ECDC Advisory Forum

Minutes of the Eightieth Meeting

Stockholm, 18-19 February 2025

Contents

Opening and adoption of the programme 1
Adoption of the draft minutes from the 79th meeting of the Advisory Forum, 11 December 2025 1
Director's update 1
Vaccine-derived polio detections in wastewater surveillance 4
Residual risk related to microbial safety of SoHO 5
Progress towards reaching the SDG 3.3 related to HIV, viral hepatitis, sexually transmitted infections and tuberculosis 6
Summary of scientific outputs of ECDC during 2024 and plans for 2025 8
Joint report on the status and plans for the EURLS 8
Advisory Forum Group session: How to further improve the work of ECDC with the Advisory Forum 10
Feedback from Working Group sessions 10
Information on country overview dashboards 10
Feedback from the EARS-Net and ESAC-Net network meetings 11
ECDC Chief Scientist's Annual Report on the work of the Advisory Forum in 2024 11
Risk to human health from avian influenza: current status and ECDC advice 11
Any other business 12
List of Participants 13

Opening and adoption of the programme

1. Pamela Rendi-Wagner, Director, ECDC, welcomed the participants to the 80th meeting of the Advisory Forum.

2. Piotr Kramarz, Chief Scientist, ECDC, also welcomed the participants to the meeting, noting that the meeting would also include a visit to ECDC's Emergency Operations Centre to see how the Agency operated during a crisis. In particular, he welcomed Dirk Werber, newly appointed alternate for Austria, Barbara Bekavac, newly appointed alternate for Croatia, Aurora Stănescu, newly appointed alternate from Romania and Helena Hudecová, newly appointed member from Slovakia. Apologies had been received from Poland and Portugal and there had been no reply from Bulgaria, Cyprus, Norway and Spain. Italy had still not nominated a new member of the AF. He also thanked the AF preparatory group for their help in creating the agenda for the meeting.

3. Jan Kynčl, AF Member, Czech Republic, responding to a question as to whether there was any other business for the agenda before adoption, asked for more information and practical details regarding the Joint Strategy Meeting which was due to take place in May.

4. Antonis Lanaras, Head of Section, Governance and International Relations, ECDC, said that the plan had been to have the Joint Strategy Meeting (JSM) in May back-to-back with the AF meeting. However, since the Swedish health minister was unable to attend, the JSM would be rescheduled for October. Information about this and further details would be sent out very soon to all AF members and other stakeholders.

5. Ute Rexroth, AF Member, Germany, asked about the evaluation of ECDC which was also due to take place in 2025. She wondered whether this should be discussed at the AF and whether it would involve the AF members having to spend time on preparations.

6. Pamela Rendi-Wagner, Director, ECDC, said that as yet, the content had not been discussed at the Management Board (MB) and the timeline was as yet unknown. As soon as the MB had discussed this, more information would be made available to the AF. Responding to a question on the recent developments in the United States, the Director noted that the Agency had been monitoring this daily since 20 January and that she would follow up during the Director's update.

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

Adoption of the draft minutes from the 79th meeting of the Advisory Forum, 11 December 2025

8. The draft minutes had been circulated and the minor amendments requested had been incorporated. The amended version had been made available on the extranet. There were no further amendments requested, and the draft minutes were adopted.

Director's update

9. Pamela Rendi-Wagner, Director, ECDC, began her update by saying that 2025 had had a very productive start. The most pressing topics in January and February so far had been azole fungicide resistance, carbapenem resistance in Enterobacterales, avian influenza and detections of poliovirus in wastewater. All the publications produced had been the result of huge efforts and strong collaboration with the AF and other experts, colleagues in the Member States and at other EU agencies. The One Health approach meant working together with other agencies, which could be a challenge, but it was also very useful for gaining multiple perspectives. For the report on azole fungicide resistance, for first time ever ECDC had worked with four other agencies: EFSA, ECHA, EEA and EMA. The report issued recommendations for prevention, control and cross-sectoral collaboration which were essential for preserving the life-saving azole medicines used to treat aspergillosis. ECDC's antimicrobial resistance experts had also recently published a rapid risk assessment on the spread of carbapenem resistance in Enterobacterales. The current situation was worrying, with the number of infections increasing in 23 Member States and the Agency's risk assessment provided a number of recommendations for helping to stop the spread. Another risk assessment published on 30 January dealt with vaccine-derived poliovirus detections in wastewater surveillance and was based on the data received from several Member States. The Director thanked all of those who had been involved in the preparation of this risk assessment for their help and support and pointed out that it had been an example of swift and agile collaboration in a potential health emergency. The situation was being continuously monitored, and the

