ECDC Advisory Forum

Minutes of the Seventy-eighth Meeting

Stockholm, 17-18 September 2024

Contents

Opening and adoption of the programme

1. Pamela Rendi-Wagner, Director, ECDC, welcomed the participants to the 78th meeting of the Advisory Forum.

2. Piotr Kramarz, Chief Scientist, ECDC, also welcomed the participants to the meeting, in particular Viviane Bremer, the newly appointed Alternate Member from Germany, Lois O'Connor, the newly appointed Member from Ireland, Jasna Karacic-Zanetti, from the Croatian Association for the Promotion of Patient Rights, Ricardo Mexia, from the European Public Health Association, and Arinza Stanley Okoli, from the Norwegian Research Centre. Apologies had been received from Italy, Poland, Romania, Spain and Slovakia. Bulgaria, Cyprus and Norway did not confirm attendance.

Adoption of the draft minutes from the 77th meeting of the Advisory Forum, 14-15 May 2024

3. Some minor amendments had been requested by Czechia, Denmark, Hungary and Slovenia and the revised version of the draft minutes had been uploaded to the extranet. There were no further amendments and the minutes were duly adopted.

Update from the ECDC Director

4. The Director updated the participants on avian influenza A(H5N1), saying that ECDC was constantly monitoring the situation and in contact with Member States and other agencies (particularly EFSA). The latest news was that the case in Missouri (confirmed on 6 September) had had no prior contact with animals. To date in the US there had been 13 cases, but there were no confirmed cases in Europe as yet. ECDC published a quarterly report on avian flu in the EU with EFSA and in the latest edition of the report, the risk was still considered to be low for the general population, and low-to-moderate for those with occupational exposure. ECDC was planning to update its avian influenza surveillance guidance for the winter season.

5. With regard to mass gatherings during the summer of 2024, ECDC had monitored the UEFA Football Championship and the Olympics and Paralympics 2024 in Paris in close collaboration with WHO. No major outbreaks or public health events were reported during these gatherings.

6. Giving a short update on COVID-19, the Director said that there had been no critical situations in European hospitals during the summer and the recommendation remained the same – that those over 65 years were at the highest risk and should therefore be vaccinated and/or keep their vaccinations up-to-date.

7. With regard to the outbreak of Oropouche virus disease in Brazil and Cuba, the likelihood of human exposure to the virus in the EU was still considered to be very low, since the competent vector was absent from continental Europe. However, the situation with dengue was slightly different. There had been autochthonous cases in some European countries during the summer, mainly due to the fact that *Aedes albopictus* was now present and over-wintering in an increasing number of EU countries, given the effects of climate change.

8. Providing an update on mpox, which had employed most of the Agency's resources during August, she explained that the outbreak was mainly affecting certain countries in Africa (e.g. Democratic Republic of Congo); that it had intensified in the previous two months; that there had been one case in Europe (Sweden) and that WHO had declared the outbreak as an international health emergency. ECDC had published a rapid risk assessment and deployed an epidemiologist working in the field to support surveillance and data analysis (under its new mandate) and would continue to support by sending specialists to DRC.

9. Reporting on the new country assessments being carried out under Article 8 of ECDC's extended mandate, the Director stated that two country assessments had already been completed (for Belgium and Finland) and that others would take place in the next few weeks (Estonia, Spain and Sweden). The assessments would be discussed at greater length later that morning when Vicky Lefevre (Head of Unit, Public Health functions, ECDC) would give an update.

10. During the previous week, ECDC had hosted a meeting on e-health surveillance which was a very important stepping stone towards improving e-health surveillance in the Member States.

11. ECDC had also recently hosted the respiratory virus network meeting with WHO, providing an opportunity to discuss the current challenges in respiratory testing ahead of the new flu and respiratory virus season.

12. In the coming months, ECDC would also be signing an MoU with the Japanese CDC, which represented an important milestone in its international collaboration, enabling the Agency to further strengthen its outreach.

13. Looking ahead to the autumn, the most important ECDC event of the year was ESCAIDE, which would take place in Stockholm on 20-22 November. All AF members were warmly invited to participate online or extend the invitation to their colleagues to do so.

14. The Director thanked the participants again for attending and for their ongoing support and input.

15. Piotr Kramarz, Chief Scientist, ECDC pointed out that the next ESCAIDE conference in 2025 would take place in Warsaw, Poland.

16. Koen Blot, AF Alternate, Belgium wondered if ECDC had been in contact with the US CDC regarding the most recent case of avian influenza in Missouri to obtain more information, specifically in relation to wastewater surveillance. With regard to mpox in DRC, Belgium was working with the public health authorities there, trying to prepare a system to be able to describe the first 100 cases of Clade IB, and he suggested that this might also be useful for other Member States.

17. Piotr Kramarz said that in the EU, several countries had a wastewater monitoring system. JRC was coordinating wastewater monitoring activities and ECDC was in contact with them. This was a topic that could be considered for a future AF meeting, both in relation to avian influenza, and also more generally. With regard to first-few-hundred studies, this was part of preparedness activities and there had been some WHO projects to develop protocols in order to obtain the key parameters from early cases. He suggested that this would also be a good topic for more in-depth discussions at a future AF meeting.

18. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, referring to first-few-hundred cases, said that ECDC was working with countries and wanted to set up transmission studies with EU Member States for when new outbreaks occurred, however the necessary protocols needed to be put in place first. ECDC was in discussion with the Health Task Force about this and had already begun collecting information. With regard to wastewater monitoring, ECDC had been closely following the work of HERA and JRC who had set up the EU WISH Joint Action. Some countries had been collecting information, and had approached ECDC to ask what they should do with it, in terms of infectious disease monitoring. ECDC wanted to produce a concept note, but first the Agency would contact the experts in country to see which diseases it could be used for (in addition to AMR, avian flu, polio and COVID-19). ECDC was also in touch with DG ENVI to obtain clarifications for when relevant legislation entered into force. Even though this was quite a new area, the Agency was keen to determine what it could do and draw up a proposal by the end of the year.

Article 8 - Preparedness assessment (PHEPA)

19. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC gave a presentation, and the floor was then opened for discussion.

20. Piotr Kramarz, Chief Scientist, ECDC said that the preparedness assessment process was very intense and pointed out that all Member States would be visited over the next three years. He asked for any particular comments from countries that had already been visited, as well as comments from others.

21. Koen Blot, AF Alternate, Belgium commended ECDC's team on its work during the Belgium visit. Bringing all the multi-sectoral and multi-regional actors together had not been easy and it was therefore important to draw up the list of potential participants early on and then block the week of the visit so that everyone could be involved. He mentioned that his team had done a lot of preparatory work on the in-depth capacity for laboratories and surveillance during the first cycle and wondered when the follow-up on this would be, given that there were other elements for in-depth analysis of capacity during subsequent cycles. He felt that the assessment visit provided a good platform for ECDC and the Member State representatives to get to know one another better, and it also represented a good

opportunity for ECDC to contribute to the harmonisation of recommendations across the EU countries, depending on the strategic or operational objectives.

22. Viviane Bremer, AF Alternate, Germany, noted that it must be quite difficult to juggle the timing of the visits, and wondered how ECDC was managing this and whether it had sufficient resources and capacity.

23. Otto Helve, AF Member, Finland said that it had been an enormous undertaking, even though they had been pleased to participate. The public health institute in Finland had recently undergone a major restructuring (December 2023) so they thought it would be a good way of identifying weak spots. However, they soon realised that the assessment procedure involved a lot of work from the host country, and it was important to understand this when submitting to the process. However, even though it was more burdensome than originally expected, it was also hugely beneficial.

24. Jurijs Perevoščikovs, AF Member, Latvia asked about the repository of documents required for the process. Since in Latvia there were legislative acts that had not been updated, he wondered how they would be able to submit the required acts.

25. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, responding to the comment on follow-up of action plans, said that once ECDC received the action plan, it was important that they did not wait too long to get in touch with the country again. With regard to the question on capacity and resources to conduct 30 assessment missions in less than 3 years, ECDC was just about managing. It was also mentioned that the ECDC assessment teams are reinforced by experts from WHO EURO, DG HERA, DG SANTE and the Member States. This year ECDC had managed, but next year would be extremely busy. The Commission would be including the assessment results in a report on the state of play and progress on prevention, preparedness and response planning at Union level in December 2026 and therefore ECDC was keeping Q4 of 2026 free to be ready for this. Responding to the question on legislative acts, she suggested that countries submit complete legislative acts. There would be a series of preparatory online meetings with individual countries ahead of the in-country visit to guide the countries and review submissions. ECDC would also arrange for documents to be translated.

ECDC Vaccine effectiveness, Burden and Impact Studies (VEBIS) – status and plans for the future

26. Sabrina Bacci, Head of Section, VPD and Immunization, Disease Programmes Unit, ECDC, gave a short presentation and the floor was opened for discussion.

27. Piotr Kramarz, Chief Scientist, ECDC, said that ECDC were using these studies as part of the Vaccine Monitoring Platform, covered by the new ECDC mandate, which is used to implement vaccine effectiveness studies and at the same time can be seen as a tool for building trust, by reassuring the public that vaccine performance is closely monitored. The studies are independent from industry.

28. Tyra Grove Krause, AF Alternate, Denmark, said that these networks were very important. At present, when new vaccination technologies were expected shortly, and several different brands of vaccines were available for influenza, the cross-country studies were really valuable. Brand-specific vaccine effectiveness and observational studies would also be very important for the Member States when they started to implement new vaccine programmes, as they did not have the resources to do these studies themselves. There were two purposes to the studies, one was to monitor the programme, but the other was to have capacity in place in the event of a new threat requiring the use of a new vaccine (as had been the case with COVID-19).

