ECDC Advisory Forum

Minutes of the Eighty-fourth meeting

Stockholm, 17-18 February 2026

Contents

Opening and adoption of the programme

1. Pamela Rendi-Wagner, Director, ECDC, welcomed the participants to the 84th 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 Malta, Norway, Poland and Romania. There had been no confirmation of attendance from Bulgaria and Cyprus, and Italy had still not nominated a member or alternate representative for the AF. He also extended a special welcome to Marc-Alain Widdowson from The WHO Regional Office for Europe who attended the meeting online.

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 83rd meeting of the Advisory Forum, 2025

4. As the draft minutes had been circulated later than usual, members were invited to submit any comments or proposed amendments by 20 February 2026, via email.[1]

ECDC Director's update

5. Pamela Rendi-Wagner, ECDC Director, provided an overview of key developments since the previous AF meeting in December, noting that despite the relatively short interval, activity levels at ECDC had remained high. The director referred to the high number of recent ECDC scientific outputs and ongoing strategic collaboration and engagements both at the EU and international level. To be prepared for the unexpected and to build resilience in times of geopolitical uncertainty, collaboration in an integrated approach is needed where public health is part of the overall security agenda, she stressed. In this context, the director informed members of the continued strengthened international cooperation. She informed the members of the ECDC/WHO Regional Office for Europe annual management meeting at ECDC in January, the visit to ECDC of the President of the Public Health Agency of Canada in February as well ongoing strategic collaboration with other international partners. The director also updated AF members on ongoing and upcoming Public Health Emergency Preparedness Assessment visits, on the most recently established EU reference laboratories, and the ongoing external independent evaluation of ECDC, coordinated by the European Commission.

6. AF members welcomed the update and sought clarification on preparedness and resilience in the context of EU health security discussions, international cooperation (including with the WHO Regional Office for Europe and Canada), and the ongoing external evaluation. Members also reflected on the possible future evolution of ECDC's mandate, including links between communicable and non-communicable diseases, stressing the need for a cautious and prioritised approach. The director reiterated that any mandate-related decisions rest with the European Commission and Member States, and emphasised the importance of prioritisation, complementarity with partners and avoidance of duplication within ECDC's current mandate.

ECDC Chief Scientist's Annual Report on the work of the Advisory Forum in 2025 and follow-up on the 2025 suggestions for improvements

7. Piotr Kramarz, Chief Scientist, ECDC, presented the annual report on the work of the AF during the previous year, outlining meeting formats, thematic priorities and key areas of engagement. He summarised the AF's contributions to the implementation of the amended mandate, guidance on microbial safety of substances of human origin, One Health, EU reference laboratories, preparedness and emerging public health threats, highlighting in particular members' input to risk assessments, pandemic preparedness scenarios and wastewater surveillance, which had led to substantive improvements in ECDC outputs.

[1] As no comments or proposed amendments were received by 20 February 2026, the minutes were considered adopted.

8. He also underlined the Forum's advisory role on cross-cutting issues such as evidence-based public health, communication of scientific advice, trust in science and responses to misinformation, as well as the extensive engagement of members through written consultations.

9. The Chief Scientist thanked the AF for its sustained strategic input and invited continued guidance on future priorities requiring sustained discussion.

Scientific advice on testing for asymptomatic *Neisseria gonorrhoeae* (NG) and *Chlamydia trachomatis* (CT)

10. Otilia Mårdh, Scientific Officer HIV, Sexually Transmitted Infections and Viral Hepatitis, Directly transmitted and Vaccine-preventable Diseases Unit, ECDC, presented an overview of *Neisseria gonorrhoeae* (NG) and *Chlamydia trachomatis* (CT) epidemiology in the EU/EEA and the rationale for developing scientific advice on asymptomatic testing. She referred to post-pandemic increases in reported STIs, wide variation in national testing policies, and ongoing debate on the balance between potential public health benefits and possible harms, including antimicrobial overuse and resistance development. Existing European and international guidance, recent prevalence data across population groups, and examples of national policy changes were reviewed, illustrating divergent approaches.

