ECDC Advisory Forum

Minutes of the Eighty-second meeting

Stockholm, 23-24 September 2025

Contents

Opening and adoption of the programme

1. Pamela Rendi-Wagner, Director, ECDC, welcomed the participants to the 82nd meeting of the Advisory Forum (AF).

2. Piotr Kramarz, Chief Scientist, ECDC, also welcomed all the participants to the meeting. Apologies had been received from Croatia, Greece, Ireland and Malta. There had been no confirmation of attendance from Bulgaria and Norway, and Italy had still not nominated a member or alternate representative for the AF. 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 further amendments and there were no verbal declarations of interest.

Adoption of the draft minutes from the 81st meeting of the Advisory Forum, 2025

4. The draft minutes had been circulated and one minor amendment, requested by Poland, had been incorporated. The draft minutes were adopted.

ECDC Director's update

5. Pamela Rendi-Wagner, ECDC Director, gave a short update on activities and events since the last AF meeting.

6. Menno de Jong, AF Member, The Netherlands, asked about the Director's interactions with other organisations and whether she had had any recent contact with US CDC and/or WHO, given the current situation.

7. The Director confirmed that there had been no contact with US CDC at directorial level recently. However, at the technical level, there was some cooperation. ECDC was maintaining strong cooperation with the World Health Organization's Regional Office for Europe at the technical level. She had met Regional Director Hans Kluge the previous week and exchanged on the negotiations for a renewed Memorandum of Understanding between ECDC and WHO/Europe.

8. Aurora Stănescu, AF Alternate, Romania, asked about the technical relationship with the US CDC since most of the data in Romania's epidemiological databases was stored in the Epi Info programme format, which was managed by the CDC, but CDC was phasing this programme out. All the data in the epidemiological databases which Romania sent to Epipulse was now stuck in the Epi Info programme. In the long term, it would probably require a transition to a new type software, but this would require support from ECDC and possibly training. She asked whether there could be a discussion on finding a technical solution for this.

9. Bruno Ciancio, Head of Unit, Directly transmitted and Vaccine-preventable diseases, ECDC, confirmed that colleagues from Romania had already reached out and the issue of a possible mechanism to support Romania was already being discussed internally. He believed that in the long term a transition from Epi-Pulse to new software would be the best solution, but this would probably require support from ECDC, and they were looking into this. He had only learned about this problem the day before but would revert to Romania with a plan.

10. Otto Helve, AF Member, Finland, said that they had had a number of issues related to the US CDC and WHO, and, as he understood it, there were also problems with the CDC's Advisory Committee on Immunization Practices (ACIP). He had had calls for assistance with this and wondered if ECDC had had similar calls.

11. Bruno Ciancio confirmed that although they had not been directly approached, they had seen similar requests. It was important to create conditions for a stronger, transparent, and independent evidence generation and assessment mechanism, (through agreed priorities with the NITAG Collaboration). It is important for Member States to work together with ECDC to strengthen vaccination programmes and the evidence basis for decision making. Within ECDC the VPI team will be strengthened. One example was the strengthening of the mathematical modelling team to provide support to countries in reviewing various scenarios in terms of vaccination strategies. The AF might

have a role to play in this but more in-depth discussions with the group would be required at a later date.

12. Koen Blot, AF Member, Belgium, said that he wished to have a better understanding of the potential impact of reduced contact with US CDC, and wondered whether ECDC had an idea of what effect reduced communication/collaboration would have, particularly at the technical level.

13. Bruno Ciancio said that it is difficult to quantify the impact in the EU/EEA. ECDC will continue to work closely with the competent authorities and will strengthen systems and processes for monitoring any impact on disease incidence and vaccination coverage. In the current situation, it is important to rely on the solid systems in place in the EU and to focus on strengthening the collaboration with Member States, EU institutions, and other international partners. ECDC has the ability to prioritise its activities in response to the new geopolitical situation as necessary.

14. Piotr Kramarz, Chief Scientist, ECDC, said that ECDC would be keeping a careful eye on developments and prepare. He suggested that such issues could be discussed in more depth at a future meeting.

15. Antonis Lanaras, Head of Section, Governance and International Relations, Director's Office, ECDC, said that the Centre was in the process of mapping all areas with which it had contact at the US CDC and that, as yet, there had been no news on the new director.

The Changing Landscape of Vector Borne Diseases in the EU/EEA

16. Ole Heuer, Head of Unit, One Health-related Diseases, ECDC, gave a presentation on the changing landscape of vector-borne diseases in the EU/EEA and what ECDC is doing to mitigate vector-borne diseases risks and to support Member States with evidence-based tools and strategic guidance.

17. Tyra Grove Krause, AF Member, Denmark, said that it was worrying to see how West Nile Virus (WNV) was moving up through northern Europe, yet vector surveillance was still not a veterinary priority. In Denmark they had now implemented surveillance as a pilot with European funding under a One Health project and she wished to emphasise the importance of funding opportunities to move on surveillance projects on threats to public health. With regard to climate change and impact on vectors, it was necessary to have more granular data and to report in more detail and she therefore wondered whether it would be possible to use the signalling tool for respiratory infections (similar to the Euro MOMO) to monitor heat waves and whether ECDC could play a role in the monitoring of mortality in connection with heatwaves or discuss the possibilities with other organisations.

18. Bernhard Benke, AF Member, Austria, said that Austria also had established populations of vectors in its larger cities and in recent months they had seen the first autochthonous case of dengue in Austria (however the national reference laboratory had been unable to confirm it). This year to date they had not had any human cases of WNV, which was unexpected but around three or four cases in animals. He was interested in obtaining more information on the upcoming joint action within the EU on the monitoring and controlling of vectors.

19. Jurijs Perevoščikovs, AF Member, Latvia, said that in September 2024 WNV had been confirmed by veterinary services in the centre of Riga for the first time. Following a retrospective serological study in humans, many neurological symptoms had come to light and they had the impression that this was just the tip of the iceberg. They therefore needed to find a way to introduce surveillance for neurological symptoms so he suggested it might be useful to discuss this. With financial constraints on the healthcare system, it was impossible to test for everything, however he believed ECDC might be able to come up with a proposal on how to monitor neurological symptoms among patients. In Latvia, although they did a lot of wastewater surveillance, there was not so much vector monitoring. By way of a further example, he also wondered how they could link cases of TBE with vectors and vector density.

