reports to the authorities to justify increased resources or to show where resources were needed. However, this had to take the form of a collaboration and a dialogue, otherwise it would not work. The clearer the picture of the situation in a country was, the more accurate the guidance could be, as had been the case with the EU LabCap, which was a great success but had taken around two years to develop.

87. Osamah Hamouda, AF Member, Germany, said that the importance of communication could not be overestimated. He pointed out that at national level public health experts did not have any power to implement and all they could do was to pass on recommendations to the next level in the hierarchy. If ECDC were to begin making recommendations which the countries would have to adhere to it would be necessary to justify why this had to be done.

88. Mike Catchpole noted that the terms 'consultation' and 'collaboration' had been mentioned many times during the discussion. There was also the issue of national autonomy in the Member States, and it was in recognition of this autonomy that ECDC was looking at how to tailor the issue of recommendations. He thanked the AF for their input and suggested that ECDC would revert after further discussions on the issue.

Eurosurveillance - long term strategy 2021-2027 and key objectives

89. Ines Steffens, Editor in Chief, Eurosurveillance, Editorial Office, Scientific Methods and Standards Unit, ECDC, gave a short presentation which was followed by a discussion.

90. Rebecca Moore, AF Observer, European Institute of Women's Health, asked whether there were any plans for *Eurosurveillance* to include lay peer reviewers, as was now being done by the British Medical Journal.

91. Jan Kynčl, AF Member, Czech Republic, commented on the excellent scientific work produced by *Eurosurveillance.* When looking at key objectives for 2021, the gender balance of contributions had been mentioned. However, he pointed out that in some countries it was very difficult to achieve this gender balance, however popular it was as a concept in Europe at present.

92. Lorraine Doherty, AF Member, Ireland, congratulated *Eurosurveillance* on the fantastic work being done. She had been pleased to see in Key Objective 3 the proposed strategic look at the use of social media and the development of social media approaches. She pointed out that webinars, podcasts, etc., were very useful means of communication.

93. Ines Steffens thanked the AF Observer for European Institute of Women's Health for mentioning the BMJ initiative. This had been discussed at great length with the Board of *Eurosurveillance* but it was felt that the journal was not yet ready for lay peer reviewers. The team at *Eurosurveillance* was very small and it would be difficult to find appropriate people (e.g. not lobbyists). With regard to the gender balance of contributions, she pointed out that the *Eurosurveillance* staff were all female except for two male designers and one male interim, and it was important not to compromise on quality just to have a gender balance. Nevertheless, there was a good gender balance among the Board members. With regard to reviewers, there were lots of initiatives in larger journals, such as the Lancet family, looking into diversity and gender aspects among peer reviewers. Getting good reviewers was very difficult and at present *Eurosurveillance* could not afford to be selective. However, at some point in the future, it might be possible to carry out an audit to have a better idea of gender balance including for first and last authorship. With regard to social media, this involved a significant investment and

Eurosurveillance had been under quite a lot of scrutiny early on in the pandemic. The journal was now receiving support from a colleague in the Communications unit dealing specifically with social media. There were also plans to include social media as a topic at the next *Eurosurveillance* seminar during ESCAIDE. She thanked the AF Members for their contributions.

94. Andrea Ammon, Director, ECDC, pointed out that the competitors of *Eurosurveillance* had much greater resources available yet despite this, the journal was standing its ground admirably.

95. Mike Catchpole, Chief Scientist, ECDC, closed by saying that it had been a great pleasure to have the first face-to-face meeting for almost two years and to see so many AF Members in person and online. The next meeting would be the 70th AF meeting and it would be held on 20-21 September 2022. He hoped that as many AF Members as possible would be able to attend in person. He thanked all the AF Members for their contributions and looked forward to seeing them in September.

Annex: List of participants

Member State	Representative	Status	Participation Mode
Austria	Petra Apfalter	Member	WebEx
	Bernhard Benka	Alternate	In person
Belgium	Koen Blot	Alternate	In person
Croatia	Sanja Kurečić Filipović	Member	WebEx
Czech Republic	Jan Kynčl	Member	In person
Denmark	Henrik Ullum	Member	WebEx
France	Isabelle Bonmarin	Alternate	WebEx
Germany	Osamah Hamouda	Member	In person
Greece	George Panagiotakopoulos	Alternate	In person
Hungary	Zsuzsanna Molnár	Member	In person
Ireland	Lorraine Doherty	Member	In person
Latvia	Jurijs Perevoščikovs	Member	WebEx
Lithuania	Jurgita Pakalniškienė	Member	WebEx
Luxembourg	Isabel De La Fuente Garcia	Member	WebEx
Portugal	Ana Maria Correia	Alternate	WebEx
Romania	Adriana Pistol	Member	WebEx
	Cristian Radu Cucuiu	Alternate	WebEx
Slovenia	Irena Klavs	Member	WebEx

Spain	Fernando Simón	Member	In person
Sweden	Britta Björkholm	Member	In person
	Birgitta Lesko	Alternate	In person
Observers			
Iceland	Kamilla Sigridur Josefsdottir	Member	WebEx
Norway	Frode Forland	Member	WebEx
European Commission Non-Governmental Organisations (NGOs)			
European Institute of Women's Health	Rebecca Moore	Member	WebEx
Association of Schools of Public Health in the European Region	John Middleton	Member	WebEx
European Commission			
DG SANTÉ	Julia Langer		WebEx