11. She also presented findings from a recent survey on current national asymptomatic testing policies and outlined ECDC's planned evidence-based approach to developing scientific advice, including consideration of priority populations, key outcomes (such as impact on incidence, complications and antimicrobial resistance), and feasibility across different national contexts. AF members were invited to contribute views on priorities, criteria and stakeholder involvement.

12. AF members welcomed the presentation and shared national experiences, noting differing policy directions, including reduced asymptomatic screening in some settings to strengthen antimicrobial stewardship, and expanded access to testing in others to address inequities in sexual health services.

13. Members highlighted the importance of clear communication, stakeholder engagement and careful change management when revising testing policies, to ensure understanding among both health professionals and affected populations.

14. Members also emphasised the need for a nuanced, risk-based approach, taking into account population-specific prevalence, access to care, cost considerations, and potential unintended consequences, including stigma and reduced healthcare seeking. The importance of monitoring health outcomes, antimicrobial resistance, and service access following policy changes was underlined. ECDC was encouraged to prioritise clarity, transparency and adaptability in its forthcoming scientific advice, while supporting Member States in evidence-informed decision-making.

Review of ECDC scientific outputs: summary of 2025 outputs and results from ECDCs reporting quality project

15. Howard Needham, Principal Expert Scientific Liaison and Manasvini Moni, Interim Junior Expert, Scientific Evidence and Communication, ECDC, presented an overview of ECDC's scientific outputs published in 2025 and introduced the results of a pilot project assessing the quality of reporting across ECDC outputs. They outlined the range and volume of outputs produced, ECDC's commitment to open access and transparency, and the development of a reporting-quality rubric to assess clarity on purpose, target audience, methods, public health implications and overall coherence. The assessment indicated generally good reporting quality, while identifying scope for improvement, particularly in the explicit description of methods and intended audiences.

16. In the discussion, AF members welcomed the initiative and emphasised that quality should also encompass relevance, timeliness, clarity of messaging and usefulness for Member States. Members highlighted the importance of tailoring outputs to different audiences, providing clear summaries alongside technical reports, and explaining how evidence is translated into recommendations.

17. In response, ECDC noted that the project focused on reporting quality as a first step and confirmed ongoing work to embed reporting criteria into internal processes, improve summaries and audience targeting, and further develop complementary approaches to assessing impact and transparency in evidence-informed decision-making.

Methodological aspects of the use of artificial intelligence tools for scientific public health purposes

18. Piotr Kramarz, Chief Scientist, Anca Moruzov, Group Leader Artificial Intelligence Solutions, Data and Information Management, Laura Espinosa, Expert Epidemic Intelligence, Tommi Karki, Principal Expert Antimicrobial Resistance and Healthcare-associated Infections, and Helena de Carvalho Gomes, Deputy Head of Unit Scientific Evidence Communication / Head of Section Scientific Evidence, Advice and Liaison, ECDC, presented an overview of the use of artificial intelligence (AI) for scientific public health purposes, focusing on governance, methodological considerations, and applications across epidemic intelligence, surveillance, antimicrobial resistance and healthcare-associated infections, and evidence synthesis. It was emphasised that AI use at ECDC is grounded in EU legislation, embedded within existing mandates, and supported by structured governance arrangements, including an AI working group, steering committee, and risk-assessment procedures to ensure ethical use, transparency, data protection, and human oversight.

19. Concrete examples illustrated how machine learning and automation support epidemic intelligence workflows, including screening, filtering, validation, and analysis of large volumes of unstructured data, as well as surveillance automation using locally run models. AI-supported tools aimed at improving efficiency in reporting and analysis were also presented, while maintaining deterministic data generation and/or systematic human validation. The limitations of current AI tools, particularly large language models, were acknowledged, including challenges related to explainability, hallucinations, bias, and reproducibility, especially for policy-relevant outputs.