guidance would be updated as necessary. She had discussed all of these pressing public health issues with the Director of WHO's Regional Office for Europe, Hans Kluge, a few weeks before as well as with the new European Commissioner for Health and Animal Welfare, Olivér Várhelyi, and the Commissioner in charge of preparedness, Hadja Lahbib, in Brussels two weeks before the AF meeting. She was confident that ECDC could contribute to the EU preparedness strategy which was to be developed based on an all-hazard approach (similar to ECDC's approach to tackling antimicrobial resistance) and this issue was high up on the political agenda for EU public health. The Agency also continued to monitor developments in the US and although there had been a reduction in collaboration with the US CDC since 20 January, it was unknown whether this would continue to be the case. The Director was optimistic that the long and fruitful collaboration with the US CDC would continue, pointing out that ECDC had a longstanding memorandum of understanding with the US CDC since 2007 and that, given ECDC's new mandate, international collaboration was now of even greater importance than before. As part of its new mandate, ECDC was currently developing technical guidelines in the area of SoHO (substances of human origin) to prevent donor-derived communicable disease transmission for HIV, hepatitis B and hepatitis C. The main objective for these guidelines was harmonisation of procedures and requirements across the EU. The year 2025 would also mark the start of the five-year countdown to the 2030 Sustainable Development Goal (SDG) targets for HIV, viral hepatitis, TB and sexually transmitted infections. ECDC published annual reports and regular updates on progress towards the SDGs and would continue to seek advice and input from the AF members in these areas. As mentioned at the beginning of the meeting, ECDC would be celebrating its 20th anniversary later in the year, with a number of events and a Joint Strategy Meeting which would take place in October. She hoped to be able to provide more information very soon and looked forward to marking this significant event together with AF members and many of ECDC's other stakeholders.

10. Menno de Jong, AF Member, Netherlands, said that everyone was very concerned about the situation in the US. He therefore wondered, if the US withdrew funding from WHO, whether the EU was prepared to play a larger role and how ECDC would be involved in this.

11. Bolette Søborg, AF Alternate, Denmark, asked whether the US withdrawing funding from various partnerships would cause ECDC to reconsider its role in the wider EU, and possibly other regions.

12. Ricardo Mexia, representing The European Public Health Association (EUPHA) asked whether, in the event of a withdrawal of US funding, European countries would be able to step up to bridge certain gaps, for example in the area of epidemiological training.

13. Pamela Rendi-Wagner said that discussions were ongoing at the political level (i.e. within the Commission) and ECDC was providing background information. However, it was impossible to know whether ECDC, or other agencies, would be able to take on a broader role to help fill the gap. Discussions between the US and WHO were only just getting underway, and it was too soon to know whether and how US decisions would affect global public health. ECDC had tried to reach out to the US CDC, but its management had replied that they were currently not allowed to engage. Nevertheless, she pointed out that the US CDC continued to have full access to ECDC's daily communicable disease threat reports.

14. Antonis Lanaras, Head of Section, Governance and International Relations, ECDC, pointed out that although the US CDC were following guidance issued by the US Department of Health, in the event of a public health emergency, the collaboration could resume. In recent days there had been some discussions and meeting with the US CDC, and it was hoped that this would continue. Regarding a role for ECDC in filling gaps following US funding being withdrawn from WHO, it would first be necessary to identify specific activities that would be affected by the lack of funding. ECDC would continue with its European Neighbourhood Policy partnership activities, its partnership project with the Africa CDC (running from 2021 to 2026) and would continue to support EU candidate countries with funding from the Commission. The Agency was also collaborating closely with Ukraine. He pointed out that ECDC would continue to invite colleagues from the US CDC and engage in discussions with them and nothing had changed on this front.

15. Bruno Coignard, AF Member, France, asked about the level of cooperation with the US with regard to avian influenza.

16. Ute Rexroth, AF Member, Germany, suggested that the AF could possibly draft a statement/opinion in support of the US CDC and WHO, underlining the importance of their role, as this could be beneficial for the political discussion.

17. Arinze Stanley Okoli, AF Member, The Norwegian Research Centre, noted that in the area of research in particular there would be a loss of information assets, given that the US was the largest funder of platforms used by researchers. He referred to a recent statement published by the American Society of Microbiologists on their website about the gravity of the situation and suggested that this could serve as an example of a statement similar to that being proposed by the AF Member for Germany.

18. Sotirios Tsiodras, AF Member, Greece, said that one of the main threats which would have to be faced in 2025 would be the mixed messages given to the general public by the US: the downplaying of the pandemic and other epidemics, the importance of vaccinations, etc. It was therefore very important to plan responses to this.

19. Piotr Kramarz, Chief Scientist, ECDC, responding to the question about the avian influenza situation in the US, said that ECDC was aware of the current status, and this was still being updated on the US CDC website.

20. Pamela Rendi-Wagner pointed out that it was not only the US CDC and WHO that were affected, but also the US Food and Drug Administration. The European Commissioner for Health was planning to have discussions with US counterparts in the coming weeks to clarify the situation. However, she pointed out that to bridge gaps caused by the withdrawal of funding to WHO would require significant additional resources. ECDC has had one common goal with other organisations and that has been to improve public health and of course the Agency would be prepared to take on a stronger role at international level, if the appropriate political decision were made. She agreed with the comment about mixed messages and the need to be aware of this and ready to respond.

21. Piotr Kramarz said that the Agency was also concerned about the impact on open data developments, however this was a dynamic area, and it was difficult to react until more was known. He suggested that the topic could be discussed more during the working groups that afternoon.

