



ECDC Advisory Forum

**Minutes of the Sixty-fourth meeting of the ECDC Advisory Forum  
18 February 2021 (via audio conference)**

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## Opening and adoption of the programme

1. Andrea Ammon, ECDC Director, welcomed the participants to the 64th meeting of the Advisory Forum, which was taking place via audioconference.
2. Mike Catchpole, Chief Scientist, ECDC welcomed the participants, in particular Henrik Ullum, the new AF member for Denmark, Ingrid Keller from DG SANTE, and Danilo Lo Fo Wong from WHO's Regional Office for Europe. Apologies had been received from Belgium and Lithuania.
3. The programme was adopted with no changes and there were no conflicts of interest declared.

## Adoption of draft minutes from the 63rd Advisory Forum meeting, 15 December 2020

4. Mike Catchpole, Chief Scientist, ECDC, said that amendments to the draft minutes had been requested by Luxembourg on Point 24 (15% and not 50% of cases detected through mass screening). This change had already been taken into account in the draft circulated.
5. There were no further changes and the minutes of the 63<sup>rd</sup> meeting were adopted.

## Update on COVID-19

6. Andrea Ammon, ECDC Director, gave a short update, highlighting a number of issues. She thanked the AF for reviewing the latest update of ECDC's risk assessment on COVID-19 and the guidance on face masks. The two main topics of interest at present were variants and vaccinations and ECDC was prioritising these. With regard to variants, ECDC had updated its guidance on sequencing and published a report mapping the sequencing capacity of EU/EEA countries. An emergency procedure had been initiated under contract to support countries in detecting variants and to help with early detection of new recombinations. The first strains had been shipped through this contract and a request would be sent to all Competent Bodies to get a better idea of the potential demand in order to assess further funding requirements from the Directorate-General for Health and Food Safety (DG SANTE). Of the three known variants, B.1.1.7 appeared to have a higher transmissibility and possibly cause more severe disease although it was still susceptible to the vaccine. However, the variants from Brazil and South Africa appeared to be less susceptible. It would therefore be necessary for countries to ensure even stricter compliance with the measures currently in place at a time when most people were thoroughly exasperated with lockdown. ECDC had just published a document on behavioural insights, focusing on the main issues of contention and how to engage the population to ensure that people continued to contribute to control efforts. One of ECDC's most visible products was currently the vaccine tracker, version 2 of which had gone live on 17 February. The tracker now included data sent by the Member States on second doses, doses from different producers, and vaccination within different target groups. In addition, ECDC was collaborating with WHO's Regional Office for Europe on a vaccine effectiveness inventory to harmonise protocols and arrange joint studies with other non EU/EEA neighbouring countries in the European Region for comparison purposes. This was an issue of particular concern for the regions bordering the EU. In parallel, ECDC was also launching a project to increase the number of statistical studies and participants in order to diversify more as new vaccines became available. In addition, the Agency was looking at how to support the Western Balkan countries in assessing the preparedness of their vaccination plans. ECDC's VPI team was also interacting closely with the NITAGs in the EU countries to see whether immunisation information systems could be used to document vaccine coverage in order to make this easily analysable.
7. Rebecca Moore, EIWH, Observer, asked about pregnancy and the vaccine tracker. At the last meeting, during discussions on the issue, vaccination of pregnant women had been contraindicated, but WHO had recently changed its indication and was now saying that pregnant women could have the vaccine, if necessary. Israel was also vaccinating all pregnant women. She asked whether the vaccine tracker was covering this, and whether there was any further information from recent studies (e.g. teratogenic effect studies).
8. Lucia Pastore Celentano, Head of Disease Programme, Vaccine-Preventable Diseases and Immunisation, said that the vaccine tracker looked at the population in general with aggregated data and by target group in Phase 1 and 2 in accordance with the indicators published by the European Commission in January (i.e. the elderly, people in long-term care facilities, healthcare workers and care personnel). A more in-depth analysis was available in ECDC's weekly update on COVID-19 published on Thursdays.
9. Andrea Ammon pointed out that any side effects or long-term effects of vaccination would be investigated by the European Medicines Agency and not ECDC.
10. Mike Catchpole, Chief Scientist, ECDC, noted that there were many risks and concerns in relation to pregnancy which was why special consideration had been given to advice to pregnant women in connection with vaccination.