20. AF members welcomed the progress made and shared experiences from their own institutions, highlighting a broad range of AI applications across Member States, including on-premise solutions, automated surveillance using clinical and laboratory data, modelling of health system pressures, and support for administrative and communication tasks. Members stressed the importance of strong ethical frameworks, explainable methodologies, robust data protection, accountability, and maintaining trust where public health decisions rely on AI-supported analyses.

21. Several members highlighted the risk of fragmentation and duplication of efforts and called for enhanced collaboration, including the sharing of use cases, tools, and methodological guidance. Strong support was expressed for establishing a European community of practice facilitated by ECDC, as well as for developing guidance on how to evaluate the added value of AI for specific public health purposes. The need to strengthen the interface between public health professionals and technical experts, while ensuring that AI remains a tool supporting — not replacing — expert judgement, was underlined.

22. Regarding evidence synthesis, members recognised the potential of AI to support rapid assessments in emergency contexts, while noting that systematic reviews informing policy require traceability, reproducibility, and rigorous quality assurance that are not yet fully ensured by current AI tools. The importance of validated approaches, clarity on acceptable uses of AI, and appropriate safeguards in externally commissioned work was stressed.

23. ECDC outlined existing governance mechanisms, approved tools, and internal guidance, as well as ongoing work at EU-agency level to align AI risk-assessment approaches and indicated its intention to further strengthen collaboration with Member States through continued exchange on use cases, methodologies, and safeguards, including the establishment of a community of practice.

ECDC recent and planned scientific advice activities in the area of respiratory syncytial virus (RSV) immunisation

24. Sabrina Bacci, Head of Section, VPD and Immunisation, Directly transmitted and Vaccine-preventable Diseases Unit, ECDC, summarised ECDC's rapid scientific advice published ahead of the 2025/26 RSV season, developed in response to the high burden of RSV disease in infants, the availability of new preventive products, and requests from Member States for timely guidance. The advice was informed by surveillance data, systematic reviews on the safety, efficacy and effectiveness of RSV vaccines and monoclonal antibodies, early results from vaccine effectiveness studies, and a review of implementation experiences across countries.

25. The advice outlined several approaches that have been successfully implemented in Member States to protect infants, including universal or targeted administration of monoclonal antibodies,

maternal vaccination during pregnancy, and combined strategies depending on timing, risk factors, and national context. The importance of healthcare system preparedness, monitoring of immunisation coverage, post-marketing effectiveness and safety studies, resilient RSV surveillance, and clear risk communication to the public was emphasised. It was underlined that national decisions remain context-specific and depend on epidemiology, feasibility, cost-effectiveness, equity, and acceptability.

26. AF members broadly welcomed the advice and shared early national experiences, noting high uptake and substantial public health impact in countries that had implemented infant RSV immunisation programmes. Several members highlighted the need to further optimise seasonal timing, better understand duration of protection, monitor second-season protection, and strengthen surveillance systems to assess real-world impact.

27. Ajibola Omokanye, Expert Respiratory Viruses, Directly transmitted and Vaccine-preventable Diseases Unit, ECDC, presented ECDC's plans to develop technical guidance on RSV vaccination in adults, in light of increasing availability of RSV vaccines, heterogeneous national implementation decisions, and the absence of WHO global guidance. It was explained that the guidance aims to support national decision-making through a structured, transparent evidence-to-recommendation framework, adaptable to national contexts, with planned publication in 2027.

28. The proposed approach includes defining policy-relevant questions in consultation with NITAGs, generating and synthesising evidence on disease burden, risk groups, vaccine safety and effectiveness, duration of protection, co-administration with other vaccines, and implementation considerations. A dedicated scientific expert panel will be appointed to advise ECDC during the process. It was clarified that the guidance will not address product selection or replace national recommendations, but provide a common evidence base to support policy choices.