20. Anne Vergison, AF Alternate, Luxembourg, asked whether ECDC had any plans to work together with the European Environment Agency on tackling climate change. This was an issue that they were discussing in Luxembourg and it was difficult to bring together all the actors involved. For example, it would be useful to be able to link heatwave indicators with more specific mortality data. With regard to indicators for surveillance, particularly for WNV, there was a concern that the disease was underdiagnosed as many experts were not familiar with the symptoms. With the appropriate guidance to follow it would be much easier to extract neurological data. Increases in Legionnaires' disease cases in 2024 could definitely be linked to heatwaves in Luxembourg and there were increasing numbers of

cooling towers now being placed in buildings, which could cause case numbers to rise in the future. *Legionella* contamination had also been found in wastewater treatment plants and this could also be a factor connected with climate change (increasing winds, heat waves and changes in humidity) although they did not know how to monitor or establish efficient surveillance for this.

21. Koen Blot, AF Member, Belgium, asked, given the complexity of both the environmental pillar and the human health pillar, the changing epidemiology and heterogeneity between the different countries, whether there was a common vision as to future direction and which areas to focus on and invest in as a priority.

22. Nerija Kuprevičienė, AF Alternate, Lithuania, said that one of the suggestions had been to begin monitoring for mosquitoes because TBE and Lyme disease were very common and a huge public health issue and therefore she would be interested in some guidance on a monitoring system for mosquitoes.

23. Jan Kynčl, AF Member, Czechia, pointed out that this was a very complex issue as vector borne and food and water borne diseases were all affected by climate change, which meant that it was important to include and consult experts in other fields.

24. Ole Heuer, Head of Unit, One Health-related Diseases, ECDC, thanked the AF members for their comments and suggestions. He agreed that underdiagnosis was a very relevant issue and a challenge for surveillance, and he also agreed with the need for more granularity in data on climate change and its impact on vectors, however it was important to establish methods first. With regard to mitigation of heatwaves he pointed out that ECDC was really only on the periphery of this area of science and dealing mainly with the effects on the occurrence of infectious diseases.

25. Celine Gossner, Head of Section Food-, Water-, Vector-borne and Zoonotic Diseases, One-Health-related Diseases, ECDC, referring to the question on WNV preparedness, confirmed that this was not a priority on the animal side, however, there was an ongoing evolution. EFSA was now managing the One Health grants to finance surveillance of WNV among animals, so this was a big step forward. In addition, there were fact-finding missions planned (led by DG SANTE) in which ECDC would participate and two of them would be on WNV, indicating a planned increase in collaboration between the human and animal side. In October 2025, there would be the Emerging Disease Network Meeting at ECDC, which would be a joint meeting with the Health Security Committee Working Group on Preparedness, and this would include a session on WNV and one on dengue, with presentations from the countries most affected and those at greatest risk. In terms of data granularity, she pointed out that data was now being collecting on chikungunya and dengue at municipal level, and discussions were ongoing as to whether something similar could be done for WNV, which would be very relevant for combining with modelling and climate change data. With regard to the question on vector control and the Joint Action for 2026, there were different components, including one with EUR 10 million for reinforcement of capacity in vector surveillance and control in Europe. The call would be launched in October by the European Health and Digital Executive Agency (HaDEA) and Member States would be invited to join the consortium. ECDC was working very closely to define activities to support the countries in vector control and one area was in the development and updating of guidance. With regard to modelling, the Agency was trying to establish relations with modelling groups at the European level in order to combine resources as the modelling group at ECDC was quite small. She noted the need for further work on missed/undiagnosed WNV cases and with regard to climate change, she pointed out that they were planning to develop a framework to present to the Climate and Health Observatory meeting that would be taking place at ECDC in 2026.

26. Dirk Meusel, DG SANTE, European Commission, confirmed that HaDEA would very soon be inviting the Member States to join a consortium which would be led by one country. In the second round of its annual work programme 2025 there would be a EUR 15 million contribution for this. Referring to comments on heatwaves, he confirmed that this was a subject that had been discussed frequently at Health Security Committee meetings and with WHO, however he agreed there was a lot more work that needed to be done in this area.

Developing updated guidance for respiratory virus surveillance in the EU/EEA – an overview of the scope and process

27. Nick Bundle, Principle Expert, Respiratory Viruses, Directly transmitted and Vaccine preventable Diseases Unit, ECDC, gave a presentation on the work to develop updated guidance for respiratory

virus surveillance in the EU/EEA. He asked the AF members for their feedback on the draft surveillance objectives and the scope of the guidance.

28. Menno de Jong, AF Member, the Netherlands, said that a year ago in the RIVM's Centre for Disease Control they had begun to do something similar in order to critically appraise the way in which they were doing surveillance. They had identified 12 different instruments across the disease remit and looked at them using an assessment framework which took into account quality criteria such as flexibility, timeliness representativeness, etc. This exercise had helped them to establish a basis of five instruments which combined syndromic information with pathogen information and sampling across the disease parameters. They were now also expanding to other areas. If anyone wanted to obtain more information, he was available to consult.

29. Ana Paula Rodrigues, AF Member, Portugal, had two suggestions regarding the objectives – all-cause mortality surveillance was very important for giving early signs of disease (as seen during the pandemic) and sero-surveillance data which were also very important for each new season.

30. Jan Kynčl, AF Member, Czechia, supported the activities and was pleased to see that there was consistency with WHO's recommendations. He suggested that priority be given to influenza, COVID-19 and RSV, in that order, to reflect their relative disease burden. The burden of disease for influenza still appeared to be quite seriously underestimated and he believed it would be useful to have some updated analysis of the situation in the European Region, perhaps in collaboration with WHO, particularly as this was linked to public health actions, vaccination promotion, etc. in the countries.

31. Otto Helve, AF Member, Finland, said that for the past year, his institute had been going through the same process for surveillance instruments in general and also looking at burden of disease and the basis for surveillance. He was very impressed that the level proposed by ECDC was exactly the level that was required to provide information for the Member States.

