ECDC Advisory Forum

Minutes of the Seventy-ninth Meeting

11 December 2024 (via videoconference)

Contents

Opening and adoption of the programme

1. Pamela Rendi-Wagner, Director, ECDC, welcomed the participants to the 79th meeting of the Advisory Forum which was taking place via teleconference.

2. Piotr Kramarz, Chief Scientist, ECDC, also welcomed the participants to the meeting, in particular Steven van Gucht, newly appointed alternate for Belgium, Vesna Višekruna Vučina, newly appointed member for Croatia, Bolette Søborg, newly appointed alternate for Denmark, Olga Sadikova, newly appointed alternate for Estonia, Ana Paula Rodrigues, newly appointed member for Portugal and Helena Hudecová, newly appointed member for Slovakia. He also welcomed Dirk Meusel from DG SANTE. Apologies had been received from Czechia, Malta, and Slovenia. Bulgaria, Cyprus and Spain had not confirmed participation and there was still no information on nominations for members and alternates for Italy and Poland. He also thanked the AF preparatory group for their help in creating the agenda for the meeting.

3. The draft programme was adopted with no amendments and there were no verbal declarations of interest.

Adoption of the draft minutes from the 78th meeting of the Advisory Forum, 17-18 September 2024

4. The draft minutes had been circulated and the minor amendments requested had been incorporated. The draft minutes were adopted.

Wastewater surveillance

5. Maximilian Riess, Expert Microbiology and Applied Molecular Surveillance, Public Health Functions Unit, ECDC, gave a short presentation and the floor was opened for discussion of three questions: How could wastewater surveillance be complementary to other forms of classic surveillance at the laboratory, GP and hospital level? How could wastewater surveillance support Member States and ECDC public health missions to improve health? What role could ECDC play in the integration of wastewater surveillance for infectious diseases at the European level?

6. Susan van den Hof, AF Alternate, Netherlands, agreed that there was potential for wastewater surveillance but that it was important to determine its added value. In the Netherlands they are investigating the added value of wastewater surveillance for influenza and respiratory syncytial virus (RSV) but the conclusion is not clear yet. For polio, coronavirus and measles the added value in terms of early warnings was clear, however, for other infectious diseases it is important to weigh the costs of the various surveillance systems against benefits. Actionability is also very important, and wastewater surveillance does not immediately reveal whether the source was human or animal, or provide information on burden of disease, risk groups, etc. She pointed out that in the document it stated that the usefulness of wastewater surveillance for antimicrobial resistance had been proven, however there is still discussion ongoing internationally and she therefore advised caution against such a general statement. Since a number of countries are probably looking into this issue of added value for various pathogens at present, she suggested that it might be useful to pool all the information obtained.

7. Thyra Grove Krause, AF Member, Denmark, agreed with many of the previous speaker's comments but was also pleased to see ECDC taking an active role in this field as international collaboration was necessary. Wastewater surveillance could not be used for all pathogens and it was only a complement to existing systems but it still offered added value through the potential for One-Health surveillance because, although not possible to distinguish where the influenza virus came from (humans or animals), by sequencing it, it was possible to monitor avian influenza circulation. In the section on the various challenges, there was a need for harmonisation of sampling and laboratory methods, and she suggested also placing more emphasis on all the epidemiological work necessary for this type of data (there was a lot of modelling work involved to obtain data for visualisation). She was pleased that ECDC was engaging with the EU WISH project but she pointed out that it did not cover all of Europe. A laboratory network was a good idea but she suggested rephrasing this to a wastewater surveillance network in order to take into account all the epidemiological aspects that are part of wastewater surveillance. She also pointed out that there were often other sectors involved (e.g. chemical) so a surveillance network might involve two people per country.