29. Koen Blot, AF Alternate, Belgium, said that the transition from crisis activities to non-crisis activities involved overhauling the paradigm and the objectives. In Belgium, they had a sentinel network of GPs for respiratory diseases and ILI. They reported clinical cases and sent microbiological samples for typing for multiple respiratory viruses. At hospitals there was also individual patient reporting and all samples were tested with multiplex PCR testing. The healthcare registry system was a specific digitised system developed for COVID-19, that was also coupled with the vaccine registry, which was interoperable across all regions. All this data sharing was allowed because legislation had been passed to cover a crisis phase, but when the new federal government was formed, it would stop. In the meantime, attempts were being made to strengthen the sentinel systems at GP and hospital levels and to decide what to do about these activities, because continuously performing multiplex PCR testing across a large network was quite expensive. Pooling of data at ECDC level would reduce costs and harmonise, which was a more durable option. In terms of objectives, he would focus on influenza, RSV

and COVID-19. It was also necessary to have a system, such as the VEBIS, which was useful during 'peace time', while investing further into sentinel systems that could be reactivated in the event of pandemic influenza. The health economic elements were very important as these were the focus of policy-makers, and they needed to understand that they were investing in prevention as well as vaccine effectiveness. It was therefore important to identify seasonal and pandemic objectives, and objectives for vaccine effectiveness and risk communication. With regard to impact studies, it was also important to look at the health economic aspects as way of encouraging the continued financing of these activities. In order to have a large enough sample size to assess the effectiveness of immunisation, it would be necessary for many hospitals to participate, and to have a lot of multiplex PCR testing. With regard to invasive meningococcal and meningococcal disease, he suggested rethinking the paradigm for these diseases in terms of sentinel hospital surveillance. He suggested that, if investment was made in infrastructure and study coordinators, then it would be possible to include case definitions for both of these diseases within the hospital setting and also ask for vaccine information at the same time.

30. Piotr Kramarz, Chief Scientist, ECDC, invited the AF members to reflect on country participation and how to encourage broader participation.

31. Marta Grigič-Vitek, AF Alternate, Slovenia, said that although they were not part of the VEBIS studies, they had managed to do two studies during the COVID-19 pandemic. They had included all acute-care hospitals in Slovenia who were obliged to report data at that time (although the legislative act had now expired). Slovenia would therefore be glad to join VEBIS in the future. The relevant vaccines to include in the studies were pneumococcal vaccines and RSV vaccines, which were vaccines that they did not yet have in Slovenia, and also vaccination of pregnant women (only 6% in Slovenia) could be included although they would first need some information on vaccination rates in order to be included in such studies.

32. Jurijs Perevoščikovs, AF Member, Latvia, said that in Latvia they had started to use high-dose influenza vaccinations and it would be useful to study the difference between ordinary dose and high-dose vaccines in elderly populations. Although Latvia was not part of the project, the public health authorities had been regularly analysing vaccine effectiveness in seniors over the last few years as they had data available in their vaccination register and death register (for example, the mortality rate among the elderly for vaccinated individuals was five times lower than in those who were unvaccinated) and also had access to hospital data.

33. Koen Blot, AF Alternate, Belgium, suggested that mpox vaccine effectiveness could be a topic for further analysis in the future, given that, over time, there would be more and more questions about waning immunity, one dose versus two doses, etc.

34. Lois O'Connor, AF Member, Ireland, said that Ireland had participated in a number of studies and that this had been beneficial. She agreed that for the future the new RSV vaccinations and pneumococcal vaccinations would be good to include in the studies. She also suggested that vaccination in pregnancy could be a useful area for the studies in order to provide the public with more information.

35. Sabrina Bacci, Head of Section, VPD and Immunisation, Disease Programmes Unit, ECDC thanked the participants for their suggestions. ECDC's experts also believed that the studies helped to build a network, and to increase capacity and that this was a key element that could make the results more relevant. Influenza was one of the vaccinations where the vaccine market was scattered and it was not possible to have the same level of granularity as with COVID-19 vaccines, so they had tried to group vaccines with the same characteristics. With regard to maternal vaccination, not all countries had a high uptake for this which meant that it was even more relevant to pool available data. By way of example, she noted that during the writing of a recent risk assessment on pertussis it had been possible to frame the pertussis VE studies and refer to European data from previous ECDC funded vaccine effectiveness studies similar to VEBIS to show that VE was high for pertussis in pregnancy, with EU data. Referring to comments by the AF Alternate for Belgium, she agreed with an approach of the type proposed to build and improve the project. She also believed that the studies would be just be one part of the overall picture, along with other considerations such as health impact, costs, etc. In response to the comment by the AF Member for Slovenia on not being part of the study, ECDC had good experience of the registries from Slovenia's national study and this was an indirect contribution. With regard to mpox, ECDC had had the opportunity to participate in some VE studies with the European Medicines Agency through some German clinics following the first outbreak in 2022, but she agreed that this was an important issue, especially since information was not available through traditional data sources and there were very few cases.

36. Piotr Kramarz, Chief Scientist, ECDC, thanked the AF participants for their comments and suggestions which would be reviewed.

Sustainable Development Goal monitoring series: HIV monitoring of SDG target 3.3

37. Teymur Noori, Expert HIV, Disease Programmes Unit, ECDC, gave a short presentation and the floor was opened for discussion.

38. Viviane Bremer, AF Alternate, Germany thanked ECDC for putting all the data together as this was extremely helpful for the Member States when exploring with policymakers how to reach these goals. With regard to testing activities, she noted that most Member States were already struggling with the first 90% and wondered if ECDC could give any recommendations on how to achieve greater outreach.

