



ECDC Advisory Forum

Minutes of the Fifty-first meeting of the Advisory Forum
Stockholm, 12 December 2017

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Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) (Document AF51/01)

1. The meeting was opened by ECDC Chief Scientist, Mike Catchpole, who welcomed the participants, in particular Nedret Emiroglu from WHO Regional Office for Europe, Frank van Loock from the European Commission and Aura Timen from the European Public Health Association, who was attending in person at ECDC. Apologies had been received from Belgium, Cyprus, Italy, Slovenia, Hungary and Luxembourg.
2. The draft agenda was adopted with one additional request from UK for time to discuss EPIET.
3. There were no declarations of conflict of interest.

Adoption of the draft minutes from the 50th meeting of the Advisory Forum (26-27 September 2017) (Document AF51/02)

4. The draft minutes were adopted with minor amendments to paragraphs 34 and 90 suggested by France.

Composition of the Advisory Forum Preparatory Group (Document AF51/03)

5. Mike Catchpole, ECDC Chief Scientist, explained that the AF preparatory group was a small group which discussed the proposed agenda in advance of each AF meeting. ECDC was grateful for the excellent support provided by the current group (Jean-Claude Desenclos, France, Andreas Gilsdorf, Germany, Isabel Oliver, UK) and was now looking for new volunteers. The work involved roughly four teleconferences per year. Frode Forland, AF Member, Norway, Fernando Simón Soria, AF Member, Spain, Paul Cosford, AF Member, UK, Mika Salminen, AF Member, Finland and Osamah Hamouda, AF Member, Germany, volunteered to join the Preparatory Group.
6. Bruno Coignard, AF Alternate, France, noted that Jean-Claude Desenclos, AF Member, France, could also continue as a member of the group, if necessary.

Update from ECDC on the main activities since the last Advisory Forum (Document AF51/04)

7. Mike Catchpole gave a brief update on the main activities since the last Advisory Forum meeting on behalf of the ECDC Director who was unable to attend the meeting. The update was followed by a general discussion.
8. Paul Cosford, AF Member, UK, referring to EPIET training, emphasised the importance of maintaining the distinction between the microbiology and epidemiology streams. He also emphasised that the UK would continue to contribute to work of ECDC right up until Brexit took effect in 2019, and he wished to see this reflected in ECDC's operational planning and with regard to EPIET.
9. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, ECDC, said that there had been much discussion on the content of the EPIET training in recent months and how it should be structured in the future. A full external evaluation was being planned for 2018 which would cover all these issues. The organisation and governance of the programme were already being discussed by stakeholders ahead of the evaluation and he would revert with more information and feedback in the first half of 2018.
10. Kevin Kelleher, AF Member, Ireland asked whether it would be appropriate to discuss Brexit issues during the teleconference.
11. Mike Catchpole said that given the distinct lack of clarity at present, it would be better to take such a discussion at a later date once they had a better idea of the process.

12. Paul Cosford welcomed the idea of how and when the AF could address the potential consequences for ECDC and its partners of Brexit in the discussions of the AF Preparatory Group.

Joint action plan to address recommendations arising from Second External Evaluation: end of term report (*Document AF51/05*)

13. Mike Catchpole gave a short summary of the now largely completed actions taken in association with the Joint Action Plan to address the recommendations of the Second External Evaluation of ECDC. These actions were described in more detail in the end-of-term report circulated ahead of the meeting. There were no further comments on the document. He thanked the AF for its input received over the last two years in relation to the Joint Action Plan.

ECDC Disease Programme Strategies Revision (*Document AF51/06*)

14. Piotr Kramarz, Deputy Chief Scientist, Head of Section Disease Programmes, Office of the Chief Scientist, ECDC, gave a brief introduction to the revision paper which was followed by a discussion.

15. Mika Salminen, AF Member, Finland, thanked ECDC for the document; however, he pointed out that the exercise had looked at revising strategies with the existing structure of the Disease Programmes. He wondered whether this structure was still relevant and whether new issues arising in the interim might require changes in the work of the Disease Programmes. He suggested a re-evaluation of the structure and/or further analysis in the future.