29. AF members supported the overall approach and stressed the need for clarity on the distinction between ECDC guidance and national mandates. Several members highlighted challenges related to limited adult RSV burden data, cost-effectiveness, timing of recommendations given ongoing national implementation, and the importance of modelling and improved surveillance to inform future decisions. The role of ECDC in supporting evidence generation, methodological consistency, and cross-country learning was emphasised.

30. ECDC clarified that its role is to support Member States decision-making through assessment of evidence for addressing relevant policy questions prioritised by National public health authorities and the NITAGs, public health action-oriented surveillance, mathematical modelling, and effectiveness studies.

Migrant health

31. Marieke van der Werf, Head of Section STI, Blood-borne Viruses and TB (SBT), Directly transmitted and Vaccine-preventable diseases Unit, ECDC, presented an overview of ECDC's work on migrant health, with a focus on public health guidance, surveillance and monitoring related to infectious diseases covered by the SBT section. The presentation recalled that ECDC has published a wide range of guidance and reports on migrant and refugee health since 2008, including targeted documents developed in response to the large influx of people fleeing the war in Ukraine. These address screening, vaccination, infection prevention and control, and individual health assessments at different stages of the migration pathway, from arrival and reception centres to longer-term settlement in host countries. Surveillance and monitoring activities for HIV, viral hepatitis, STIs and TB, including migrant-specific analyses, were also highlighted. The presentation invited the AF members to reflect on remaining gaps, Member State needs, and priorities for future ECDC advice.

32. The AF members broadly welcomed ECDC's work and considered the existing guidance on migrant health to be relevant and of high quality. Overall, it was noted that the main challenges lie less in the availability of guidance and more in its implementation at national and local level. Several members highlighted difficulties in operationalising recommendations due to fragmented care pathways, frequent relocation of migrants, limited access to primary care, and the absence of unique identifiers, which hampers follow-up, completion of vaccination schedules, and monitoring of screening and treatment outcomes.

33. The discussion emphasised the heterogeneity of migrant populations, noting that health needs vary considerably depending on migration routes, legal status, country of origin, and living conditions

in host countries. Particular attention was drawn to reception and congregate settings, where risks of transmission within host countries may arise, and where vaccination gaps and delayed access to care can lead to outbreaks of vaccine-preventable diseases. It was also noted that risks may emerge not only from exposures prior to arrival, but during migration and after settlement in host countries.

34. Several interventions underlined challenges related to access to healthcare and insurance coverage, delayed diagnosis and treatment, and continuity of care, including across borders. The importance of avoiding stigmatisation was stressed, with concern expressed that focusing exclusively on infectious diseases in the context of migrant health may reinforce negative narratives. The need for sensitive communication and careful use of surveillance data was highlighted in this context.

35. With regard to surveillance, AF members noted limitations in data completeness and comparability, particularly for certain diseases, and sensitivities related to collecting and using migration-related variables. The Advisory Forum members discussed the value of identifying appropriate indicators to better monitor migrant health and inform targeted public health action.

36. Specific needs raised included more practical support on implementation aspects, and further clarification on TB-related issues, including latent TB infection, access to TB medicines, and the use of whole genome sequencing in cross-border contexts. The value of sharing good practices and innovative models of care to improve testing, linkage to care and retention in care among migrant populations was also highlighted.

37. The discussion concluded by underlining the importance of close collaboration with international partners and national authorities, particularly in large-scale displacement situations, and the need for preparedness to address both infectious diseases and disruptions in care for chronic conditions during humanitarian crises.

Day 2

Update from the European Commission

38. Laura Gillini, DG SANTE, European Commission, provided an update on work under the EU Regulation on serious cross-border threats to health, covering prevention, preparedness, surveillance and response. A key development since the previous meeting was the adoption of the EU Union Preparedness Plan in November 2025. Developed through extensive consultation with Member States, EU agencies (including ECDC) and other stakeholders, the Plan follows a whole-of-government, whole-of-society and One Health approach. It serves as a coordination framework clarifying roles across the prevention, preparedness and response phases and should be reflected in national preparedness planning.