## COVID-19: Exchange of information, experience and concerns

11. The floor was opened for a general discussion on COVID-19.
12. Lorraine Doherty, AF Member, Ireland, said that Ireland had been experiencing pandemic fatigue and had recently seen an upsurge in cases among students even though the universities were closed. Students were becoming frustrated and it was difficult to get them to comply with regulations. There had also been an increase in workplace outbreaks, particularly in the food production industry and at offices. They were therefore looking into how to develop and adjust the advice on compliance with measures. In Ireland, the Pfizer vaccine was being used for the elderly, rather than the AstraZeneca vaccine, and both the Pfizer vaccine and the AstraZeneca vaccine for healthcare workers. A new sequencing strategy had been developed to target events of concern; however, it was proving to be a challenge to build up capacity. A number of new travel restrictions had been put in place by the Irish government and there was now a list of 20 countries of origin for which strict quarantine and contact tracing measures were required, involving extra work for the public health authorities. There had also been many enquiries and a great deal of concern voiced by younger women on vaccination and fertility.
13. Franz Allerberger, AF Alternate, Austria, reported that Austria was also seeing pandemic fatigue in the population and there had been protests, despite the fact that demonstrations were currently banned. He believed that it was important to convince the population of the usefulness of the measures in place rather than being led by politics and scaremongering. For example, in Austria, it had been predicted at the beginning of the pandemic that there would be 100 000 fatalities in 2020 whereas in reality there were only 6 000. At present, 50% of all cases in the eastern part of the country were being identified as the UK variant. The fact that elementary schools/kindergartens had been closed for almost a year had caused a lot of damage in terms of lost learning. In Austria, a large proportion of positive tests were being sequenced. Of the 2 000 sequences submitted to GISAID by Austria, only 200 were the Wuhan strain, all the others were mutations. He suggested that it would be useful for ECDC to organise an EQA, not only for sequencing but also for PCR test results, pointing out that many of the certified tests did not work at/were being done at private laboratories. He suggested that it should be possible to ease some of the quarantine regulations for those who had had the full (two doses of) vaccination to show that the vaccine had some benefit. He emphasised the importance of putting out positive messages instead of scaremongering the population into cooperating/acquiescence.
14. Mike Catchpole, Chief Scientist, ECDC, confirmed that ECDC was currently developing an EQA for sequencing.
15. Henrik Ullum, AF Member, Denmark, giving a short update on the situation in Denmark, said that a strong lockdown before Christmas had been followed up by even stricter measures after the UK variant was detected in January. In Denmark, they were currently testing around 14% of the population per week with PCR tests and at present they were managing to sequence all cases testing positive for the B117 strain. The growth of B117 had been completely as expected in modelling tests from early January. Overall, there had been a decline in the incidence of COVID-19 and the rate was now steady. Denmark had done mathematical modelling which predicted that the rate would start to increase again, and that this would happen over the next few weeks. As a result of the lower incidence levels and general pandemic fatigue, primary schools had now been re-opened and there were plans to open up further, on the basis of repeated rapid antigen testing on a large scale. It would therefore be interesting to hear from other countries, such as Austria, on their experience. With regard to pandemic fatigue, the idea was to communicate hope rather than fear to the general population. The advice from behavioural experts was to be clear about the threat of the new bio strains but also to look further ahead and focus on positive elements, such as the vaccine and the imminent arrival of spring.
16. Frode Forland, Observer, Norway, said that although they had seen instances of the variants in Norway, so far there had not been many (5-10% of cases identified as the UK variant and around 50 cases of the South African variant). At present, the general situation was stable and the numbers had been going down since the beginning of the new year – currently around 1 500 new cases per week. The testing, isolating, tracing and quarantine strategy had been intensified, and they were now testing contacts of contacts in and outside of quarantine, and also testing those in quarantine both on Day 1 and Day 7. There were 2 500 registered contact tracers in Norway (municipal healthcare workers trained to do contact tracing using IT tools) who were available on call whenever necessary and recently around half of them had been working every week. It was hoped that it would be possible to slow down the mutant viruses as the number of vaccinated individuals increased. Some positive news was that there were fewer cases in homes for the elderly and among the elderly in general, which was a sign that the vaccine was beginning to work. Coverage in nursing homes was now 90% and although there had been cases, these were among staff rather than residents. Schools were open and strict measures were in place on borders.
17. Carlos Matias Dias, AF Member, Portugal, said that since late December there had been a strong increase in incidence, placing a high burden on healthcare services. Mortality rates had also been high. The country was currently in a stringent lockdown with stronger law enforcement policies, which had managed to decrease levels of population mobility to those in March 2020 and yielded positive results. In the healthcare sector, the main problem was burn-out and exhaustion of staff which was being tackled by moving medical/nursing staff around