16. Frode Forland, AF Member, Norway, asked how this prioritisation was seen compared to the prioritisation of diseases and other activities which was previously undertaken at ECDC within the IRIS exercises.

17. Mike Catchpole, Chief Scientist, ECDC, responding to the question on how the initiative related to other prioritisation processes, noted that ECDC was proposing to devote time during the February AF meeting to the IRIS process, which would provide an opportunity to reflect on this subject. IRIS was initially used to prioritise topics within or across the Disease Programmes, however the contributions had declined considerably and ECDC wished to revitalise the process.

18. Paul Cosford, AF Member, UK, congratulated ECDC on the clear document. In certain areas, such as respiratory infections, it seemed ambitious and would obviously depend on adequate resources being available. With regard to the links between programmes he pointed out that zoonoses were not categorised with the emerging diseases yet most emerging diseases were zoonoses. The link between EARS-Net and GLASS in the AMR programme needed to be reviewed in that data was still being submitted to both. He was also slightly concerned about indicators for gastrointestinal infections which needed more work. For example, the indicator for success was a reduction of the burden of gastrointestinal disease. However, the main concern was to improve surveillance which could lead to an increased number of instances of infection being identified. He welcomed initiatives in the area of TB and suggested that there should be greater consideration of the recent WHO and UN General Assembly prioritisation of TB incorporated into the ECDC approach.

19. Kevin Kelleher, AF Member, Ireland, strongly agreed with the point made by the AF Member for Finland and stressed the need to rethink ways of working within the Disease Programmes.

20. Aura Timen, Observer, EUPHA, asked about key activities written into some of the Disease Programmes involving guidance, support and participation in country visits to assess preparedness and response, and inquired whether the country visits are undertaken at the request of the Member States or the Commission. She also asked how the activities described in the Vaccine-Preventable Diseases Programme (VPD) would align with new initiatives from the European Commission for strengthened cooperation on VPD.

21. Piotr Kramarz, replying to the issue raised by the AF Member for Finland on the possible need to restructure the Disease Programmes, said that he recognised this issue, however, the strategy paper tried to detach as much as possible from ECDC's organisational structure and to focus on the diseases, working within a specific framework set up by ECDC's Senior Management Team from the beginning.

He stressed that the work was still in the consultation phase and there would be further discussions to see how to incorporate the disease aspect more fully. The issue of the links between the different disease areas was quite challenging and his team was currently working on it, e.g. there are plans to produce in the future a joint report pulling together data on antimicrobial resistance. Referring to the interaction between GLASS and EARS Net, ECDC was working with WHO on avoiding duplicate reporting to both systems. With regard to food and waterborne diseases and the indicators, this was part of a more general discussion as to whether reducing the burden of disease should be a general indicator. This indicator had been kept for some of the diseases, knowing that it was quite ambitious; however, the issue was still open to discussion and he invited AF members to provide further feedback. With regard to country visits, from a disease programme perspective, ECDC's approach usually involves putting a 'placeholder' in the work programme for certain diseases each year. Once an invitation was received from a Member State, ECDC would discuss terms of reference and work on the details.

22. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, ECDC, mentioned that the same approach was applied from a preparedness perspective and that there were six visits planned for 2018.

23. Piotr Kramarz, referring to ECDC cooperation with the Commission on VPD activities, said that ECDC was playing an active role in the Joint Action on Vaccination, advising the Commission and the consortium. ECDC was particularly active in the activities related to the NITAGs (national immunisation technical advisory groups) and in work on immunisation information systems (immunisation registries). With regard to the Council recommendation currently being prepared, ECDC has been working closely with DG Santé during the preparatory phase, which includes assistance in the data analysis from the consultation being finalised in January 2018. He thanked the AF members for their comments and suggested that any further comments could be sent to him in writing.

24. Tyra Grove Krause, AF Alternate, Denmark, suggested that one of the priorities be the use of e-health for surveillance purposes and this was not reflected in the Disease Programme Strategy Revision at present. Since ECDC needed to take a major role in this, she suggested placing greater emphasis on it in the document.