39. Regarding implementation of the Regulation, the Commission confirmed that under Article 7 (Reporting on prevention, preparedness and response planning) the Member State self-assessment questionnaire will remain unchanged for the next reporting cycle but will be supported by a guidance document to improve clarity. Additional voluntary questions will be introduced, including on civil–military cooperation. Work under Article 8 (Assessments of the state of implementation of national prevention, preparedness and response plans) and Article 9 (Union report on prevention, preparedness and response planning) continues, including Public Health Emergency Preparedness Assessments and enhanced coordination with other EU services and agencies. One Health missions were highlighted as a key instrument to integrate animal health, public health and environmental perspectives, with ongoing and planned missions addressing avian influenza, pandemic pathways and, from 2026, vector-borne diseases in the context of climate change.

40. On surveillance, progress was reported on the package under Article 13 (Epidemiological surveillance network) and Article 14 (Epidemiological surveillance and monitoring), covering notifiable diseases, reporting requirements, data platforms and surveillance networks coordinated by ECDC. Following discussions with Member States, a phased adoption approach has been agreed, with interservice consultation ongoing and first acts expected in 2026. Under Article 15 (EU reference laboratories), updates were provided on EU Reference Laboratories, including recent and forthcoming calls and continued discussions on future priorities and network development.

41. The Commission also outlined work under Article 20 (Integrated public health risk assessment at Union level), aiming to strengthen inter-agency coordination for all-hazards and mixed-threat scenarios. Further clarification is expected through ongoing cooperation and testing of the Union Preparedness Plan. Updates were also provided on HIV-related activities, including preparations for a forthcoming UN General Assembly declaration, new projects addressing HIV and comorbidities, and a recently launched Joint Action on Vaccine-preventable cancers.

42. Finally, the Commission informed the AF of the ongoing external evaluation of ECDC, which has entered the targeted consultation phase with stakeholder interviews underway and is expected to conclude by the end of the summer.

Plans for the second round of Public Health Emergency Preparedness Assessments (PHEPA)

43. Thomas Hofmann, Head of Section Emergency Preparedness and Response, Surveillance, Preparedness and Response Unit, ECDC, provided an update on the Public Health Emergency Preparedness Assessments (PHEPA), noting that the first assessment cycle launched in 2024 is close to completion, with most country reports published and remaining reports under preparation. He recalled that Member States are required to develop national action plans within nine months of their assessment. It was explained that ECDC has started aggregating findings from the first cycle to identify common strengths and gaps across countries, while emphasising that PHEPA is not intended as a comparative exercise.

44. Plans for the second PHEPA cycle were outlined. While all preparedness capacities will continue to be assessed every three years in line with the legislation, the approach will be adapted to ensure proportionality and relevance. In-depth assessment areas will differ from the first cycle and place greater emphasis on progress against national action plans. The assessment process will remain broadly

similar but more streamlined, including shorter country visits, lighter documentation requirements and increased engagement of regional and sub-national authorities.

45. AF members welcomed the overview and reflected on early experiences with the first PHEPA cycle. Several members highlighted the challenges of translating assessment findings into action plans, particularly in relation to workforce capacity, specialist expertise and long-term resourcing, noting that smaller Member States may face specific constraints. The importance of ensuring that identified gaps meaningfully inform EU-level support, joint actions and funding priorities was emphasised.

46. AF members also underlined the value of effectively disseminating aggregated findings and sharing good practices across countries, while avoiding parallel or duplicative processes. The need for flexibility in the second cycle, allowing assessments to be tailored to national context while maintaining coverage of all capacities, was supported. Overall, it was concluded that the second PHEPA cycle should build on lessons learned from the first, strengthen links between assessment and capacity development, and enhance the practical impact of the process for Member States over the next three-year period.