from COVID to non COVID departments. Medical teams from Germany and France also contributed to ease workload in some hospitals. Although personnel from the armed forces had been brought in to help with contact tracing there was still not enough work force, and tracing activities were running at lower levels than desired. Pandemic fatigue was a concern and it was anticipated that this would become a more serious issue when the weather improved. Schools were currently closed, and this had had a serious effect on parents, which had been tackled by the government with a form of social security support. This enabled them to choose whether to stay at home and look after their children (not working) or stay at home and work. The vaccination programme was going well – a high proportion of elderly people in nursing homes had already been vaccinated and those not in care homes were also in the process of being vaccinated by the National Health Service units, according to age group. The coordination of the logistics of the vaccination campaign had now been coordinated by the military. With regard to variants, sequencing was being undertaken by both public and private laboratories and academic institutions in order to supplement the sequencing capacity of the National Health Institute Ricardo Jorge for the confirmation of samples with detected variants and surveillance of new variants. The most pressing question was now how to begin to open up society in the safest manner possible, especially since the economic impact was estimated as high and with good weather approaching tourism activities needed to be resumed given that the sector had suffered greatly over the last year.

18. Mike Catchpole noted that both Denmark, Spain, Ireland and Norway had seen a reduction in incidence among the elderly in nursing homes, and that it would be interesting to determine whether this was due to a genuine reduction in transmission or other factors.

19. Isabel De La Fuente Garcia, AF Member, Luxembourg reported that, following a bad period in terms of hospital admissions in November/December 2020, the situation in Luxembourg was now stable and numbers were decreasing. The R rate was now around 1. In Luxembourg, around 2 000 tests per 100 000 inhabitants were performed per day, and there was a positive rate of around 2%. The highest positive rates were among children aged 13-14 years. Schools were open but surveillance had increased, masks were mandatory (even in class) and secondary school children were on a regime of partial home schooling. Phase 2 of the vaccination programme was due to begin the following week (Week 8). Phase 1 had been hospitals and homes for the elderly. A vaccination rate of 70% had been reached for hospitals but to date only 1% for the general population. In Luxembourg, the AstraZeneca vaccine was being used for people aged over 65 years, unlike other European countries, but this was only if other vaccines were not available. Sequencing was being performed by the national reference laboratory and it had been a challenge to obtain all the samples from private laboratories, however they hoped to have data in real time quite soon. At the end of January, B117 variant had been the most dominant strain (in week 4 almost 40% of samples had tested positive for this serotype). With regard to pandemic fatigue, there had been some protests, but not so many and these mostly involved people in the restaurant trade. The psychiatric burden was also increasing, with patients experiencing difficulties in obtaining appointments and psychiatric hospitals quite full.

20. Bruno Coignard, AF Alternate, France, said that systematic screening was now being performed for variants on all positive samples using RT PCR. According to two flash surveys carried out in early January, the proportion of the UK variant B117 was 3% of all RT PCR tests in Week 1, 14% in Week 4 and 36% in Week 6. This matched modelling studies and also confirmed that the progression was very fast. The proportion of positive tests for the South African variant B1351 and the P1 variant for Week 6 was 5% nationally. In eastern France (Moselle region) there had been some clusters of cases with the South African variant and here the proportion was over 5%. In France around 3200 NGA sequencing tests had been performed in Week 6, however it was difficult to collate all the information which came from four large platforms. At present there was no lockdown in France, only on Mayotte (French Overseas Territory) due to a large increase in the South African variant, where there were 900 cases per 100 000 inhabitants. There had not been any protests, but a curfew was in place and all businesses were closed after 18.00 and people had to stay at home. The incidence of COVID-19 in schools was now decreasing, as was the positivity rate and this was despite the increase in the number of variant strains nationwide. A decrease had also been observed in certain populations (the elderly and nursing home residents) but, as yet, it was uncertain whether this was linked to vaccination. Vaccine uptake of nursing home residents was currently at 80%. In France mandatory screening was being performed using RT PCR to search for variants and all COVID-19 positive samples were being systematically screened for known variants.

21. Daniel Palm, Group Leader Microbiology and Molecular Surveillance, ECDC, said in response to ECDC's recent capacity survey, there had been a few EU/EEA countries that reported having a capacity of around 25 000 isolates per week via screening (in early January), however the survey did not ask for specific details of whether this was representative or targeted screening.