32. Anne Vergison, AF Alternate, Luxembourg, said that they had also been doing something similar in Luxembourg, focussing on burden of disease. As diagnostics had improved, they were now finding a lot more different pathogens - for example an outbreak of pertussis in 2024 which had caused challenges due to an increase in prescriptions for and consumption of antibiotics (so everything was interlinked). Even with respiratory diseases, where the focus was on viruses, this should not be forgotten. With regard to vaccine effectiveness, it was positive that ECDC would be issuing more recommendations, but this required more data on vaccine effectiveness at European level and at the local level. The main problem was that many countries did not have vaccine registries as this was not mandatory by law. Therefore, she wondered whether ECDC and/or the Commission could help with this.

33. Arinze Stanley Okoli, Member, the Norwegian Research Centre, had understood that the framework described the baseline versus escalating actions. He wondered what would be the specific epidemiological or biological trigger, considered as the recommended threshold for escalating from baseline. The study appeared to have a basic assumption that all countries could escalate rapidly if necessary but what would be considered as a minimum surge capacity in terms of laboratory capacity, workforce/hospital readiness, etc.

34. Koen Blot, AF Member, Belgium, said that WGS was one of the areas of public health which needed further action – by looking at other viruses that were not so common in Europe, at national level versus European level, and deciding on the level of sequencing required. It could also be useful to look at vaccination information and the linking of vaccine registries. Small sample sizes limited the possibility of saying anything at national level on vaccine effectiveness for specific population groups, which is why work at the European level was so beneficial. At present, there were two separate data flows and he wondered whether vaccine effectiveness was envisioned as becoming an element of TESSy and EpiPulse as a mandatory requirement at some point. He also questioned whether estimating antiviral effectiveness was within the scope of the public health mandate.

35. Anneli Carlander, AF Alternate, Sweden, asked whether the timeline was set for the publication.

36. Jurijs Perevoščikovs, AF Member, Latvia, asked about bacterial infections, *Mycoplasma*, etc. Every year, hospitals complained about public health reporting and the increase in their workload. In Latvia they had vaccination data and were able to state the percentage of those affected who were vaccinated/unvaccinated which was important for evaluating the impact of vaccination. However, they did not know how many samples to test every week and wished to have clear guidelines, and also on

how to combine rapid tests in hospitals and national reference laboratories because the positive rates were different in the two. Finally, they also needed support from ECDC for training.

37. Tyra Grove Krause, AF Member, Denmark pointed out that it was useful not only to be able to assess the burden to the healthcare sector, but also to know when the season started and when to start testing. She also pointed out that signal detections varied from country to country.

38. Arinze Stanley Okoli, Member, the Norwegian Research Centre, asked how the genomic surveillance data was actually implemented into modelling output to be incorporated into the risk scoring and scenario assessment.

39. Nick Bundle explained that mapping the objectives to different systems was an outstanding issue from this work, including identifying which systems/types of data were optimal to address each information requirement. Referring to thresholds/triggers for escalation in hospitals, he explained that they would obtain more details during forthcoming discussions in a working group looking at thresholds methods applied to surveillance indicators or surveillance data. It might be necessary to have tiered recommendations, along with a basic minimum. It would also be necessary to have the ability to detect outside of winter season for all countries. With regard to sizing, the main focus would be on virus characterisation, and this is also being covered by a separate working group. Providing recommendations at national level had much bigger implications for sample size, depending on the size of country, so one solution could be a pooled EU recommendation, however many countries wanted to be able to generate their own estimates. All these factors were being taken into consideration. Referring to the points made about burden and choice of pathogens, he explained that the focus would be influenza, COVID-19 and RSV as these tended to be the highest burden. It may be technically possible to collect data on other pathogens via TESSy but it would be necessary first to consider the implications. With regard to burden and long-term sequelae, understanding burden of disease was crucial for prioritisation, and surveillance data could also be used to contribute to estimates of burden, although this was not within the scope of routine surveillance activities. The timeline for publication was 2026 and the working groups were planned to come to an end during the autumn.

Zoonotic influenza pre-pandemic scenarios and associated public health actions

40. Angeliki Melidou, Principal Expert, Respiratory Viruses, Directly transmitted and Vaccine preventable Diseases Unit, ECDC, gave a presentation on the pre-pandemic scenario framework developed by ECDC to support EU/EEA Member States in anticipating and responding to early threat signals from zoonotic influenza viruses. She asked the AF members for their feedback on the proposed baseline and escalating actions, how they would use the framework in pandemic preparedness plan revisions and whether there were any suggestions for improvements of the framework.

41. Koen Blot, AF Member, Belgium, asked how the various scenarios and actions would be tied into the data collection process and also asked whether antivirals would be included.

42. Viviane Bremer, AF Alternate, Germany, giving feedback from respiratory virus colleagues in Germany, said that the document was very long and over-detailed. She suggested moving most of the tables to the annex. The links to the various documents enabling the reader to refer to existing guidelines were useful. It was difficult not to see this as a risk assessment, even though it was not supposed to be one.

43. Jurijs Perevoščikovs, AF Member, Latvia, suggested it might be necessary to classify other countries outside of the EU, and that this was particularly important for Member States bordering non-EU countries.

44. Menno de Jong, AF Member, the Netherlands, agreed that the document was long. He felt that the thought processes behind the various scenarios were missing. The difference between high and low severity and the distinction between birds and mammals with and without mutations was also somewhat complex– e.g. how information on mutations influenced public health action. Having 28 scenarios was too much, 3–4 would suffice.

45. Tyra Grove Krause, AF Member, Denmark, said that although the document was useful, she agreed that it was complex. It was good to have an overview of the triggers and the intervention. In response to the question as to whether the proposed baseline and escalating actions would be

challenging to implement, she confirmed that they would be. With regard to the scoring of scenarios, it was important to take into account the veterinary aspect (clinical severity in mammals). The problem with the scoring systems was that in the beginning there was little information, and it was necessary to be more precautionary and have more interventions in place. However overall, the work done on the scenarios was very good and it was good to have the overview.