39. Jasna Karacic-Zanetti, Croatian Association for the Promotion of Patient Rights, said that they had received numerous complaints from HIV patients about stigma, and stigma often led to delayed testing and treatment and/or mental health problems. She pointed out that it was necessary to have policies that protect the rights and dignity of HIV patients and that education was the best means for remedying this.

40. Magnus Gisslén, AF Member, Sweden, said that the majority of new HIV cases diagnosed in the Nordic countries were among people who had come from high-endemic countries and were not diagnosed until they arrived, and often quite late, which meant it was harder to decrease the incidence.

41. Menno de Jong, AF Member, Netherlands, suggested looking at barriers in the different countries to achieving the scaling-up of testing and prevention and having a more realistic expectation of what would happen over the next two years.

42. Koen Blot, AF Alternate, Belgium, suggested trying to perform some type of social science investigation to better understand stigma and why people were not getting tested or accessing PrEP. His experience of PrEP consultations in Belgium 2017–19 was that the groups getting into contact with the healthcare system to access PrEP were primarily white, socio-economically advantaged individuals, knowledgeable about PrEP. He wondered if socially-disadvantaged groups knew about testing, and whether it was health literacy or stigma which prevented them from seeking healthcare. With reference to the four pillars identified, he wondered whether it would be possible to use all the data that had been assembled to identify indicators for each of these pillars and then stratify them at EU level to help determine the weak points in countries (e.g. PrEP, condom use, testing, treatment). In Belgium they were trying to make testing more accessible and to gather more information on testing by collecting more genomic information in more systematic manner. It was hoped that this would allow them to assess prevalence and then link this to reimbursement data to see who was being treated for what, according to genomic profile and antiviral resistance. He suggested that this approach might also be useful for other countries.

43. Jurgita Pakalniškiene, AF Member, Lithuania, complimented the ECDC team on their work, and for being so flexible and helpful. In Lithuania there were a number of issues, particularly with data interpretation. She thanked the ECDC team for its useful advice on how to deal with migrants from Ukraine and keep them in treatment.

44. Teymur Noori, responding to the question on achieving greater outreach in testing, said that recently a number of novel approaches to testing had been introduced, such as self-sampling and community-based testing and these needed to be scaled up. Regarding the comment on HIV cases being diagnosed on arrival from high-endemic countries, he confirmed that, according to the data, 56% of all cases diagnosed in 2022 came from a foreign country but there was a lot of evidence to show that 40–60% who were diagnosed in the EU acquired HIV after arrival, so the focus needed to be on preventing this. In order to achieve progress on the targets, the most important issue to address at present was the migrant situation. In recent years, ECDC had scaled up the country support element of its programme to offer a more detailed approach by grouping together countries with similar types of endemics, which was proving to be useful. The biggest barrier was political leadership, since HIV, TB and hepatitis had all dropped down the list of political priorities and a lot of the discussion was now focussing on preparedness. With regard to gaps in data, he agreed that it was important to improve data interpretation as not all countries interpreted data in the same way.

45. Anastasia Pharris, Principal Expert, Infectious Diseases, Disease Programmes Unit, ECDC said that HIV was an area with excellent science and ECDC was able to benefit from this when monitoring policy in the EU in order to add value. With regard to vulnerable groups, the recent mpox outbreak had shown that it was beneficial to have contact with community organisations already working with affected populations since 2022. She pointed out that it was the same vulnerable groups that were affected by other outbreaks (e.g. MDR *Shigella*) which is why the expansion and strengthening of work with community organisations is important. Similarly, ECDC is enhancing its focus on country support, working with smaller groups of countries experiencing similar issues in order to identify common problems and barriers through workshops and training. The EU Commission had carried out a number of projects on HIV testing and would hopefully continue to prioritise the issue. There is also a planned Joint Action focussing on vaccine-preventable cancer, which is also expected to address some SDG issues (e.g. HIV and TB).

46. Koen Blot, AF Alternate, Belgium, pointed out that a recent article in the Belgian press mentioned that young adults in Belgium were less likely to use condoms because they were too expensive. This was an example of the type of insight which would be useful for public health authorities when targeting communication/activities.

Update on the public health work force capacity survey results

47. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, gave a short presentation (apologising for an error whereby data for Estonia were presented under Spain which would be fixed.)

48. Jan Kynčl, AF Member, Czechia, thanked ECDC for its work in gathering this information which was crucial for ensuring that the publication health situation in Europe remained stable. He pointed out that in most Member States, little had been done to increase workforce capacity since the COVID-19 pandemic which was why the survey was so useful.

49. Ricardo Mexia, European Public Health Association, thanked ECDC for the report, noting that in addition to reinforcing the public health workforce, it was also important to train them so that when mobilisation was required, they were ready and could provide a better response. Since the end of the pandemic, concerns had dissipated and the political incentive had disappeared, but it was vital to ensure that Europe would not be caught short-handed again in the future.

50. Bruno Coignard, AF Member, France thanked ECDC for its work and apologised for not having responded on behalf of France. He agreed that more accurate data were needed and in particular, a central registry of the public health workforce in each country. He therefore wondered if advocating for such registries should be included as one of the recommendations of the report, in order for Member States to be able to benchmark their organisations and lobby for reinforcement of resources.