22. Pamela Rendi-Wagner reiterated that the Agency was still interacting with the US CDC, for example in response to signals, and that this cooperation was still working.

23. Jurijs Perevoščikovs, AF Member, Latvia, suggested that input from country experts might also be useful.

24. Menno de Jong, AF Member, Netherlands, suggested that, as experts, they should be more proactive and consider worst-case scenarios rather than just watching and waiting.

25. Koen Blot, AF Alternate, Belgium, expressed concern about the actions being taken in the US, which would result in considerable down-prioritisation of communicable diseases over the next few years.

26. Ricardo Mexia, EUPHA, said that although it was important not to mix technical and political discussions however, as an advisory forum, the AF was able to advise on technical issues and, although he understood that ECDC would be unable to participate, he would be in favour of the AF drafting of a statement.

27. Antonis Lanaras reiterated that the Agency was continuing with business as usual, sending information and reaching out to colleagues at operational level in both WHO and US CDC and none of this had changed. However, ECDC would continue to monitor the situation very closely.

Vaccine-derived polio detections in wastewater surveillance

28. Sabrina Bacci, Head of Section, VPD and Immunisation, Disease Programmes Unit, ECDC gave an update and the floor was opened for discussion.

29. Tyra Grove Krause, AF Member, Denmark, thanked ECDC for its work in this area. ECDC's experts' recommendations on wastewater surveillance were in line with those from WHO, which included culture, however this was expensive and time-consuming. She asked whether ECDC was working with WHO on molecular detection in order to change these recommendations.

30. Carita Savolainen-Kopra, AF Alternate, Finland, asked whether Member States could actively share information in EWRS as national authorities received many questions on this issue and were totally reliant on this data. In response to the comment by the AF Member for Denmark, she said that the WHO algorithm for polio identification was indeed still relying on culture, while molecular methods are being developed. In Finland, as a regional reference laboratory for WHO, they were following the algorithm.

31. Koen Blot, AF Alternate, Belgium, said that in Belgium they began wastewater monitoring for poliovirus at the start of 2024 and to date had not found any cases. He wondered whether ECDC was planning to start collecting information on negative samples soon and whether they would also be interested in information on OPV detections (non-virulent strains). In the German-speaking community that bordered Germany, where there had been a number of positive cases, the vaccination coverage was unclear due to many cross-border interactions and it being unclear whether people were being vaccinated in Germany or Belgium. Wastewater surveillance could be beneficial as a useful complementary way of following potential vaccination coverage.

32. Jurijs Perevoščikovs, AF Member, Latvia, said that nowadays with a vaccination register, it was possible to analyse data at much greater depth (e.g. right down to the level of a family medicine clinic or local GP's practice). However, there were different approaches for analysing coverage and many obstacles to doing so properly. He suggested that it could be useful for ECDC to develop approaches for the standardisation of vaccination coverage.

33. Jurgita Pakalniškienė, AF Member, Lithuania, said that, as a small country, Lithuania relied on ECDC's risk assessments and recommendations, and this was good example of how wastewater surveillance was being used practically for decision-making and risk assessments. Although they were making considerable efforts to strengthen surveillance in Lithuania, the main problem was low vaccination coverage. At meetings between the national public health centre and healthcare institutions in different regions, the institutions were often surprised to know how bad the situation was in their area and there was little overview. It would therefore be good to consolidate efforts for vaccine promotion at EU level.

34. Sotirios Tsiodras, AF Member, Greece, said that in Greece they were trying to create a registry for childhood vaccinations. On another note, he suggested that an alternative should be found to the term 'circulating vaccine-derived polio virus' as it was very difficult to explain to the general public and the situation could become even more difficult if there was an outbreak of polio.

35. Helena Hudecová, AF Member, Slovakia, said that in general they had a good network for wastewater-based surveillance but they could not obtain wastewater samples from areas without sewage systems and this was where some of the most disadvantaged populations lived. For a long time, Slovakia had had high vaccination coverage, but in recent years this had decreased, and particularly in the populations where there were no sewage systems. She asked about other countries that were also having problems implementing the wastewater surveillance systems.

36. Rebecca Moore, AF Alternate, The European Institute of Women's Health, agreed with the AF Member for Greece, especially given the anti-vaccine movement which had been gaining ground in recent years.

37. Sabrina Bacci said that there had been some discussions with WHO on the gold standard for polio confirmation (polio culture), however the situation was as yet unresolved and required further work and ECDC planned to continue discussions on this. In response to the question on vaccination efforts and what countries were doing to respond, she confirmed that this was also an area in which they were following up. She noted that experience, information and literature on how to respond to such outbreaks from the vaccination programme perspective (e.g. catch up programmes to be delivered in a short time) was quite limited in the western world, but ECDC was planning to allow countries to

share best practices. She was aware of the complexities of different estimation methods and comparability for vaccine coverage at national level, however it was possible to refine calculation methods and there were plans to talk to National Focal Points (NFPs) for vaccine-preventable diseases to further work in this area. In response to the low vaccination coverage mentioned by some countries and the challenges faced, ECDC had compiled some resources in the annex of the document as part of a broader project, not just for polio. In response to the comment about changing the term 'circulating vaccine-derived polio virus', she confirmed that this was also a difficult issue for ECDC, but this is the current technical word.