46. Angeliki Melidou thanked the participants for their comments and also those received in writing. She noted that having one large table with the escalating actions as a list would be useful, as had been suggested in written comments received. With regard to metadata, these were not mandatory so would be kept simple. Every human case should be reported within 24 hours, in accordance with IHR, and this could be through EWRS but there would also be case-based reporting via Epipulse cases, as it is at present, and reporting on antiviral use or vaccination would be optional. There would also be training sessions on metadata. With regard to severity, there were definitions in the document for everything and the same applied for how to assess mammalian adaptation mutations. Although animal health was not explicitly discussed, certain considerations and other resources from EFSA are outlined. She understood the comments about having a smaller number of scenarios but pointed out that the document focused on public health measures and the large number of scenarios was there because they had wanted to be very specific on different public health actions that could be implemented when there were specific virological or epidemiological signals (like clusters of human cases, increased severity signals and/or mammalian adaptation). They had wanted to develop pragmatic scenarios linked to public health measures and not risk assessment and therefore needed to take a more granular approach..

Public health ethics framework

47. Piotr Kramarz, Chief Scientist, and Aleksandra Schmidt, trainee, Scientific Evidence and Communication, ECDC, gave a presentation on the ongoing work to explore the need for a public health ethics framework for ECDC.

48. Jasna Karacic-Zanetti, Croatian Association for the Promotion of Patient Rights, commended and supported ECDC's initiative recognising the importance of having a clear and practical ethical framework – especially in a world where public trust is so fragile. The COVID-19 pandemic also showed how quickly ethical questions become urgent. An ethics framework should offer clear decision-making procedures, practical tools, transparency and accountability and updates and include input from the Member States and be adaptable to national context. She asked whether, when ready, the framework would be integrated into staff training and operations at ECDC and wondered how ECDC would ensure ethics became part of its daily culture.

49. Arinze Stanley Okoli, The Norwegian Research Centre, said that his institute was participating in an EU-funded project to develop a vaccine against flaviviruses and one of the work packages was on ethics. By the end of the project it was hoped that a framework would emerge. The project proposed using the principle of responsible research and innovation to build an ethics matrix. He offered to provide contact details of the person responsible for further information.

50. Anne Vergison, AF Alternate, Luxembourg, said that they did not have such a framework yet but they were currently discussing a public health law and this in turn had invoked discussion of individuals' rights and had involved consulting experts on human rights and ethics. She asked whether in public health it was correct to use the term 'universal ethics' as opposed to 'utilitarian'.

51. Tyra Grove Krause, AF Member, Denmark, said that they did not have an ethical framework in place at her institute yet, but in Denmark they had a strict separation of risk assessment and risk management. They focussed on the assessment and it was up to the risk managers to balance the consequences and take the decisions. They also had a communications strategy which strived to be transparent without creating panic in the population.

52. Menno de Jong, AF Member, the Netherlands, said that the situation in the Netherlands was similar to that in Denmark. The remit of his institute was the medical impact of infectious diseases. During the pandemic, in the Netherlands there had also been a team focusing on societal impact which was separate from the outbreak management team and concentrated on measures to reduce impact on hospitals and health. The Netherlands was now funding projects for research into how to achieve more integrated advice, combining both elements with better balance. They were considering an ethical framework at his institute and interacting with a university ethics research group.

53. Otto Helve, AF Member, Finland, said that at his institute they did not have such a framework and it would be beneficial. However, this was part of a broader discussion which required a wider platform within society rather than just within the institute itself. During the pandemic his institute had advocated against society going into full lockdown while at the same time advising the government on mitigation measures. So, it was a question of trade-offs and whether the benefits outweighed the harm.

54. Bernhard Benka, AF Member, Austria said that his institute also did not have a framework. When trying to write a pandemic plan, he stumbled across a Swiss pandemic plan with an extensive chapter on ethics (equity, utility, respect for the rights of individuals, etc.) so this could be a good source for ideas and inspiration.

55. Anneli Carlander, AF Alternate, Sweden, said that they did not have a specific framework at the agency and questions regarding ethics were regulated by the Swedish legislation 'Health and Medical Care Act' and the 'Infection Protection Act'. However, there were a lot of discussions about this during the pandemic and about the need for proportionate measures.

56. Koen Blot, AF Member, Belgium, said that there was no ethical framework in Belgium. At the beginning of the pandemic, there had been more focus on the prevention of infectious diseases and then later on there were more public discussions on finding an appropriate balance between the different facets of society. Alongside the group doing risk assessments there had also been a separate committee with experts from different domains trying to decide how to manage the pandemic at different levels (schools, transport, etc.). He was still unclear about what an ethical framework would provide and whether it would solve issues with data privacy, or lockdown measures. He asked about the specific aspects to be tackled within the framework.

57. John Middleton, ASPHER, said that ECDC did need a framework, but it did not need to be complex. His organisation had made ethics a priority for the work they did in building teaching at public health schools around the world and they had experts who specialised in this area who might be able to assist. Public health ethics was not just biomedical, but also about fairness, equality and solidarity and he also suggested that there were different models of justice, of which utilitarianism was only one.

58. Piotr Kramarz thanked the participants for their contributions to the discussion.

Communicating ECDC scientific advice

59. Barbara Albiger, Acting Head of Section, Science and Public Health Communication and John Kinsman, Expert, Social and Behavioural Science, Scientific Evidence and Communication Unit, ECDC, gave a presentation on the work being done to bring communication and behavioural sciences together to help ensure ECDC's scientific advice is both understood and actionable.

60. Koen Blot, AF Member, Belgium, said it was important to emphasise social and behavioural elements within the public health sphere. He asked whether ECDC's mandate stated that it would communicate with EU citizens, and if so whether there had been discussions on a framework for this. He asked if there was clear governance on how to communicate to EU citizens and the role of the Member State vis-à-vis ECDC? He also suggested it would be useful to identify key target audiences (i.e. public health actors, healthcare workers, patient citizens) and that a mapping exercise would be useful. He wondered about the key domains for communication and whether social media listening exercises would influence which domains ECDC chose to focus on, or whether this would be based on input from the Member States. He also asked whether the stakeholder satisfaction survey would be sent to citizens, in order to better evaluate the impact.

61. Viviane Bremer, AF Alternate, Germany, said that it would be useful to have a toolbox for communication, similar to that which had been created for vaccination, which could be used in other fields. This was particularly important for regional and local authorities who also had to communicate and could make use of and refer to these documents.