Feedback from the Annual Meeting of the Emerging and Vector-borne Diseases Network organised jointly with the Health Security Committee Technical Working Group on Preparedness

47. Ines Reulet, Programme Manager, One Health related Diseases Unit, ECDC, provided feedback from the Annual Meeting of the Emerging and Vector-borne Diseases Network, organised for the first time jointly with the Health Security Committee Technical Working Group on Preparedness. The joint format aimed to strengthen interaction between disease experts and risk managers, improve understanding of respective mandates, and support the translation of scientific evidence on emerging and vector-borne diseases into preparedness and policy action, in line with a One Health approach.

48. Ines reported that participants valued the opportunity for networking, exchange of experiences and improved alignment between risk assessment and risk management perspectives. The meeting was seen as raising awareness of the increasing public health impact of emerging and vector-borne diseases in Europe, including in the context of climate change and preparedness planning. Reflections also highlighted challenges in achieving an appropriate balance between technical depth and policy relevance, as well as the intensity of the programme and limited time for discussion. Ines mentioned that ECDC would like to organise a similar meeting in 2027 with risk assessors and risk managers in the area of food- and waterborne diseases and food safety.

49. AF members welcomed the initiative and supported further development of joint network meeting formats to strengthen cross-sectoral collaboration. The importance of clarifying roles and responsibilities, particularly at the interface between public health and food safety, was emphasised. Members encouraged continued use of such exchanges as a practical means of advancing the One Health approach and improving preparedness for emerging and vector-borne disease threats.

Update on EU-ANSA (Agencies Network for Scientific Advice)

50. Piotr Kramarz, Chief Scientist, ECDC, provided an update on the EU-ANSA (Agencies Network for Scientific Advice), a network bringing together EU agencies that produce scientific advice to support policy-making. He recalled that EU-ANSA was established to strengthen coordination, exchange best practices and promote consistency, transparency and trust in the translation of scientific evidence into policy across a wide range of sectors.

51. Piotr explained that ECDC currently holds the EU-ANSA chairmanship and is seeking to refocus the network on its core mission by identifying a limited number of shared priority areas for future work. Proposed topics include methods for scientific advice, especially rapid and ultra-rapid advice, synthesis of different streams and types of evidence, expert selection and conflict-of-interest management, science communication (including communication of uncertainty), ethics in public health science, and rebuilding trust in science in the context of increasing misinformation and geopolitical challenges. A survey of participating agencies is planned to help identify priority areas and guide future collaborative work.

52. AF members welcomed the initiative and supported strengthened collaboration across EU agencies on scientific advice. Members highlighted the importance of trust in science, ethics, rapid and

timely advice, clear identification of target audiences, and effective communication in the context of misinformation and political pressures. The value of coordination with other EU scientific advisory mechanisms and closer engagement with national structures was underlined. ECDC confirmed its intention to take these reflections into account in shaping the future work of EU-ANSA.

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

Annex: List of participants

Member State	Representative	Status	Participation Mode
Austria	Dirk Werber	Alternate	In person
Belgium	Koen Blot	Member	In person
Croatia	Vesna Višekruna	Member	WebEx
Czechia	Jan Kynčl	Member	WebEx
Denmark	Tyra Grove Krause	Member	In person
Estonia	Olga Sadikova	Alternate	In person
Finland	Carita Savolainen-Kopra	Alternate	In person
France	Harold Noel	Alternate	In person
Germany	Ute Rexroth	Member	WebEx
Hungary	Zsuzsanna Molnár	Member	In person
Ireland	Éamonn O'Moore	Alternate	In person
Latvia	Jurijs Perevoščikovs	Member	In person
Lithuania	Nerija Kuprevičienė	Alternate	In person
Luxembourg	Isabel De La Fuente Garcia	Member	In person
The Netherlands	Menno de Jong	Member	In person
Portugal	Ana Paula Rodrigues	Member	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 Association of Schools of Public Health in the European Region	John Duncan Middleton	Alternate	WebEx
European Commission			
DG SANTE	Laura Gillini		WebEx
WHO Europe			
Marc-Alain Widdowson			WebEx