8. Éammon O'Moore, AF Alternate, Ireland, said that when talking about wastewater surveillance it was important to define what was meant. Some countries had national wastewater surveillance systems that covered the entire country, but there were other applications involving settings-based approaches, or points of entry (e.g. airport wastewater surveillance) to give early warnings for diseases that could have a clinical impact. Wastewater surveillance could also be used for prisons, care homes and other institutions where mass testing may not be desirable or possible, to provide additional evidence for control of outbreaks. In Ireland, they were currently looking at the One-Health application as this would inform risk assessments for emergent highly pathogenic avian influenza (HPAI) and complement established methodologies for detecting emergent infection in birds and animals. All of this work would require applied research to understand what the added value is of this additional surveillance capability. For example, one issue that had been discussed in Ireland during the previous COVID-19 pandemic was the relationship between a rise in the detection of wastewater SARS-CoV-2 samples and the evidence of impact of infection in the population, and whether one preceded the other or followed it. This could be an important element to consider as part of future pandemic preparedness, which could complement health security mechanisms and inform social control measures.

9. Ute Rexroth, AF Member, Germany, pointed out that wastewater surveillance was not a cheap alternative to case-based surveillance, but an expensive add-on. It was necessary to make it clear that laboratory-based and single case-based, syndromic surveillance systems and integrated genomic systems were more important and then possibly for some pathogens (e.g. polio) it was possible to supplement with wastewater surveillance. It was important to give this message to politicians before a lot of effort and money was invested into wastewater surveillance, without actually knowing its added value.

10. Carita Savolainen-Kopra, AF Alternate, Finland, agreed with the comments made by previous speakers regarding wastewater surveillance being a complement to existing surveillance, however a multi-targeted approach would not be feasible for all pathogens methodologically (e.g. polio virus detection required virus culture while SARS COV-2 only needed molecular detection). With regard to other pathogens, their different qualities had to be taken into account – e.g. the segmented genome of influenza might not allow WGS, and also the source of the detections – human or animals. The list of pathogens could also vary from country to country. In addition to determining the added value of wastewater surveillance, ECDC could play a very useful role as a gatherer of information, and in tackling some of the legal and ethical considerations. Direct collaboration between WHO and ECDC would also be very important because WHO already had functioning laboratories dealing with this issue and it was important not to duplicate work.

11. Jurijs Perevoščikovs, AF Member, Latvia, said that in Latvia they had been using wastewater surveillance to detect polio and enteroviruses. He noted that in Latvia, the laboratory network did not play a role in determining policy on wastewater surveillance, it just provided a testing service for public health needs. However, public health expertise was also needed on the type of pathogens to include in surveillance and he suggested building a network of public health experts involved in this issue. Lack of funding was a problem and in order to build a wastewater surveillance system, EU funding would be required. Wastewater surveillance could play a more important role during a pandemic, however it depended on the stage of the pandemic (as seen during the COVID-19 pandemic when it had proved very useful). However, it would be necessary to make an assessment of the added value of existing wastewater surveillance systems first before spending a lot of money on expansion and development.

12. Bruno Coignard, AF Member, France, agreed with the comments by previous speakers and suggested that the document needed to better distinguish between laboratory activities and methods for interpreting and standardising data (e.g. standardisation of methods taking into account rainfall). With regard to laboratory activities, there was work still to be done on laboratory methods, quality control, and how to analyse data and produce indicators and therefore a European reference laboratory would probably be needed for this. ECDC's role would be to determine how to interpret and analyse data from different laboratories, and define the added value of wastewater surveillance as well as defining priority pathogens for surveillance. In France, they had pilot tested wastewater surveillance before the Olympic Games in Paris and also for SARS COV-2 it had been useful for assessing trends. They hoped to use wastewater surveillance data more for polio and avian influenza A(H5N1) in the future but there was still a lot of work to be done on laboratory analysis first.

13. Steven van Gucht, AF Alternate, Belgium, emphasising the importance of preparedness, said that wastewater surveillance could be a really useful tool at the beginning of a pandemic, however it

was necessary that the infrastructure, technical expertise and pre-defined methods were already in place. Although wastewater surveillance was useful as an early detection tool, it was important to determine its added value for existing surveillance systems. This was a preparedness tool which could be useful in times of crisis, however it provided much less data than case-based surveillance.