38. Piotr Kramarz, Chief Scientist, ECDC, thanked the Member States that had submitted sequences which had been very helpful for risk assessment. He agreed that vaccine promotion was an important issue that would need to be examined in greater depth.

Residual risk related to microbial safety of SoHO

39. Jenny Mohseni Skoglund, Principal Expert, Microbial Safety of Substances of Human Origin, Disease Programmes Unit, ECDC gave a short presentation, and the floor was opened for discussion.

40. Menno de Jong, AF Member, the Netherlands, asked whether obtaining a common maximum threshold across different pathogens and materials was an achievable goal. There are many factors involved that affect the residual risk– donor selection criteria, inactivation criteria – and the level of acceptable risk would depend on both the donor situation, and political and economic issues. He suggested focusing more on a method or guidelines to help the Member States determine risk and make informed decisions, depending on the situation.

41. Tyra Grove Krause, AF Member, Denmark, agreed with the comments by the AF Member for the Netherlands and stressed that it depended on the SoHO type, availability of donors and the situation. It was important that the authorities were involved in the process as well as those in charge of the blood banks. She asked whether a SoHO network had already been set up and if so, which bodies were represented.

42. Jurijs Perevoščikovs, AF Member, Latvia, suggested that different groups of countries with similar epidemiology for certain diseases could agree on different levels of maximum risk, however this would depend on the financial situation and the interplay between politicians and technical experts.

43. Ute Rexroth, AF Member, Germany, agreed that this was a difficult task and the parameters are huge. There was a risk of ending up with an extremely costly system which made it difficult to treat patients. A mathematical method would also not be helpful. What was needed was a broad panel, with economists, clinicians, technical experts, ethical experts and risk communication experts. The risk perception of the population was also an issue.

44. Kärt Sõber, AF Member, Estonia, said that in Estonia they had tried a more coordinated approach, with an informal group. She suggested that the European Medicines Agency or state medicine agencies should be involved and also that the Member States could be asked for their opinion on this issue and information on how they were tackling it.

45. Sotirios Tsiodras, AF Member, Greece, said that it was important to determine what could be done to establish safety first. A multidisciplinary expert group was important, taking into account all parameters, including risk modelling, prevalence and incidence, limits of detection for NAT testing, infectious dose thresholds for pathogens, probability of transmission, clinical impact, mathematical modelling to estimate risk probabilities, and haemovigilance and biovigilance networks. He suggested looking at the accepted residual risk established in some areas (such as the risk of transfusion associated haemolytic reaction or transplantation of organs from HIV positive patients). He also agreed that it was important to achieve an EU-wide consensus. He suggested arranging a workshop to harmonise and update guidelines and discuss ethical considerations, patient safety expectations, etc.

46. Bruno Coignard, AF Member, France, agreed with the AF Member for Greece. He asked whether ECDC had identified stakeholders from other national representatives/expert groups, and whether patient associations were included in groups when attempting to evaluate risk.

47. Jan Kynčl, AF Member, Czech Republic, said that the main issues were source of infection, transfer of infection and recipients. As the main risks were on the recipients' side (i.e. level of immune deficiency), it was vital to consider the pros and cons very carefully. Although ECDC's document stated that the guidelines did not include breast milk, faecal microbiota or plasma collected for fractionation,

it was important to clearly mention that there were some exclusions (e.g. faecal microbiota from the intestine are not human tissues and therefore not applicable).

48. Rebecca Moore, AF Alternate, The European Institute of Women's Health, asked whether patients and patient organisations were included in the multidisciplinary group. Transparency was very important, especially with regard to tissue donation. She also suggested consulting with the European Medicines Agency on this issue.

49. Jurijs Perevoščikovs, AF Member, Latvia, agreed with the AF Member for Czechia regarding recipients, since there was an entirely different risk for those under 30 years of age and those who were older. In Latvia, the younger population were almost entirely vaccinated. He also asked why syphilis had not been included.

50. Jenny Mohseni Skoglund thanked the AF Members for their comments. She pointed out that the focus would be on blood. She explained that there would not be one common maximum acceptable risk but separate risks for HIV, hepatitis B and hepatitis C. ECDC's guidelines provided in-depth screening algorithms, a background on the severity of each disease, prevalence in countries and outcome in recipients. One alternative would be to ask every country to apply the same limit of detection for NAT testing, but this would be unfair as some countries might have a very low prevalence of one of the diseases and this would cause unjustified costs, which was why it was better to have a maximum acceptable residual risk for all. With regard to why syphilis was not included, she explained that they wished to base the limit of detections for NAT on residual risk, and NAT would not be required for syphilis. However, they were developing a set of guidelines for syphilis. The network consists of representatives from four subgroups: blood, tissues and cells, medically assisted reproduction, and organs. Those in the network usually work in the establishment or in competent authorities for SoHO. On the basis of the discussion, she concluded that the AF would like to see patient representatives, clinicians, people from the competent authorities, health economists, ethical experts and mathematical modellers included.