62. Jurijs Perevoščikovs, AF Member, Latvia did not believe that behavioural studies done in one country would help to understand why scientific advice did not work there when it worked in another country. It was necessary to perform two studies in two countries, one where scientific advice worked and one where it did not work and compare the difference in population response.

63. Barbara Albiger and John Kinsman said that in the past, communicating to the public was not specifically mentioned in ECDC's mandate but since the mandate had been extended, this was now the

case. Therefore, ECDC had an obligation to translate scientific information into simpler messages. Referring to the network of national focal points for communication, she confirmed that she was trying to activate the network, but that it was quite fragmented. ECDC had been working with them to identify technical issues that they had in common and they had recently had a workshop on communicating with the general public through content creators. At ECDC communication priorities needed to go hand in hand with scientific priorities in order to optimise resources. At ECDC the communications team was small so it was not possible to tackle everything. However, from a positive point of view, EU citizens still had a lot of faith in science and technology (Eurobarometer 'European citizens' knowledge and attitudes towards science and technology' February 2025'. She agreed that it was difficult to address the general public, particularly because most of ECDC's content was produced in English. They were looking at ways to translate some of the content and to make more use of trusted content creators at the local level. She also agreed that co-creation was important, as was the visual format, especially for the younger generation.

64. John Kinsman said that the Lighthouse Community of Practice was a great platform for working on co-creation. It also had a large civil society group focused around HIV, many of whom were from HIV backgrounds. With regard to multinational studies, he explained that they wanted to give a simple tool to individual countries so that they could do their own studies.

65. Piotr Kramarz thanked the participants for their contributions to the discussion.

Priorities for the ECDC work plan 2027 and longer-term perspective (+ tour de table)

66. Pamela Rendi-Wagner, ECDC Director, introduced the priorities for the 2027 work plan and the floor was opened.

67. Jasna Karacic-Zanetti, Croatian Association for the Promotion of Patient Rights, congratulated ECDC on the plan, noting that it was important to ensure accessible, understandable healthcare, which enabled patients to make decisions about their care, ensuring that public health information guidelines were accessible and available, also to those with limited health literacy or language barriers. It was also important to advocate for clear transparent communication about risk benefits and alternative public health interventions ensuring patients could make informed decisions about their care and to prioritise robust data protection standards and integrate patient safety as a core principle. It was also important to address health inequalities and proactively update patient safety and rights frameworks.

68. Arinze Stanley Okoli, Member, the Norwegian Research Centre, suggested that more research and more data should be included in the work plan. ECDC should encourage the Member States to generate more applied data and to focus more on wastewater surveillance and whole genome sequencing. High quality data involved investment in research to strengthen the quality of the data generated.

69. Nerija Kuprevičienė, AF Alternate, Lithuania, supported the work plan, but suggested that the geopolitical situation be taken into account and that the third point (early warning, emergency preparedness and response) should be the first priority.

70. Anne Vergison, AF Alternate, Luxembourg, said that the work plan corresponded well with Luxembourg's national priorities and, although the order was not important, she would emphasise immunisation, vaccines and migrant health. She was pleased to see laboratory capacity and sequencing of data prioritised as Luxembourg was a small country that had to rely on other countries to help. She pointed out that One Health elements could be difficult to operationalise and more of the legal aspects needed to be covered first. She agreed that it was extremely important to 'get on board' with AI, whilst also being careful.

71. Aurora Stănescu, AF Alternate, Romania, referring to immunisation, said that vaccine acceptance was a huge problem for many countries and that there was a great deal of work still to be done in this area. She pointed out such priorities required extensive human resources and a huge budget.

72. Otto Helve, AF Member, Finland, was concerned about conflicting roles and mechanisms which did not align (e.g. civil protection mechanisms and EU health passports). At ECDC the idea of an all-hazards approach was inherent, so he wondered if the Agency could take on more of a role in coordinating between various agencies.

73. Olga Sadikova, AF Alternate, Estonia, said that in her country they struggled with limited resources in epidemiology and sustainable investment in training for surveillance was very important. The second most important aspect was risk communication and trust building, and the third was secure cross-border data exchange.

74. Bernhard Benka, AF Member, Austria, agreed with the priorities which his agency was aligned with, however he would also have liked to see trust building, communication, and visibility (promoting ECDC's role among the general public).

75. Tyra Grove Krause, AF Member, Denmark agreed with the priorities but suggested that the One Health approach could emphasise the combining of data across sectors, which had already been done for some diseases but could be done for more. She also agreed that it would be good to see more on trust building and communication. With regard to Priority 3 (early warning, emergency preparedness, etc.) she believed that the Member States would be interested in contributing to the EU Health Task Force as this could also be a useful learning experience for them.

76. Menno de Jong, AF Member, the Netherlands, said that he agreed with previous speakers about the importance of communication and evidence-based science communication.

77. Jurijs Perevoščikovs, AF Member, Latvia, suggested that the strategy should include more on secondary data usage in the section on digitalisation – e.g. wastewater surveillance. With regard to vaccination, there was a large discrepancy in coverage between countries and vaccination registries would be very useful. It was also important to address disinformation and vaccine hesitancy.

78. Viviane Bremer, AF Alternate, Germany, said that AI should appear in all the priorities. ECDC needed to take a leading role in this area in order to empower the Member States. Substances of Human Origin (SoHO) were not mentioned explicitly and suggested that they should be, given that the new Regulation was coming into force in 2027 and so much work had already being done on SoHO at ECDC. She also proposed that training (EPIET) should be included (possibly under Point 3 or 5).

79. Helen Hudecová, AF Member, Slovakia said that all the areas considered to be important in Slovakia were covered in the work plan, in particular early warning and response, vulnerable communications, data sharing and improvement of surveillance systems. The question was whether these priorities had to be implemented at national level and if so, there might be financial constraints in Slovakia. She also agreed that the communication aspect was lacking in the work plan.