51. Piotr Kramarz, Chief Scientist, ECDC, said that he was aware of ECDC reports sometimes being used to lobby or leverage funding, but in this case it was difficult because there were methodological difficulties, and ECDC could not e.g. identify an accepted threshold level of resources.

52. Koen Blot, AF Alternate, Belgium, agreed that there should be some kind of registry in order to ensure a minimum level of preparedness, perhaps through IHR, or within the context of emergency preparation to ensure minimum staffing, with plans for upscaling in the event of a crisis. He also suggested taking a quantitative rather than qualitative approach, with interviews in order to obtain more input.

53. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, pointed out that, in terms of collecting additional information, Article 8 of ECDC's mandate contained a chapter on workforce capacity, which gave countries an opportunity to provide more feedback. In terms of workforce capacity building, there had recently been slightly more resources available from various EU budgets – e.g. through whole genome sequencing grants under the HERA incubator and surveillance grants being launched with HADEA and DG SANTE. ECDC would also be starting a preparedness training programme as a form of capacity building for countries and was considering a One-Health training programme. She agreed with the suggestion of including the need for workforce registries in the report and she thanked the AF participants for their input.

Update of IHR revision, INB and negotiations on the Pandemic treaty

54. Julia Langer, Policy Officer, DG SANTE, European Commission gave a short presentation.

55. Thomas Hofmann, Head of Section, Emergency Preparedness and Response, Public Health Functions Unit, ECDC, said that ECDC had been more involved in the negotiations for the revision of the IHR treaty and instruments than the Pandemic treaty. There had been some new and positive developments with the revised IHR – for example, relating to accountability, new assessment missions for preparedness and national IHR authorities as complementary institutions in the countries. According to ECDC's new mandate it should be able to provide recommendations, but it had been difficult to define this and, so far, the definition of temporary recommendations in the IHR was still quite weak and had not been amended. They had also advocated for some form of EU representation on the roster of experts or on the emergency review committees but had been unsuccessful. There had also been a proposal to try and make the outcomes of the IHR emergency committees more detailed and/or have standing criteria for consideration, which would be helpful for the countries, but this had not been taken up. However, overall, there had been some useful developments in the amended IHR treaty.

56. Otto Helve, AF Member, Finland, noted this topic would come up at the next World Health Assembly and would affect everyone so it was very useful to having an understanding of the INB negotiations.

Update on mpox situation

57. Thomas Hofmann, Head of Section, Emergency Preparedness and Response, Public Health Functions Unit, ECDC gave a short presentation.

58. Bruno Coignard, AF Member, France, asked about having a list of affected countries which would be very useful for travel advice. He understood that this was a work in progress and ECDC had presented a draft on criteria at the most recent Health Security Committee meeting, and he wondered whether there had been any further progress since then.

59. Viviane Bremer, AF Alternate, Germany, referring to laboratory capacity, wondered how probable it was that cases were being missed due to lack of laboratory capacity and/or clinical awareness.

60. Arinze Stanley Okoli, Norwegian Research Centre, said that if it were possible to have more detail of the kind of research support made available so far. He asked whether ECDC was involved in the European and Developing Countries Clinical Trials Partnership (EDCTP). EDCPT 3 had been activated for research projects in relation to the mpox outbreak.

61. Tyra Grove Krause, AF Alternate, Denmark, said that Denmark was currently starting to set up wastewater surveillance in order to monitor transmission in the future and be prepared. She wondered whether ECDC could play a role in this.

62. Koen Blot, AF Alternate, Belgium, thanked ECDC's experts for the recent rapid risk assessment on mpox which had been very useful. In Belgium they had been finding it difficult to get timely vaccine recommendations and he asked about experiences at the European level.

63. Dirk Meusel, DG SANTE, thanked ECDC for its rapid risk assessment, information update and scientific advice on travel measures, vaccination and surveillance. The outbreak had shown where there were particular vulnerabilities (e.g. laboratory capacity) and had also demonstrated ECDC's new mandate in action (giving advice, outreach into community, etc.).

64. Thomas Hofmann, Head of Section, Emergency Preparedness and Response, Public Health Functions Unit, ECDC, responding, said that the AF participants would have an amended proposal by email before the end of the day for consultation in the Member States. This would include a map reflecting the current situation, which was temporary, and only related to clade I. With regard to clinical awareness, he noted that Africa's CDC had been talking about lack of laboratory capacity since the beginning of 2024 and the Ministry of Health in DRC wanted to help shape the response in some way, rather than this being left entirely to externals. At present, the testing rate was 70% although it was unclear what that meant. According to colleagues working in the field, there were still a high number of unconfirmed cases and therefore many cases could just be suspected cases. Awareness and clinical capacity had both improved. Research had been an issue in the beginning which was why ECDC was launching a literature review and there could also still be further research needs in the future that ECDC could support. With regard to wastewater surveillance, this had not been discussed in the mpox emergency team and he did not know so much about it but would try to find out more and, if relevant,

revert. On the subject of vaccine recommendations, it appeared that some of those set out in the rapid risk assessment had been misunderstood and had had to be clarified in the epi update. It was known from the mpox outbreak two years previously that there were certain other measures over and above vaccination which were very effective for mpox and that mpox vaccination had limitations which was why ECDC would not advise mass vaccination campaigns.