25. Mike Catchpole said that there had been a great deal of useful discussions on the issue of e-health during the last AF meeting within the working groups and he agreed that it should be highlighted more clearly in the document. With regard to TB and the need for alignment with WHO/UN activities and cooperation in the area of VPD, he confirmed that ECDC was working closely with WHO and with EU partners involved in Joint Actions and viewed such collaborations as a critical success factor to achieving the public health goals outlined in the Strategy document. He noted that the AF would be consulted on any further development, and kept informed of the implementation, of the disease strategies.

Feedback from the Annual meeting of Directors and National Coordinators of the Coordinating Competent Bodies

26. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, ECDC, gave a short update on the annual meeting which was held in September 2017.

27. Mika Salminen, AF Member, Finland, who had attended the meeting, mentioned that it had been difficult to understand what role the directors were supposed to play at the Coordinating Competent Bodies (CCBs) meeting and that it was too technical for them. A better forum for the CCB directors would probably be to have meetings back-to-back with the Management Board. This was also the feedback received from his director.

28. Fernando Simón Soria, AF Member, Spain, pointed out that the directors of the CCBs usually passed the responsibility to the National Coordinators. He suggested that holding the CCB directors meeting back-to-back with the Management Board meeting might possibly help to increase participation although it was uncertain.

29. Karl Ekdahl responded that this was in line with the discussions held in the SMT following the CCB meeting, and noted that the role of the directors varied a great deal between institutes. It was hoped that the meeting in March 2018 would offer the opportunity to discuss strategic issues; however, it was up to the CCBs to decide who they wanted to send to that meeting.

ECDC Public Health Microbiology Strategy 2022 (Document AF51/07)

30. Marc Struelens, Chief Microbiologist, Head of Section Microbiology Coordination, Office of the Chief Scientist, ECDC, gave a brief introduction to the strategy which was followed by a discussion.

31. John Watson (deputising for AF Member, UK), referring to the balance between public health microbiology and resources used, suggested that it would be most appropriate to discuss this at the next planned strategic meeting. He noted that although the UK was pushing hard to develop whole genome sequencing, it was acknowledged that resources for this must be used in moderation to ensure that there were still resources available for general prevention and control activities and that the balance remained appropriate.

32. Kevin Kelleher, AF Member, Ireland, suggested it was necessary to look at how to maintain the balance between what was happening in genomics at the leading edge and the reality across the whole of Europe.

33. Frode Forland, AF Member, Norway, stressed the need to look at how to handle the transition phase in terms of priorities when moving forward with whole genome sequencing, and how it would interact with TESSy and other surveillance systems in Europe. It was important to ensure a smooth transition from one method to another.

34. Fernando Simón Soria, AF Member, Spain, agreed with the need to advance new laboratory methods in Europe but also thought that it would be useful if ECDC could summarise the added value and lessons learned from using whole genome sequencing over the last few years in a short document to provide better understanding and motivation. It would be interesting to have an idea of how the technology would evolve, future costs and how to integrate it with surveillance data. The relationship between outbreak investigation and response teams and those working in laboratories also needed to be clear.

35. Marc Struelens said that he understood how important it was to find the correct balance and he agreed it would be useful to address this and other issues at the forthcoming Joint Strategic Meeting. With regard to the point made by the AF Member for Norway on how to interpret this kind of new information and integrate it into surveillance systems, he pointed out that this was an ongoing process (addressed on page 5, paragraph 13 and 14 of the Strategy). In 2018, ECDC would revise the roadmap for integration of genomics into surveillance systems and epidemiological investigation approaches and would make a more advanced proposal for solutions where ECDC could help to define appropriate interpretative criteria. With regard to the point made by the AF Member for Spain on the public health added value of integrating genomics, he explained that this was set out in paragraph 13 of the Strategy. ECDC was planning to revise the roadmap and systemically review the public health effectiveness of introducing whole genome sequencing into national surveillance systems in terms of morbidity and mortality averted for outbreaks detected. It would then revert with a synthesis of evidence showing where and how whole genome sequencing could make a difference. With regard to the point made on transforming technology and the challenge of adapting methodology for surveillance, this was also a work in progress and he was pleased to have learned that during the current review by Member States of the new EU case definition for reporting at EU level, there had been strong support for adding a genetic definition of AMR for surveillance. This served as proof that whole genome sequencing was accepted as the way forward.