80. José Luis Peñalvo Garcia, AF Alternate, Spain agreed with comments made by other colleagues, and stated that the priorities were aligned with those in Spain. Operationalisation of One Health would be very important for Spain, as would the integration of climate change disease forecasting because the country was so strongly affected by climatic events. Capacity and knowledge building were also priorities, strengthening or building a crisis-ready workforce and 'capacity' included laboratories, public health informatics, and epidemiology. They also wanted to extend capacity building programmes for epidemiology with advanced causal inference and methods that would be more nuanced to capture the complexity of data. Another important priority was to tackle misinformation and the spread of fake news. Use of AI and AI output was also an area on which they needed to focus, both in the development of digital surveillance and through innovating use of AI in data (e.g. adaptative platforms for trials, facilitating the secondary use of data and real world data). The GDPR and its effect on research was another area which needed to be prioritised, in terms of how cross-border barriers affected surveillance and public health research. It was time to work on the implementation of a federated analysis network for hospital data or surveillance data, that could be shared.

81. Marta Grgič-Vitek, AF Alternate, Slovenia, said that digitalisation was the main priority for Slovenia's public health institute. So far, they had implemented COVID-19 and were now trying to work on other diseases. She and her colleagues agreed with all the other priorities.

82. Anneli Carlander, AF Alternate, Sweden, agreed generally with the priorities and comments by other colleagues. She wondered whether all of the Priority 3 areas referred to EU Member State level and suggested that they could be more concrete since there was no mention of country action plans in any of the priorities (as follow ups to country assessments).

83. Koen Blot, AF Member, Belgium, said that the vision and the mission seemed to be missing from the work plan. He suggested that building blocks explaining the priorities would make it easier to

categorise and facilitate decisions on actions to be taken at European level and those to be implemented at national level.

84. Jan Kynčl, AF Member, Czechia, said it was important to know who would implement these plans at national level, given the lack of resources available. With regard to Priority 1 One Health, which was related to joint rapid outbreak assessments involving ECDC/EFSA, there was room for improvement in this area in terms of rapidity because otherwise it was not a question of timely preparedness and response but rather an ongoing description of an event.

85. Ana Paula Rodrigues, AF Member, Portugal, agreed on the need to focus on AI and also to strengthen partnerships with academia. With regard to the need for better communication, she suggested that this should be set out more clearly in relation to each of the priorities as this would help to dispel the lack of trust in public health institutions.

86. Dirk Meusel, DG SANTE, European Commission, suggested linking to elements of ECDC's mandate to make the priorities clearer. With regard to immunisation, it might be useful to mention disinformation (given the current situation in the US). He also suggested that more focus could be placed on modelling, and genomics, and that there should be some quantification (e.g. for disease surveillance) and for Point 5 there could be some mention of the planned collaboration agreement with WHO. He would also mention the work on the prevention framework, and for One Health he also suggested mentioning zoonotic diseases. Finally, he echoed other speakers who mentioned AI and noted that there was a need to specifically define its use in public health surveillance.

87. John Middelton, ASPHER, said that the priorities were a fair reflection of what ECDC could do with its resources and it was essential for the Agency to take action in the areas of One Health, immunisation and digital surveillance. With regard to preparedness and an all-risk approach, he suggested that ECDC could give more priority to health security and take into account chemical, biological, nuclear, and other threats. Other areas for consideration could be the ethical framework, the communications agenda and an extension of ECDC's current mandate to non-communicable diseases.

88. Jurgita Pakalniškienė, AF Member, Lithuania, said that preparedness and response was a strong priority for Lithuania and also one of the most important areas of work for ECDC.

89. Pamela Rendi-Wagner, ECDC Director, thanked the AF for their comments and useful input. She pointed out that these priorities were only the beginning, and they were still being discussed in house and adjusted accordingly. It was necessary for ECDC to prioritise because it now had a very broad spectrum of activities within its extended mandate. She also understood concerns about capacities and resources and pointed out that this applied to ECDC as well as the Member States. With regard to whether ECDC was cooperating with other bodies such as NATO, this was being discussed at the Health Security Committee. One issue which had been raised was the need for an EU Reference Laboratory for biotoxins. With regard to trust and communication, she agreed that this was of utmost importance for ECDC and further efforts would be made to integrate this. Referring to the comment by the AF Member for Denmark on participation in the EU Health Task Force, she confirmed that she was keen to establish a pool of experts from the Member States.

90. Vicky Lefevre, Head of Unit, Surveillance, Preparedness and Response, ECDC noted that ECDC had mainly been using AI for epidemic intelligence but as it appeared that EU research projects in public health were getting funding from DG RTD, they would look into this more closely and possibly set up a group with Member States who were actively involved to exchange best practices. Referring to the rapid outbreak assessment from the AF Member for Czechia, said that they were having a meeting with colleagues on this issue the next day to see how the process could be improved.

91. Bruno Ciancio, Head of Unit, Directly-transmitted and Vaccine-preventable Diseases, ECDC, referring to the comment from the AF Alternate for Sweden on Priority 3 the action plans and the first point being formulated vaguely, said that ECDC had tried not to be too specific in order to see what could be done to advocate for resources under the new framework after 2028. They had focused on surveillance with DG SANTE, whole genome sequencing with HERA and also on the type of shortcomings identified in Member States through the PHEPA missions. The term 'immunisation prevention infrastructure' referred to immunisation registers and the question was how they could advocate for more resources in this area so that Member States could prioritise these investments. There was a lot of talk about vaccination hesitancy and communication but for certain countries it was more a question of access to vaccination. This was an area they wanted to work with the Commission on to see if

resources could be made available for the underlying infrastructure. SoHO was not explicitly mentioned but there was a lot of work being done in this area and it would be prioritised because ECDC had to implement the Regulation. Many of the speakers had mentioned secondary use of data, GDPR and this linked to the discussion on implementation in surveillance. It was not a question of telling the countries what to report, it was about agreeing what data were important for surveillance and arranging to share that data in compliance with the GDPR.

Day 2

Continued spread of *Candidozyma auris* in the EU/EEA

92. Anke Kohlenberg, Expert, Antimicrobial Resistance and Healthcare-associated infections, One Health related Diseases, ECDC, gave a presentation on the spread of *Candidozyma auris* in the EU/EEA and asked the AF members whether they considered it useful to continue European-level surveillance for *C. auris* cases and how the surveillance should be conducted.