14. Magnus Gisslén, AF Member, Sweden, agreed with the comments by the AF Alternate for Belgium on the importance of wastewater surveillance as a preparedness tool. He was pleased that ECDC was taking an active role, even if the added value of wastewater surveillance was yet to be proven. It was important to have a clear plan from the start on how to evaluate this type of surveillance and what could be learnt from it. Although it was already possible to collect the data it was necessary to know what to do with it.

15. John Middleton, AF Alternate, Association of Schools of Public Health in the European Region (ASPHER) pointed out that the capacity to conduct wastewater surveillance had to be developed and it was not possible to just switch it on and off. Having read the definition in the document, he wondered if there was any geographical aspect that might be useful in terms of economies of scale or relevance to wastewater surveillance (e.g. national borders determined by water courses) or was it simply just a question of where the laboratories were located.

16. Olga Sadikova, AF Alternate, Estonia, said in Estonia they saw great potential for wastewater surveillance however, it was very costly. It would therefore be useful if ECDC could promote the use of wastewater surveillance and provide guidance or recommendations on how to proceed for the purposes of informing policy makers. However, the added value would have to be determined first and made very clear before public health experts in the countries could discuss this with politicians.

17. Ricardo Mexia, AF Member, European Public Health Association (EUPHA), agreed that wastewater surveillance represented a great opportunity, and pointed out that ECDC could possibly collaborate with the European Union Drugs Agency (EUDA) since they were already doing wastewater sampling had experience in this area, so this could be cost effective.

18. Arinze Okoli, AF Member, The Norwegian Research Centre, was pleased to see this issue raised for discussion and wished to highlight the importance of coordinating with other institutions. He pointed out that the Global Health EDCTP 3 project was already being funded (with over EUR one million) using mpox as the pathogen. Having been awarded the Global Health EDCTP 3 project earlier in 2024, his institution was currently developing different methods for detection and surveillance, since wastewater also needed to include environmental wastewater samples (e.g. US CDC focussed on household wastewater surveillance). It was therefore very important to establish and agree on definitions before going any further.

19. Helena Hudecová, AF Member, Slovakia, agreed with many of the comments. In Slovakia, they had implemented wastewater surveillance for polio and SARS-COV-2. During the pandemic when there was not so much reporting from clinics and GPs, it had been very useful as they had been able to see that the virus was still circulating. During the influenza season they also had areas of the country where there was very little reporting and use of wastewater surveillance could possibly encourage GPs to report more. However there were limitations. For example, before implementing wastewater surveillance for polio in Slovakia, there had been an enormous input in terms of training and specific guidance from WHO on methodology. It was necessary to focus on the sensitivity of wastewater surveillance because it depended on the type of pathogens and how long they persisted in wastewater, the concentration of pathogens and whether there were mutations, etc. She suggested it could be useful if ECDC could create a list of pathogens that could be easily detected from wastewater surveillance and also a list of the most threatening pathogens (for example mpox was easily detected from wastewater samples but did not represent a serious threat for many European countries). There would also need to be harmonisation among the Member States with regard to WGS.

20. Sotiris Tsiodras, AF Member, Greece, said that there was no doubt that wastewater surveillance was a useful tool that had been helpful during the pandemic, however he wished to emphasise some of the challenges which had not been addressed in the discussion: ethical and logistical concerns, potential for stigmatisation of vulnerable communities and transparency. It was probable that detection of a pathogen through wastewater surveillance would not have an impact on public perception of risk and according to a recent study in New York, detections did not affect the level of vaccination in affected communities. The benefits were that it would help to identify unvaccinated communities, was very

useful for preparedness and could help with actionable public health goals as part of an integrated and comprehensive strategy.

21. Ana Rodrigues, AF Member, Portugal, highlighted the need for harmonisation of epidemiological methods, which was an area in which ECDC could assist. Wastewater surveillance was a complementary surveillance system and in situations where there was less funding available, it was important that wastewater surveillance did not end up competing with clinical surveillance.