Diversity and inclusion in public health work – an introduction to the working group session

65. Cristina Da Cruz, Scientific Engagement Officer, Scientific Methods and Standards Unit, ECDC gave a short presentation on diversity and inclusion at ESCAIDE.

66. Kathrin Hagmaier, *Eurosurveillance* Editorial Office, Scientific Methods and Standards Unit, ECDC, gave a short presentation on diversity and inclusion in *Eurosurveillance*.

Day 2.

Diversity and inclusion – reporting from working group session

67. Viviane Bremer, AF Alternate, Germany gave a report on discussions in Working Group A [slides].

68. Bruno Coignard, AF Member, France, gave a report on discussions in Working Group B [slides].

69. Koen Blot, AF Alternate, Belgium, suggested that rather than a diversity and inclusion issue per se, it was symptomatic of the way of working of the Commission, ECDC, and other institutions and that it might be useful to take a step back and look at the broader context.

70. Dmitrios Hatzigeorgiu, AF Alternate, Greece, noted that although it was often overlooked, burn-out was something which affected all genders and generations which was why there had been a lot of discussion in his group on organisational issues, creating groups, giving awards, etc.

71. Piotr Kramarz, Chief Scientist, ECDC, said that translation of documents was an area where ECDC could help. He also noted that experts from Ukraine had come to events in Poland and there they had used automatic tools to translate the presentations so there are tools available and ECDC could look into using them for its events.

72. Tyra Grove Krause, AF Alternate, Denmark, suggested that, when announcing conferences or event on ECDC's website, it could be stated that those interested should contact the NFP in their country. This would ensure wider access.

73. Piotr Kramarz said that one of the main barriers to greater inclusivity was the financial barrier and this was why ECDC organised ESCAIDE in other countries (e.g. Barcelona in 2023 and Poland in 2025) to encourage more people to participate. Both working groups had discussed financing and the need to make it possible for more people (e.g. the younger generation) to attend events, and ECDC could look into this.

74. Bruno Coignard, AF Member, France referring to the issue of NFPs, said that in France there were around 15-20 focal points for different functions as well as a national coordinator, and they had noticed recently that information on ECDC activities was not being shared among the focal points. They had therefore decided to arrange an annual meeting of all NFPs to disseminate information. He suggested that ECDC could consider doing something similar.

75. Arinze Stanley Okoli, Norwegian Research Centre, wondered whether there was an organising committee for ESCAIDE or an organisational strategy and if so, he suggested that this strategy could be adjusted to place more focus on specific groups.

76. Piotr Kramarz confirmed that there was a scientific committee for ESCAIDE, which changed its members every three years. The committee discussed the theme for ESCAIDE and tried to adapt, depending on the focus is for the next period.

77. Cristina Da Cruz, Scientific Engagement Officer, Scientific Methods and Standards Unit, ECDC, said that although there was not an organising committee as such, when ESCAIDE was held outside of Sweden, ECDC organised it with the country counterparts, and then it was really possible to connect with the colleagues at the public health institute or Ministry of Health.

78. Bernhard Benka, AF Alternate, Austria, said that although it was great that ECDC offered so many opportunities for training, etc. it was important not to overburden the limited public health workforce in the countries, as the experts who participated were also needed back home in-country.

79. Bruno Coignard, AF Member, France, said that it would be useful to expand ESCAIDE so that it encompassed more than just EPIET/EUPHEM, however it should also not become too big or too general, since it was designed for epidemiologists. He wondered whether ECDC still arranged embedded sessions at other scientific conferences and whether this would be a good way of expanding its audience.

80. Piotr Kramarz confirmed that ECDC held sessions at the European Society For Paediatric Infectious Diseases (ESPID) and other conferences occasionally. For ESCAIDE, it is important to keep a balance between it being an opportunity for fellows to present their work and an open conference for professionals active in the field. There had been suggestions that when holding ESCAIDE outside of Stockholm, ECDC should give the floor more to the local organisations and ask them to make presentations focusing on the local situation. He was already in contact with colleagues in Poland about doing this at the next ESCAIDE conference in Warsaw in 2025.

81. Bernhard Benka asked whether ECDC had a list of those who usually attended ESCAIDE and wondered whether there were too many from public health institutes. If so, the question would be how to reach out to those who were not working at public health institutes. He pointed out that the NFP was a single person and therefore represented a type of 'bottleneck'.

82. Piotr Kramarz, referring to the point raised about expertise versus diversity, noted that although the Scientific Committee took into account geographic diversity when discussing ESCAIDE submissions, it was the quality of the abstract that was the main factor. However, ECDC is keen to improve the process. He thanked all the participants for their suggestions and also the ECDC colleagues who had helped with the working groups.

Feedback from the Respiratory Virus Network meeting

83. Edoardo Colzani, Principal Expert Respiratory Viruses and Legionella/Group Leader Respiratory Viruses and Legionella, Disease Programmes Unit, ECDC, gave a short presentation and the floor was opened for discussion.