51. Marieke van der Werf, Head of Section, STI, Blood-borne viruses and TB, Disease Programme Unit, ECDC, said that they were aware this was a difficult issue, which was why it had been brought to the AF for discussion. To make it manageable, the focus would be on blood and HIV and hepatitis B and C to start with and the input from the AF was very valuable. It was indeed vital to make the process transparent and, if it was possible to reach a consensus, ECDC would publish this on its website in the interests of transparency.

Progress towards reaching the SDG 3.3 related to HIV, viral hepatitis, sexually transmitted infections and tuberculosis

52. Charlotte Deogan, Expert, Communicable Disease Prevention and Control, SBT Section, Disease Programmes Unit, ECDC, gave a presentation and the floor was opened for discussion.

53. Sotirios Tsiodras, AF Member, Greece, said that the data indicated that there were gaps in the system (e.g. cross-disease analysis and common risk factors). He asked about the factors driving the high rate of resistance. He had been disappointed to see that a lot of countries did not provide data and country review dashboards would enable national comparisons. Increasing numbers of high-risk people were avoiding or not having access to testing, which also explained the increase in syphilis and congenital syphilis. He wondered if there was a way to monitor treatment adherence, as had been done for TB. He pointed out that partner notification and completion of treatment for partners was also not addressed in the literature and another big issue was antimicrobial resistance in STIs.

54. Eamonn O'Moore, AF Member, Ireland, said that some of the issues being experienced in Ireland in relation to the testing and treatment of STIs included the complexity of the population, and the complexity of diagnostic and therapeutic pathways. To understand what lay beneath data, it was necessary to have a better idea of the complexity of the care pathway for diagnosis and treatment. In Ireland they had seen a rise in the number of TB cases, which had taken the country off its trajectory for SDG elimination targets, but this also involved other challenges, such as social determinants, drug resistance and the type of intervention required. Therefore, better data on some of these indicators would help them to build a more effective public health approach, particularly with regard to commonality of risks and co-infections. It was also important to increase focus on the settings-based approach required for some of these infections – e.g. prison settings which were an important part of the risk landscape and posed the risk of disease amplification – and the data available for these settings was very limited.

55. Koen Blot, AF Alternate, Belgium, suggested that, with regard to advice on approaches to monitoring SDGs across diseases to ensure consistency in data definitions and indicators, a disaggregated approach should be applied by age, gender, key populations and geographical regions to assess areas where improvement would have the greatest impact. For some of the diseases (e.g. HIV) there were cascade-of-care indicators available which could be useful. If there was a possibility to use prevention indicators (condom use, PrEP uptake, vaccination) as reported under the Dublin Declaration monitoring, this would be useful. With regard to the key public health aspects when monitoring across diseases, he suggested that the monitoring of common determinants– such as risk behaviour, coinfections, co-morbidities, health system factors and access to integrated services – could also be useful.

56. Tyra Grove Krause, AF Member, Denmark, agreed that it was important and ideal to monitor the cascade of care for all these diseases, although even in Denmark where they had access to good healthcare databases, this was a challenge. It was also important to determine the hard-to-reach groups (prisoners, migrants) and socio-economic risk factors. In Denmark it was not possible to monitor behaviour through existing surveillance systems, which meant they had to carry out surveys which were quite resource-intensive and required them to engage with NGOs. However, this often had to be down-prioritised against indicator-based surveillance systems.

57. Helena Hudecová, AF Member, Slovakia, said that in Slovakia there were places where people could go for anonymous HIV testing, set up by regional public health authorities and NGOs. They were also running a project in collaboration with WHO to offer rapid testing for syphilis and this project had resulted in quite a large number of syphilis detections, so she suggested that this could be one way of increasing the number of cases tested.

58. Jurgita Pakalniškienė, AF Member, Lithuania, said that it was interesting to see all the SDG diseases analysed using the same approach. In Lithuania it was sometimes rather difficult to implement the new indicators requested by ECDC. It was quite challenging to obtain the data, particularly for sensitive diseases, particularly against the background of attempts to reduce the administrative burden for healthcare workers which was currently one of the main aims in the country. With regard to behavioural data, there were discussions about collecting information from e-health systems but then they would not be able to include sensitive behavioural data.

59. Aurora Stanescu, AF Alternate, Romania, referring to TB surveillance, said that in Romania they had the capacity to identify, treat and monitor TB cases but many people travelled abroad, particularly those looking for work in Europe or elsewhere, and the big challenge for EU countries was to identify and deal with these itinerant TB cases because many of them had MDR-TB and XDR-TB. They received many requests for information on whether Romanian citizens were on treatment or had previously been treated and this was a difficult issue.

60. Jurijs Perevoščikovs, AF Member, Latvia, said that it was still unclear how to deal with the counting/classification of HIV cases in migrants where the case had already been detected in their native country.