22. Jana Kerlik, AF Alternate, Slovakia, noted that there was no cost reference analysis in the document which would help for making comparisons between wastewater surveillance and other systems.

23. Maximilian Riess, Expert Microbiology and Applied Molecular Surveillance, Public Health Functions Unit, ECDC, thanked the AF members for their comments which would be used to revise the draft. He was pleased that the potential of wastewater surveillance appeared to be recognised and confirmed the need to create a network which did not just include laboratory specialists. He understood the importance of added value and integration, and the fact that wastewater surveillance should be seen as a complementary approach which did not compete with existing systems. He also understood the importance of continuous applied research. He agreed that advocacy by ECDC would provide argumentation for the financing of such systems. ECDC would continue to work on the concept draft and revert to the AF for further written feedback.

24. Piotr Kramarz, Chief Scientist, ECDC, thanked the AF members for all the suggestions. It is clear that the AF members see ECDC taking an active role in preparing for an integration of wastewater surveillance for infectious diseases at the European level as international collaboration in this area is crucial. This should include e.g. determining how to interpret and analyse data from different laboratories, defining the added value of wastewater surveillance and defining priority pathogens for surveillance.

Doxycycline prophylaxis of bacterial STIs in the EU/EEA – informing public health practice

24. Otilia Mårdh, Scientific Officer HIV, Sexually Transmitted Infectious and Viral Hepatitis, Disease Programmes Unit, ECDC gave a short presentation and posed the following questions to the AF:

- What is the AF's advice to ECDC regarding scientific advice and monitoring actions that could support Member State decision-making and communication on doxyPEP?
- What is the AF's advice on the scope of ECDC monitoring actions related to doxyPEP?

25. Magnus Gisslén, AF Member, Sweden, said that it was important to remember that the situation was different across the EU. In Sweden, they had a very restrictive approach, involving collaborative discussions with NGOs and PrEP providers. Moreover, with regard to monitoring it was important not just to look for antimicrobial resistance and gonorrhoea but also at gut microbiota and he therefore recommended looking at the broader picture.

26. Otilia Mårdh confirmed that the idea is to monitor not only antimicrobial resistance patterns for *N. gonorrhoeae* but also the impact on susceptibility patterns of other STI- and non-STI pathogens, commensals and on gut microbiota. Thus, it will be a complex monitoring objective.

27. Jasna Karacic, AF Member, Croatian Association for the Promotion of Patient Rights, emphasised the importance of patient cooperation and suggested developing a guide which took a patient-friendly approach and promoted better health literacy.

28. Otilia Mårdh said that ECDC would continue working with the DoxyPEP Advisory Group that includes representatives of the civil society. They will be invited to two virtual meetings, in January and March 2025. They would also look at the rapid review and see if there was any content that could be published for the immediate benefit of supporting policy decisions. She indicated that ECDC maintains a continuous dialogue with civil society representatives through the STI Network Coordination Committee.

29. Bruno Coignard, AF Member, France, said that the French public health authority was developing national guidelines which would soon be available. He underlined that the French studies

referred to had been conducted among very high-risk groups for STIs and were therefore not applicable to the whole population. He suggested that ECDC should focus on studies evaluating individual benefits to achieve a better balance in terms of public health impact.

30. Helena Hudecová, AF Member, Slovakia, said that this type of post-exposure prophylaxis was very interesting but, she suggested that in more conservative countries it might be a huge ethical issue. In Slovakia they had a lot of cases of syphilis in a specific minority group but this group was mainly heterosexual and the decision makers in Slovakia would probably not be willing to offer this type of prophylaxis, preferring instead to encourage them to change their behaviour. It was also difficult to reach this group in order to encourage them to cooperate with the medical services with regard to this type of prophylaxis. ECDC's role should be to analyse the benefits and the rate of decreasing bacterial STIs by offering doxyPEP.