84. Tyra Grove Krause, AF Alternate, Denmark, referring to SARI surveillance, suggested that when countries moved to using e-health records, ECDC should coordinate discussions and help with guidelines on how to make case definitions.

85. Jan Kynčl, AF Member, Czechia pointed out that people were still concerned about COVID-19 and were still getting tested. Consequently, the true burden of influenza was being underestimated because insufficient testing was being done for other types of influenza. He felt that there should more testing and more influenza vaccinations in order to redress the balance and he wondered if ECDC could help in some way.

86. Koen Blot, AF Alternate, Belgium asked whether it was a good idea to continue with surveillance during the summer months and requested arguments for or against that he could give to his colleagues in Belgium.

87. Edoardo Colzani confirmed that summer surveillance had been discussed at the network meeting but that there was no firm answer either way. COVID-19 was not seasonal, but since COVID-19 could have an impact at any time and a resurgence of cases could always be expected, year-round surveillance was relevant. He also pointed out that ECDC and WHO were currently recommending year-round integrated surveillance for respiratory viruses. With regard to the comment about influenza being neglected, he agreed that influenza was still very relevant and should not be overshadowed by other respiratory viruses, and ECDC recommended using the multiplex platform and the sentinel system for reporting.

88. Tyra Grove Krause said that her institute had received funding from the Ministry of Health to carry out year-round sentinel surveillance and their arguments for obtaining this had been that they wanted to detect new variants. In Denmark they still performed WGS on SARS COV-2 positive samples. In order to know more about the risk associated with a variant it was important to be able to assess the background transmission, but of course this also had to be balanced against costs. In 2009, they had implemented sentinel surveillance as a result of an influenza A and A(H1N1) outbreak and it had been quite difficult to get that up and running but once it was in place, it had made things much easier.

89. Otto Helve, AF Member, Finland, said that for summer testing, in Finland they had exp the summer increase in COVID cases quite late but it did have an impact as they had rescheduled COVID-19 vaccinations. The question was more about the costs of the surveillance. In Finland they had reduced the frequency of the surveillance, but continued it.

Update on avian influenza

90. Angeliki Melidou, Principal Expert Respiratory Viruses, Disease Programmes Unit, ECDC, gave a short presentation which was followed by a discussion.

91. Bruno Coignard, AF Member, France, referring to simulation exercises, asked for more information and whether the exercises would involve the Member States.

92. Koen Blot, AF Alternate, Belgium, thanked the team for the epidemic intelligence and appreciated the global overview. He asked for ECDC's interpretation of the wasterwater surveillance information which had recently been made available by the US CDC. He also wondered whether the simulation exercise would contain anything about describing the first few 100 cases in a concerted manner, in order to identify characteristics for the purposes of risk management.

93. Tyra Grove Krause, AF Alternate, Denmark, referring to guidelines on enhanced influenza surveillance, said that although she agreed with them, it was difficult to have them implemented. Hospitals in Denmark did not do any sub-typing and it was impossible for them to ask every influenza patient if they had had contact with animals.

94. Piotr Kramarz, Chief Scientist, ECDC said that it was necessary to narrow down the scope of patients involved, although he agreed that it was difficult to find a balance.

95. Otto Helve, AF Member, Finland reported on Finland's experience with vaccination. In July 2023 they received reports of avian flu outbreaks at mink farms located on the west coast and in the centre of Finland. The mink farms did not fall within a specific mandate because the Finnish Food Authority oversee animal health and the Ministry of Agriculture was also involved. There were 71 farms with outbreaks however it was unknown how many farms there were in total as the data on mink farms was incomplete. During that period the government decided to procure the vaccination as soon as it became available. EMA approved the vaccination in April 2024 and Finland began vaccinating in mid-June, with around 10 000 people in the target group. Those being offered the vaccine were people in contract with poultry or fur farm animals, those handling sick animals, vets, bird ringers, and close contacts of cases. It was expected that they could all be vaccinated by the end of September but to date only 425 had been vaccinated, so the vaccination roll-out was not going as planned.

96. Jasna Karacic-Zanetti, Croatian Association for the Promotion of Patient Rights, referring to vaccination in general, pointed out that there was a great deal of misinformation and a need for more clarity. She therefore suggested that ECDC could collect information and suggest a strategy for vaccination roll-out.

97. Piotr Kramarz suggested that there it might be due to vaccine hesitancy, complacency, or possibly difficulty of access.

98. Kärt Sõber, AF Member, Estonia, said that in Estonia they had procured a vaccine and tried to target farm workers and raise awareness among them. The doses were due to arrive at the end of September, however they were unsure as to whether vaccinate straightaway or wait and asked for ECDC's advice.