61. Charlotte Deogan, Expert, Communicable Disease Prevention and Control, SBT Section, Disease Programmes Unit, ECDC, thanked AF members for their input. Referring to prevention indicators, she said that these were being included in the output (e.g. condom use, preventive treatment and HBV-vaccination). With regard to the situation concerning the importance of addressing migrant risk groups, ECDC was aware of this and informed on ongoing work. For example, work in HIV surveillance on previous positive cases, in TB with the TB migrant working group and cross-cutting diseases to develop models of good practice (for testing, linkage and retainment in care) focusing on this key population. The results would probably be available by next spring. She pointed out that the SDG targets were very aspirational and had been devised for the global setting, so some were being adapted for the EU setting. A number of countries were well on the way towards certain targets so although not many of the goals had been reached for the EU/EEA average overall, there was still promising progress being made.

62. Marieke van der Werf, Head of Section, STI, Blood-borne viruses and TB, Disease Programme Unit, ECDC, said that she was aware that it was difficult to provide this data, but ECDC was adhering as far as possible to WHO's targets. Most of the indicators that ECDC was monitoring were those specified by WHO, to make it as feasible as possible.

Summary of scientific outputs of ECDC during 2024 and plans for 2025

63. Helena de Carvalho Gomes, Head of Section, Scientific Process and Methods, Scientific Methods and Standards Unit, ECDC, gave a short presentation.

64. Koen Blot, AF Alternate, Belgium, asked whether the intention was to develop links to be able to access scientific outputs directly. He also asked about the specific topics, areas, countries and/or projects that ECDC was focusing on in its collaborations with social influencers. With regard to the Virtual Academy/learning portal, he had come across the self-assessment competency tool for applied infectious disease epidemiology and had tried this out. However, the results linked to modules on the learning portal, others on WHO's portal, video links on YouTube and in some cases, just blanks, depending on the different competencies, and it was all quite disparate. He therefore wondered whether there were further steps planned to update the competency tool so that it was more useful for public health institutes.

65. Carita Savolainen-Kopra, AF Alternate, Finland, wondered whether there were plans to use more AI in the future.

66. Arinze Stanley Okoli, AF Member, The Norwegian Research Centre, said that this was a positive development because his first impression of ECDC's website was that, although very relevant, it was perhaps not so useful from a researcher's point of view. He asked about the target of 100% publication and whether the work was being published in different peer-reviewed journals or just one.

67. Helena de Carvalho Gomes, responding to the question about links to outputs, said that the links currently available were to outputs published on ECDC's website. Links to outputs published elsewhere had not been included although this would be possible. With regard to the idea of linking between competencies in the learning portal, she thought that this was a nice idea but that there were areas where there was not much content available. ECDC colleagues in the Training section had been looking at courses that could complement its content however these always needed to be vetted so it was a work in progress. At ECDC research was ongoing into the use of artificial intelligence (AI) for many different applications. Development guidelines had been drawn up for staff and work was ongoing. It was also necessary to define what was meant by AI. At present AI was already being used for translation purposes on ECDC's website but as the Centre was only just beginning to explore possible uses, it was not yet possible to provide guidance for others. The 100% publication target was for open access publications. ECDC did not only publish in one peer review journal, and it depended on the topic as to where work was submitted, but preference was given to journals that offered open access to readers.

Joint report on the status and plans for the EURLS

68. Karin Johansson, Principal Expert, Molecular Surveillance, Public Health Functions Unit, ECDC, and Yoline Kuipers, Policy Officer, DG SANTE, European Commission, gave a short presentation and the floor was opened for discussion.

69. Carita Savolainen-Kopra, AF Alternate, Finland, asked what kind of follow-up processes there were there to ensure that the allocated funding was sufficient for the many tasks to be carried out by the EURLs.

70. Koen Blot, AF Alternate, Belgium, agreed with having EURLs for specialist areas – biotoxins, bioterrorism, etc. Among the zoonotic viral pathogens, Disease X was mentioned, and he wondered about the operational scope of this EURL because it was unclear what type of disease this might be. He asked whether ECDC had the mandate or capacity to control the EURL activities and whether there was an overarching strategy for the EURLs devised by ECDC.

71. Tyra Grove Krause, AF Member, Denmark, referring to the remaining pathogens, agreed that it was important to have a EURL for RSV but wondered whether it could be combined with respiratory viruses to save on resources. Similarly, mycoplasma was also a very relevant disease with a high burden but this could also be combined with other bacterial or respiratory pathogens, such as *Legionella*. The One-Health approach in this field was interesting and she suggested there could also be a One-Health collaboration on sequencing by setting up a sequencing platform.

72. Menno de Jong, AF Member, Netherlands, said that it was great to have the EURLs, but although funding was generous – seven years was a good length of time for building a sustainable project – there was no allowance for inflation. The first six EURLs would receive around EUR 20 million budget

and then three EURLs would subsequently also receive EUR 20 million. He wondered about the explanation for this and whether there was a difference in scope and activities between them.

73. Ute Rexroth, AF Member, Germany, said it was great that the EU was funding the EURLs with ECDC leading. However, it was not clear what the relationship was between ECDC's EURLs and WHO's Collaborating Centres (CC). She wondered whether this would encourage competition between reference laboratories to obtain samples. It was also important to ensure that the sequenced data and subtyping results could end up in national surveillance systems so that it would be included in TESSy.