93. Koen Blot, AF Member, Belgium, said that with *Candidozyma auris* patients in ICUs there was a high mortality rate although it was difficult to determine the actual cause of death – he asked whether there was a higher mortality attributable to *C. auris* and whether transmission was different between *C. auris* and other *Candida* species.

94. Viviane Bremer, AF Alternate, Germany, thanked ECDC for the useful work which needed to continue. She said that in Germany a decision had been taken to include colonisation by *C. auris* in notifications and that this would come into effect in 2026.

95. Menno de Jong, AF Member, the Netherlands, said that there had been 13 cases in the Netherlands until 2023 and since then an additional 16 cases resulting in 29 cases in total to date. A study in the Netherlands had indicated that Dutch hospitals were not very well prepared and therefore infection prevention guidelines had been adapted to also include procedures for when a patient was admitted from a foreign hospital. The infection prevention guidelines had also been adapted for long-term care facilities. In the Netherlands they were now investigating the best way to do effective surveillance so that they could understand more about spread and clinical impact. He recommended establishing a small working group at EU level and, if so, the microbiology laboratory in the Netherlands would be pleased to be involved.

96. Tyra Grove Krause, AF Member, Denmark, said that in Denmark they had had voluntary notifications until 2023. They supported having surveillance of *C. auris* and believed it would also be useful to have a national contact point for fungal infections so they supported this.

97. Kamilla Josefsdottir, AF Alternate, Iceland, said that *C. auris* was registered in Iceland, but to date there were no reports of cases. She would be able to identify a contact person for ECDC if necessary.

98. Jan Kynčl, AF Member, Czechia, said that this year to date the only two notified cases of *C. auris* in Czechia had both been imported, so the situation had improved since 2024 and stabilised. Two new reference laboratories had been established that were focusing on mycology and these two laboratories together with the national reference centre for healthcare associated infections had prepared national guidance on how to manage *C. auris*. From this perspective, he assessed it to be a slightly lower priority issue than before, but they still needed to be vigilant.

99. Anne Vergison, AF Alternate, Luxembourg, said that so far in Luxembourg there had been no cases, either of colonisation or infection but they would be in favour of surveillance of *C.auris* and also of *Aspergillus* species. She wondered whether the impact of antifungals being bought online was having an effect within the environment and causing the recent rise in resistance.

100. Jurijs Perevoščikovs, AF Member, Latvia, said that in Latvia they had published some reports a while ago about the impact of the environmental levels of antifungals and their use beyond human medicine and the development of resistance definitely seemed to be an issue. *C. auris* was not notifiable in Latvia but it would not be a problem to include it in the list of notifiable pathogens for laboratories. However, the main issue was not reporting cases, but reporting the number of tests because if there were no tests there would be no reports. So the denominator – how many tests were being done – was more important and there was no point in having a focal point if there was no surveillance.

101. Harald Noel, AF Alternate, France, said that they had had an outbreak in northern France (17 colonisations) which had been going on since December 2024. He believed it would be really useful to share information on the clinical aspects of *C. auris* because as soon as there was an outbreak in a hospital it was very difficult to test, identify and eliminate. There were some new, innovative techniques for diagnosis in hospitals which could be further developed and these might be worth considering.

102. Piotr Kramarz, Chief Scientist, ECDC, said that there seemed to be general support for setting up some kind of focal point or contact point and not just for *C. auris* but for all types of fungal infection. He thanked the AF for their useful advice and the updates on the situation in their countries.

103. Anke Kohlenberg noted that it was encouraging to hear about efforts to increase surveillance and notifications. She thanked the AF for their support for establishing European surveillance and agreed that there would need to be further discussion in a working group or with relevant NFPs on definitions and the pathogens to include. She also recognised the need for guidance/control measures. In response to the question from the AF Member for Belgium, she confirmed that mortality was high not just for *C. auris* but also for other resistant *Candida* species but the main issue was that *C. auris* could be spread very easily in hospitals and was already resistant which was why it was considered to represent a greater threat.

104. Diamantis Plachouras, Acting Head of Section, AMR and Healthcare-Associated Infections, ECDC, said that the main difference with *C. auris* was that it could survive in the environment and on the skin of patients which made it difficult to eradicate. It was also able to contaminate medical equipment. Attributable mortality could be around 15–20% but there were no studies addressing this. In most cases it was possible to treat it with echinocandins.

Re-engineering ECDC scientific outputs and publications: quarterly mapping and analysis

105. Howard Needham, Principal Expert, Scientific Evidence, Advice and Liaison Section, Scientific Evidence and Communication Unit, ECDC, gave a presentation on the ongoing ECDC re-engineering project which aims at making ECDC outputs more accessible, relevant and actionable.

106. Koen Blot, AF Member, Belgium, congratulated ECDC on this work. It was really important to have a framework to assess the impact of outputs and their relevance for stakeholders. He noted that the Communicable Disease Threat Report (CDTR) was a very useful output with a high level of prominence, consulted regularly by his colleagues. With regard to the balance in output/content types, this depended both on the content and the people using it.

107. Menno de Jong, AF Member, the Netherlands, referring to the balance of output, suggested that one way to determine this would be to look at how much of the content in scientific reports ended up in national guidelines.

108. Viviane Bremer, AF Member, Germany, said that at national level, they read ECDC reports in great detail and relied on them for their scientific arguments when discussing with the Ministry. The same applied at regional level where they were also well received, however it was difficult to know whether this interest was the same at local level.

109. Howard Needham thanked the AF for its feedback. He pointed out that the reengineering project was an ongoing process and that ECDC would continue to try to improve while ensuring that its content remained relevant and useful.

Update from the Commission

110. Dirk Meusel, DG SANTE, European Commission, gave a short update on ongoing activities as part of the implementation of the Regulation on serious cross-border threats to health (SCBTH) including prevention, preparedness and response planning, epidemiological surveillance and EU reference laboratories, as well as work related to AMR and vaccination. He also briefed the AF members on the ongoing external evaluation of ECDC.