99. Angeliki Melidou, responding to a question about the simulation exercise, said that it would take place in December in Brussels and involve animal health and public health experts, other stakeholders and the relevant agencies. The scenarios were still being developed and it would cover elements useful for risk assessments. Responding to comments by the AF Alternate for Belgium, she pointed out that ECDC also provided updates on the US situation in its weekly Communicable Disease Threats Report. Regarding wastewater surveillance in the US, it was important to determine the source at present and to date there had only been signals. There were two initiatives in Europe being coordinated by JRC and HERA which aimed to collect and share data on a monthly basis which would be accessible to all. She would share details of this initiative with the AF. With regard to enhanced surveillance, ECDC suggested taking a risk-based approach by analysing the local situation when taking decisions on testing and typing and, if possible, typing everything that came from sentinel surveillance. The US cases had been detected through typing and sub typing, which highlighted the importance of this. Regarding the H5 influenza virus vaccination, it was important to define the risk groups, depending on the epidemic situation and the types of animals involved and to determine the objectives of vaccination (i.e. individual protection, prevention of spillover or response to an outbreak).

Update from the European Commission (including funding opportunities for pandemic preparedness and surveillance)

100. Dirk Meusel, Policy officer, DG SANTE, European Commission, gave a short presentation.

101. Bruno Coignard, AF Member, France, said that the information was very useful and asked if the slides could be shared.

102. Kärt Sõber, AF Member, Estonia, referring to the implementing acts on surveillance, said that these were very welcome as with enhanced surveillance systems, in Estonia they had been struggling with data protection issues and GDPR, and the new acts would make discussions easier.

Advisory Forum meeting dates 2025 and 2026

103. Stefan Sundbom, Acting Head of Executive Office, Director's Office, ECDC, gave the list of proposed AF meeting dates for 2025 and 2026, as follows:

2025
AF 80 18019 February
AF 81 13-14 May
AF 82 23-24 September
AF83 (video)10 December

2026
AF84 18-19 February
AF85 12-13 May
AF86 23-24 September
AF8 7-9 December

95. The dates for 2025 were adopted.

Any other business

104. Otto Helve, AF Member, Finland suggested a topic for internal discussion at ECDC. He had received a message from the targeted country support team to say that the country overview dashboard was available with a request for suggestions for improvement. More information was needed on the strategic aims of the dashboard and where the data came from. It was necessary to be able to interpret the data in order to analyse reports and some of the data on the dashboard was unclear. He therefore requested more detailed guidelines on how to use it and which parts ECDC wanted the countries to improve.

105. Antonis Lanaras, Head of Section, Governance and International Relations, ECDC, confirmed that countries now had access to the dashboard, but only for their own country's data. The dashboards, which had been developed in recent years, uses data available to ECDC, from WHO, Eurostat, the European Observatory, OECD and public data from other EU agencies. The dashboard covers the following areas: Country and health governance, diseases and health related issues, surveillance, microbiology, preparedness, workforce and digital public e-health and. The purpose is to have information on the health situation in the countries easily available and to identify those countries that might require support from ECDC in a particular area as part of the Agency's targeted country support. ECDC welcomes feedback on both the data and its presentation.

106. Piotr Kramarz, Chief Scientist, ECDC suggested that this topic could be placed on the agenda for the next meeting in December. He then asked for a volunteer to join the AF Preparatory Group since the previous AF Member for Ireland had left the role. He thanked all the AF members for participating in the meeting and for the interesting discussions and also thanked the ECDC support team.

107. Pamela Rendi-Wagner, Director, ECDC, closing the meeting, extended her thanks to the participants for coming and for their input which was very beneficial and constructive. The meeting had been very useful for triggering new ideas for the revised ECDC Strategy and for future planning purposes. One question which had come up repeatedly was wastewaster surveillance so she suggested that it could be useful to also put this on the agenda for a future meeting, especially given that the season for respiratory viruses would soon get going. She thanked Piotr Kramarz for chairing the AF meeting in his new role as Chief Scientist and also thanked all the ECDC support staff. She wished the AF participants safe travels home and looked forward to working with them in the future.

Annex: List of participants

Member State	Representative	Status	Participation Mode
Austria	Bernhard Benka	Alternate	In person
Belgium	Koen Blot	Alternate	In person
Croatia	Aleksandar Šimunović	Alternate	In person
Czech Republic	Jan Kynčl	Member	In person
Denmark	Tyra Grove Krause	Alernate	In person
Estonia	Kärt Sõber	Member	In person
Finland	Otto Helve	Member	In person
France	Bruno Coignard	Member	In person
Germany	Viviane Bremer	Alternate	In person
Greece	Dimitrios Hatzigeorgiou	Alternate	In person
Hungary	Zsuzsanna Molnár	Member	In person
Ireland	Lois O'Connor	Member	In person
Latvia	Jurijs Perevoščikovs	Member	In person
Lithuania	Jurgita Pakalniškienė	Member	In person
Luxembourg	Isabel De La Fuente Garcia	Member	Webex
The Netherlands	Menno de Jong	Member	In person
Slovenia	Marta Grgič-Vitek	Alternate	In person
Sweden	Magnus Gisslén	Member	WebEx
European Commission Non-Governmental Organisations (NGOs)			
The European Public Health Association	Ricardo Mexia	Member	In person
Croatian association for the promotion of patient rights	Jasna Karacic-Zanetti	Member	In person
The Norwegian Research Centre	Arinze Stanley Okoli	Member	In person

European Commission		
DG SANTE	Dirk Meusel	WebEx
DG SANTE	Laura Gillini	WebEx
DG SANTE	Marta Valenciano	WebEx