36. Mike Catchpole, referring to the handling of the transition phase, confirmed that ECDC did have a strategy and that it had recently revitalised an internal steering group to look at these issues. He noted comments on finding an appropriate balance between traditional techniques and new techniques and understood that the pace of change and rate of implementation was different across Europe. He thanked the AF members for their input and endorsement of the document and assured them that ECDC would reflect on their comments. He agreed that this would be a good topic for a Joint Strategy Meeting.

ECDC Surveillance and Response, Epidemic Intelligence update

37. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, gave a short update on epidemic intelligence issues focusing on a recent outbreak of *Salmonella* Agona in France.

38. Bruno Coignard, AF Alternate, France, confirmed that France was currently investigating 26 cases of *Salmonella* Agona identified by their national reference laboratory in infants under six months old having consumed infant formula in 10 regions across the country. The first recall of the product last week had been followed by an extended recall later. There had also been an investigation at the factory and the results were expected to be provided in a conference call later in the day. It is foreseen that new elements will emerge and more information will be available later in the week.

39. Fernando Simón Soria, AF Member, Spain, said that Spain had identified two cases of *Salmonella* Agona which were potentially related to the cases in France. One of the cases appeared to have consumed the same infant formula. All products had been removed from the shelves in Spain and they were currently waiting for the results of laboratory analysis.

Any Other Business

40. Mike Catchpole mentioned that the virtual country visits had generated very interesting discussions in previous AF meetings and invited volunteers for the upcoming meetings in 2018.

41. Mika Salminen, AF Member, Finland, and Florin Popovici, AF Member, Romania, volunteered.

42. Frank van Loock, European Commission, suggested that, given the upcoming External Evaluation of ECDC in 2018, it could be useful to have involvement of AF members in the work of the MB External Evaluation Steering Committee (MEES). With the last evaluation, the benefit of joint collaboration had been noted early on and it could be useful to have one or two AF members available to give input to the next MEES meeting in January 2018.

43. Mike Catchpole, Chief Scientist, ECDC, clarified that the process for commissioning an external evaluation involved a considerable work and at the last MB meeting it had been noted that it would be beneficial to receive input from the AF on the draft Terms of Reference. External evaluations were very important and had a definite impact on ECDC's work so AF input would be welcome. He asked if anyone wished to volunteer.

44. Mika Salminen, AF Member, Finland, expressed an interest in volunteering.

45. As some AF members were not present in the meeting, it was agreed that a call for volunteers would be sent to all the AF Members following the meeting.

46. Mike Catchpole, Chief Scientist, ECDC, concluded the meeting by thanking the participants for their feedback and comments. He wished everyone a happy holiday season and looked forward to seeing them at the next meeting on 20–21 February 2018 in Stockholm.

Annex: List of participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Croatia	Aleksandar Šimunović	Alternate
Czech Republic	Jan Kynčl	Member
Denmark	Tyra Grove Krause	Alternate
Estonia	Kuulo Kutsar	Member
Finland	Mika Salminen	Member
France	Bruno Coignard	Alternate
Germany	Osamah Hamouda	Member
Greece	Sotirios Tsiodras	Member
Hungary	Emese Szilágyi	Alternate
Ireland	Kevin Kelleher	Member
Malta	Tanya Melillo	Alternate
Netherlands	Jaap Van Dissel	Member
Poland	Magdalena Rosińska	Alternate
Romania	Florin Popovici	Member
Spain	Fernando Simón Soria	Member
Sweden	Anders Tegnell	Member
United Kingdom	Paul Cosford	Member
United Kingdom	John Watson	Deputising for AF Member (part of meeting)
Observers		
Iceland	Thorolfur Gudnason	Member
Norway	Frode Forland	Member
Turkey	Gamze Aktuna	Member
European Commission Non-Governmental Organisations (NGOs)		
EUPHA	Aura Timen	Observer

European Commission	
DG SANTÉ	Frank van Loock
World Health Organization (WHO)	
WHO Regional Office for Europe	Nedret Emiroglu