74. Kärt Sõber, AF Member, Estonia, wondered whether more time should be allowed to see how the first EURLs were functioning before setting up new ones. It might be better to ensure financing for the EURLs already in existence for longer rather than setting up others. Moreover, the situation could also change in terms of the most relevant/prolific pathogens.

75. Karin Johansson confirmed that the issue of inflation had been raised, and this had been compensated for in the grant for the second batch of EURLs (3% increase in annual funding). They were currently also looking at ways to do the same for the first batch. With regard to control of EURL activities, ECDC was working closely with the European Health and Digital Executive Agency (HaDEA) and did have the possibility to adjust some of the EURL activities. It had also been closely involved in the drafting of requirements and had worked with the EURLs on the proposals in work plans to secure funding. As it was not possible to compile a seven-year work plan, this was being done on an annual basis and ECDC would be involved in evaluating the work of the EURLs as they went along. With regard to pathogens, there was a clear case for using most of them, however it would be necessary to look more closely before taking any final decisions. With regard to WGS, the EURLs would not perform sequencing services for national institutes as ECDC already had a framework contract in place for providing limited sequencing support to Member State laboratories. EURLs would provide sequencing support activities (e.g. for ECDC-sponsored EQAs) and one of the requirements was for the sequencing data to be shared in the public domain (subject to national legislation in each case). In response to the question on collaboration with WHO, there had been some meetings with WHO and all the basic agreements for the EURLs required them to establish relations with WHO CCs, however it would be necessary to look into this in greater detail.

76. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, emphasised out that the EURLs would not do any routine work, just genotypic and phenotypic characterisation work at the request of ECDC, an NRL or the disease network where the Member State was unable to do so or if ECDC saw a need for support. With regard to WHO CCs, ECDC had emphasised that the EURLs would have to collaborate with the WHO CCs and that there should not be any duplication of the work. However, given the current discussions on the future of WHO, that situation could change.

Day 2

Advisory Forum Group session: How to further improve the work of ECDC with the Advisory Forum

Feedback from Working Group sessions

77. Group A – Ricardo Mexia (EUPHA) gave a short presentation.

78. Group B- Tyra Grove Krause, AF Member, Denmark gave a short presentation.

79. Group C – Svetla Tsolova, Principal Expert, Emergency Preparedness and Response, Public Health Functions Unit, ECDC, gave a short presentation. The floor was then opened for discussion.

80. Piotr Kramarz, Chief Scientist, ECDC, explained how the topics were selected for discussion at the AF and the prioritisation process. Some of the topics that had been repeated among the groups included a platform for real time communication and exchange of information (EpiPulse had this role but was mostly accessed by the NFPs); ad-hoc meetings when required; continuing discussions on certain topics from one meeting to the next; building trust in science among the EU public, dealing with mis/disinformation, crisis situations and bioterrorism; ESCAIDE and the evaluation of the impact of AF advice.

81. John Middleton, Association of Schools of Public Health in the European Region (ASPHER), said that having attended AF meetings since 2021, he had seen ECDC making immense progress in two areas – cross collaboration in the EU and the continued emphasis on and a growing awareness of One Health.

82. Piotr Kramarz said that it was a good idea to devote working group sessions to exchanges across the AF and to provide a forum for the AF, instead of ECDC presenting topics.

83. Sotirios Tsiodras, AF Member, Greece, recommended performing a systematic analysis of the collective experience of the AF over last 20 years and looking at the impact of advice given.

84. Pamela Rendi-Wagner, Director, ECDC, agreed with the comments on the high level of engagement, willingness and cooperation from the AF. It was evident from discussions that the AF members were interested in discussions that were more future-oriented and proactive (for example concerning new scientific tools and topics, scenarios, etc.). There was also a significant impact on public health from other areas – political, environmental and economic – which also needed to be considered, and all of this could affect public health in Europe. Another area which was becoming increasingly relevant was risk communication and it was important to build trust in order to make European citizens feel safer and more confident in terms of public health.

85. Jan Kynčl, AF Member, Czech Republic, pointed out that while ECDC relied on support from the AF, the Member States also needed ECDC's voice at the Health Security Committee of the European Commission. One of the main problems in Europe was the lack of resources for public health at national level which eventually caused headaches for ECDC when the Member States were unable to fulfil all of its recommendations. With support from ECDC Member States were in a better position to lobby for greater resources. Therefore, the need for support was mutual. He also pointed out that ECDC should provide documents for the AF well in advance of meetings to enable AF members to consult with colleagues nationally in order to give meaningful feedback.

86. Piotr Kramarz thanked the AF members for all their useful feedback and said that all the topics suggested would be listed for discussion along with some of the more strategic areas which would also be addressed.

Information on country overview dashboards

87. Sven Henkuzens, Country Support Officer, Governance and International Relations Section, ECDC, gave a short presentation.

88. Bruno Coignard, AF Member, France, said that he had been trying to connect to the dashboard for several weeks and had requested access rights but to date had been unsuccessful.