31. Otilia Mårdh said that there has been only one randomised control trial among cisgender women in Kenya, which failed to prove that doxyPEP was effective in heterosexual women. She pointed out, however, that the settings were different: there was very low syphilis prevalence and there were issues with compliance in the study. Therefore, more studies were needed, especially among women, to formulate evidence-based recommendations.

Production process of quarterly avian influenza reports

32. Franck Verdonck, Head of Unit, Biological Hazards and Animal Health and Welfare Unit, European Food Safety Authority (EFSA) – gave a short presentation, updating AF members on the production process of the joint ECDC/EFSA/EURL avian influenza reports.

Feedback from NITAG collaboration meeting

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

34. Bruno Coignard, AF Member, France asked whether there was any information or monitoring on topics like cholera, dengue, or chikungunya vaccines which would be useful for France's overseas territories.

35. Sabrina Bacci mentioned vaccines against tick-borne encephalitis (TBE) but ECDC was trying to find a balance between relevance and the needs of the countries for the years to come.

36. Sotiris Tsiodras, AF Member, Greece, asked whether declining trust in vaccinations was included as an element of the work, since this was very relevant in Greece and elsewhere.

37. Sabrina Bacci confirmed that this was a part of the discussions and that during the most recent annual meeting there had been a specific session on vaccination coverage for respiratory diseases. This was an aspect that ECDC continued to work on, taking different approaches from different perspectives, such as trying to put countries together to learn from each other's experiences, raising awareness of ECDC's data analysis, working with healthcare professionals on specific projects and developing material for the general public.

38. Piotr Kramarz, Chief Scientist, ECDC, said that this was one of the most important elements of ECDC's work in the area of vaccines, addressing the declining rates of vaccination for influenza, COVID-19, and polio. A more comprehensive, strategic approach was needed and ECDC had started work on this but needed to find different communication angles, using social and behavioural science to target messages, addressing mis- and disinformation, etc.

39. Sabrina Bacci said that it was important to find a balance between how evidence was provided on the use of various vaccines and how this would be perceived, and what the implications were. This was an ongoing discussion.

40. Piotr Kramarz said that the update from the European Commission would not take place due to connection problems and therefore the presentation by Dirk Meusel would be uploaded on the AF Extranet after the meeting. He thanked all participants for their input and wished them all happy holidays. He looked forward to seeing everyone at the next AF meeting which would be on 18-19 February 2025.

Annex: List of participants

Member State	Representative	Status
Austria	Bernhard Benka	Alternate
Belgium	Steven van Gucht	Alternate
Croatia	Vesna Višekruna Vučina	Member
	Barbara Bekavac	Alternate
Denmark	Tyra Grove Krause	Member
	Bolette Søborg	Alternate
Estonia	Olga Sadikova	Alternate
Finland	Carita Savolainen-Kopra	Alternate
France	Bruno Coignard	Member
Germany	Ute Rexroth	Member
Greece	Sotirios Tsiodras	Member
Hungary	Zsuzsanna Molnár	Member
	Ágnes Hajdu	Alternate
Ireland	Éamonn O'Moore	Alternate
Latvia	Jurijs Perevoščikovs	Member
Lithuania	Jurgita Pakalniškienė	Member
Luxembourg	Isabel de la Fuente Garcia	Member
The Netherlands	Susan van den Hof	Alternate
Portugal	Ana Paula Rodrigues	Member
Romania	Adriana Pistol	Member
Slovakia	Helena Hudecová	Member
	Jana Kerlik	Alternate
Sweden	Magnus Gisslén	Member

European Commission Non-Governmental Organisations (NGOs)		
Croatian association for the promotion of patient rights	Jasna Karacic	Member
The European Public Health Association	Ricardo Mexia	Member
The Norwegian Research Centre	Arinze Stanley Okoli	Member
European Institute of Women's Health	Rebecca Moore	Alternate
The Association of Schools of Public Health in the European Region	John Middleton	Alternate
European Commission		
DG SANTE	Dirk Meusel	