111. Koen Blot, AF Member, Belgium, referring to the draft Delegated Act under Article 14.7 (b) of the SCBTH asked whether this was due to be ready by the end of 2025 and whether that also included the minimum standards for the reporting of communicable diseases. It had been a huge undertaking within the country to identify the appropriate experts, attend the workshops and get all the feedback and

there were still aspects of the public health actions that needed to be refined. He asked about the sample size and the level of sequencing that had to be performed or the number of samples taken. Some countries had mentioned that it would not be feasible to do all the rest of the work by the end of 2025 which is why he wished to have clarification on the next steps and the process moving forward. He also suggested it might be interesting to discuss developments with the IHR at a future meeting and in particular, how to interpret the serious cross-border threats to health involving non-communicable diseases -e.g. whether this aspect would only be activated in a crisis setting, such as a pandemic. With regard to AI and modelling, he wondered whether there was a way of establishing contact with academic institutions that had access to supercomputers through their networks, as this would enable public health institutes to perform certain types of modelling activities, such as long-term scenario modelling.

112. Dirk Meusel, referring to the draft Delegated Act, said that discussions were ongoing and the Commission was aware that this work could not be done within a short timeframe. They were aiming to publish the delegated act and then put the standards in a future annex once they were ready. He was aware that it would take one or two years to define all the standards or minimum requirements. This was currently being discussed. With regard to IHR, he suggested that ECDC could add this topic to the agenda for a future AF meeting. The non-communicable disease aspect of serious cross border threats to health is part of the external evaluation study, to consider the feasibility of putting this into a possible future mandate. With regard to AI and modelling, he confirmed that there was a research centre and scientists working on artificial intelligence models. It was hoped that in cooperation with ECDC and Member States the Commission could work on specific use cases for surveillance, public health and interpretation of data. So there was an infrastructure which would be made available free to Member States for research projects and it would be accessible to public administrations and scientific institutions.

Feedback from meeting 'EU/EEA progress towards Sustainable Development Goal 3.3: Taking Stock and Moving Forward on HIV, viral hepatitis, TB and STIs' organised under the Polish EU Presidency

113. Anastasia Pharris, Principal Expert, Communicable Disease Prevention and Control, Directly transmitted and Vaccine preventable Diseases Unit, ECDC, gave a short presentation providing feedback from the meeting.

114. Vivian Bremer, AF Member, Germany said that it had been a useful meeting, bringing experts together from the areas of TB, HIV, hepatitis and sexually transmitted infections, and helping them to understand each other's worlds. It had been particularly useful to discuss prison health. The interactive format was great and she suggested that a similar format should be used at future meetings.

Update on the implementation of the ECDC Independence Policy for non Staff

115. Christian Schultheiss, Head of Legal Services, ECDC gave a short presentation on the implementation of the ECDC independence policy.

116. Tyra Grove Krause, AF Member, Denmark asked whether the AF members had to provide a new CV every year.

117. Christian Schultheiss said that there was no reason to provide a new CV unless there had been any change. ECDC looked at members' interests from the last five years, so there was no need to submit any information prior to that five-year period.

Update on ECDC 20th Anniversary Event and 4th Joint Strategy Meeting – 4 November 2025

118. Antonis Lanaras, Head of Section, Governance and International Relations, Director's Office, ECDC, gave a short explanation detailing the event.

Adjusting the schedule of the AF meetings 2026 and 2027

119. Antonis Lanaras, Head of Section, Governance and International Relations, Director's Office, ECDC, proposed the dates for the 2026 and 2027 AF meetings. With a view to decreasing the Agency's carbon footprint and increasing sustainability, as of 2026, two of the four annual AF meetings would take the form of audio conferences, instead of one.

120. Jan Kynčl, AF Member, Czechia said that he did not understand the proposal to change a further AF meeting from in-person to online, given the comments the day before on the lack of opportunity for proper discussions and the need for this. This was particularly relevant for the AF which was part of ECDC's governance structure.

121. Tyra Grove Krause, AF Member, Denmark, agreed that the physical meetings were very important in order to have time to discuss issues face to face. She suggested reconsidering the format of the meetings and perhaps offering more of an opportunity to prepare in advance so that there was more room for discussion. She recognised the need to reduce CO^2 emissions, but this came at a cost for the Advisory Forum.

122. Viviane Bremer, AF Member, Germany, suggested that the AF meeting could be combined with other fora or arranged somewhere else in Europe so that the participants did not always have to fly and could travel by train (e.g. a more central location in Europe).

123. Menno de Jong, AF Member, the Netherlands proposed having three meetings per year instead of four, but that the three should be in person and slightly longer (involving less travel involved but making more time available for discussion).

124. Pamela Rendi-Wagner, ECDC Director, understood the AF comments on the value of in-person meetings, however new developments at the Commission meant that all agencies are expected to make efforts to reduce their environmental footprint. She proposed proceeding with two online meetings in 2026 and to revisit the matter at a later date.

125. Piotr Kramarz, Chief Scientist, ECDC thanked the AF for their input and very fruitful discussions and wished everyone a safe trip home.

Annex: List of participants

Member State	Representative	Status	Participation Mode
Austria	Bernhard Benka	Member	In person
Belgium	Koen Blot	Member	In person
Cyprus	Costas Constantinou	Alternate	In person
Czechia	Jan Kynčl	Member	In person
Denmark	Tyra Grove Krause	Member	In person
Estonia	Olga Sadikova	Alternate	In person
Finland	Otto Helve	Member	In person
France	Harold Noel	Alternate	WebEx
Germany	Viviane Bremer	Alternate	In person
Hungary	Zsuzsanna Molnár	Member	In person
Latvia	Jurijs Perevoščikovs	Member	In person
Lithuania	Jurgita Pakalniškienė	Member	WebEx
	Nerija Kuprevičienė	Alternate	In person
Luxembourg	Anne Vergison	Alternate	In person
The Netherlands	Menno de Jong	Member	In person
Poland	Małgorzata Sadkowska-Todys	Member	In person
Portugal	Ana Paula Rodrigues	Member	In person
Romania	Aurora Stănescu	Alternate	In person
Slovakia	Helena Hudecová	Member	In person
Slovenia	Marta Grgič-Vitek	Alternate	In person
Spain	José Luis Peñalvo García	Alternate	In person
Sweden	Anneli Carlander	Alternate	In person
Observers			
Iceland	Kamilla Josefsdottir	Alternate	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	WebEx
European Institute of Women's Health	Rebecca Moore	Alternate	WebEx
European Commission			
DG SANTE	Dirk Meusel		In person