89. Bolette Søborg, AF Alternate, Denmark. asked how up to date the data were and whether it was possible for each Member State to go in and check their data. The OECD was mentioned as one source, and she wondered how often these databases were updated.

90. Ute Rexroth, AF Member, Germany, said she had also received a link that did not work. She asked if the Commission was using the dashboard, in order to pre-empt any questions or possible discrepancies.

91. Sven Henkuzens said that there were automatic update searches on a daily basis, but that it depended on the source and the frequency of updates. With regard to access rights, it had been agreed that these would be granted to directors, AF members, NFPs and their alternates. If AF members wished to arrange access to others in their team or agency, this could be requested via the NCs, but ECDC would not give access to anyone else.

92. Antonis Lanaras, Head of Section, Governance and International Relations, ECDC, explained that ECDC had started this as an internal process, and then opened it up to the individual Member States. Only the Member States could see their individual data. The Commission did not have access, as this was a bilaterial interaction between ECDC and the countries. The dashboard was designed to help ECDC provide targeted country support. He encouraged AF members to get in contact if there was a problem with access or incorrect data and explained that they could rest assured that no-one else had access to the data.

Feedback from the EARS-Net and ESAC-Net network meetings

93. Hanna Merk, Expert, Antimicrobial Resistance and Healthcare-Associated Infections, and Liselotte Diaz Högberg, Principal Expert, Antimicrobial Resistance and Consumption, Disease Programmes Unit, ECDC, gave a short presentation.

94. Jurijs Perevoščikovs, AF Member, Latvia, asked whether it was possible to use the EARS-Net data to see how many cases were local.

95. Bruno Coignard, AF Member, France, asked whether there was any work planned to innovate the data collection process as prescription data would provide additional insight on prescribing practices in the Member States.

96. Liselotte Diaz Högberg said that with the improvement of country-level surveillance, it might be possible to include prescription data in the future. In response to the question on whether EARS-Net data could be used to see how many cases were local, she confirmed that this information was not collected.

ECDC Chief Scientist's Annual Report on the work of the Advisory Forum in 2024

97. Piotr Kramarz, Chief Scientist, ECDC gave a short presentation on the work of the AF in 2024.

Risk to human health from avian influenza: current status and ECDC advice

98. Edoardo Colzani, Head of Section, Respiratory Viruses and Legionella, Disease Programmes Unit, ECDC gave a short update and the floor was opened for discussion.

99. Tyra Grove Krause, AF Member, Denmark, said she wished to congratulate ECDC on the scenario report with EFSA on One-Health protocols as this was really useful. She pointed out that Europe faced a similar risk to that which had occurred in the US, of multiple introductions of avian influenza into cattle, and given this context, she wondered if there was any way to encourage EFSA to put pressure on veterinarians.

100. Dirk Werber, AF Alternate, Austria, noted that the risk was characterised as low-to-moderate for occupational hazards which was reasonable, but he wondered how many countries actually carried out contact tracing of poultry workers when there was an outbreak. This was probably not an easy task as there was no mandate for public health to act.

101. Bruno Coignard, AF Member, France, said that more information was needed on countries' experiences implementing active surveillance protocols. In France they had piloted a surveillance protocol in 2024 and were trying to generalise it, but it was proving to be quite resource-heavy which was why he would be interested in hearing about other countries' experiences.

102. Edoardo Colzani responded that ECDC was in contact with the Commission which was fully aware of this issue so there was no need to additionally contact EFSA colleagues. With regard to the survey that ECDC had carried out in 2024, it would be possible to share the results obtained so far and he would look into this. In response to the point on vaccines, so far, an assessment had been made of the

potential use of the avian flu vaccine in the current situation, rather than for a future scenario. ECDC was working on a scenario for a developing pandemic preparedness in relation to avian flu.

Any other business

103. Piotr Kramarz, Chief Scientist, ECDC thanked the AF for all its advice and support during the meeting and thanked all ECDC colleagues for their help in organising the meeting. The next AF meeting will take place on 13–14 May 2025. He looked forward to seeing everyone again then and wished them all a safe journey home.

List of Participants

Member State	Representative	Status	Participation Mode
Austria	Dirk Werber	Alternate	In person
Belgium	Koen Blot	Alternate	In person
Croatia	Barbara Bekavac	Alternate	In person
Czech Republic	Jan Kynčl	Member	In person
Denmark	Tyra Grove Krause	Member	In person
	Bolette Søborg	Alternate	In person
Estonia	Kärt Sõber	Member	In person
Finland	Carita Savolainen-Kopra	Alternate	In person
France	Bruno Coignard	Member	In person
Germany	Ute Rexroth	Member	In person
Greece	Sotirios Tsiodras	Member	In person
Hungary	Zsuzsanna Molnár	Member	In person
Ireland	Éamonn O'Moore	Member	WebEx
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
Romania	Aurora Stănescu	Alternate	In person
Slovakia	Helena Hudecová	Member	In person
Slovenia	Marta Grgič-Vitek	Alternate	WebEx
Sweden	Anneli Carlander	Alternate	In person
Observers			
Iceland	Kamilla Jósefsdóttir	Member	In person

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