22. Osamah Hamouda, AF Member, Germany, reported that Germany had been in lockdown since December and measures had been intensified since Christmas. Overall, the national incidence was at 57 per 100 000 per week but was very heterogeneous, with some regions having higher rates than others. Around one million PCR tests were performed per week and for Week 6 the positivity rate had been 6.5%. At present, only 50% of total PCR testing capacity was being used in the country and efforts were being made to try and increase this. They were also trying to step up screening for variants, by conducting systematic surveys, asking for 5-10% of all positive PCR samples to be sent in to the national reference laboratory for screening. As described by the AF

Member for France, it was proving difficult to collate and analyse all the sequence data. Some ad-hoc targeted PCR studies had been carried out in Weeks 4 and 6. Around 50% of the positive samples nationally were being tested and 5% had been detected as the B117 variant in Week 4, which had increased significantly to 20% in Week 6. This was also quite different from region to region, but no specific data was available as yet. Efforts were being made to support outbreak control by running a programme with 'containment scouts'. This involved supplying local public health administrative offices with staff (mainly students and support staff). Antigen testing had been strongly promoted but it had not been successful in preventing outbreaks at homes for the elderly as planned. There had been quite a large number of outbreaks in homes between Christmas and the New Year. Around 75% of those in homes had now been vaccinated but the infection rate was still above average among those aged 80-90 years. Occupancy rates of intensive care units were decreasing but the number of deaths was still quite high (over 500 deaths reported in the previous 24 hours). He expressed scepticism about making antigen tests widely available to the public as it would be difficult to keep track of cases. Vaccination uptake was good. Germany's NITAG has recommended the AstraZeneca vaccine only for those aged under 65 years so it was basically only being offered to medical staff and staff in old peoples' homes. There were reports that there were more side effects from the AstraZeneca vaccine which had resulted in a lower uptake, and discussions were now ongoing as to whether the AstraZeneca should be available to anyone who wanted it. However, if offered to the general public it would be distributed through the system of private medical practices and this would make it difficult to document the uptake.

23. Aigars Ceplitis, AF Observer, AIDS Action Europe, reporting on the COVID-19 situation from an NGO perspective and the findings of recent research, suggested that ECDC might like to look at the issue of trust in public health institutions in one of its upcoming publications. This was one of the most important reasons as to why vaccination uptake in some countries would be slow. For example, in the Baltic States, trust in public institutions was low and there were difficulties in reaching/addressing minority groups, such as the Russian-speaking population. In Latvia, the infection rate was at 7% and the overall death rate was 44%, which was an increase on the same period for 2020. As of 17 February 2021, only 24 285 people had been vaccinated out of a population of 1.9 million (equivalent of 1.27%). As of 10 February 2021, only 75 000 people had expressed an interest in going on a waiting list to receive a vaccine, indicating a lack of enthusiasm among the general public. It would therefore prove very difficult to run a vaccination programme with such low levels of trust in government institutions.

24. Anders Tegnell, AF Member, Sweden, said that Sweden had seen positive developments at Christmas, with case numbers falling rapidly; however, since then there had been a slow upturn in large cities again, despite no changes in recommendations and people following advice. This was probably partly due to pandemic fatigue. Vaccination of all those in homes for the elderly had now been completed, and around 80-85% had been vaccinated. A rapid decline in cases and mortality in this age group was very positive, although it was difficult to know whether it was direct protection or a herd immunity effect. In Sweden, there were problems with the idea of 'good' and 'bad' vaccines. Therefore, he suggested that coordinated communication was required from ECDC to emphasise that all the vaccines were similar and effective. There had been an increase in the number of virus mutations, mainly in the form of the UK variant and at present, 35% of all samples tested were variants. He also suggested that ECDC might look at scenarios on levels of incidence if/when the variants took over.

25. Mike Catchpole confirmed that ECDC was working on the strengthening of SARI-related surveillance, an EQA on sequencing, and data collection on reinfection and breakthrough infections.

26. Lucia Pastore Celentano, Head of Disease Programme, Vaccine-Preventable Diseases and Immunisation, responded to some of the issues raised. With reference to vaccine effectiveness studies, she said that at present there were nine countries that had committed to helping with SARI-related surveillance. However, ECDC did not yet have information about how many hospitals per country would be involved and there were also problems with ethical issues, such as data sharing. With regard to surveillance focused on healthcare workers, there were four countries that had signed up – Ireland, Luxembourg, Portugal and Spain - and five for whom a reply was still pending. She hoped that more would do so there was funding available for this project and it could shed a great deal of light on issues such as quantification of the indirect effect of vaccination. She therefore appealed to colleagues to liaise with those responsible in their countries and encourage them to collaborate.

27. Mike Catchpole confirmed that the need for this had been echoed by colleagues at a teleconference the same day, and therefore he appealed for support, asking AF members to raise the issue with their appropriate national representative. He also informed the AF that he would be circulating information about some webinars on living reviews with COVID-19 and one on COVID-19 and pregnancy which he hoped would be of interest.

28. Aura Timen, EUPHA, Netherlands, [written comment] gave a short update on developments in the Netherlands. There had been a recent legal challenge to the curfew in the Netherlands from a group called 'Virus Truth'. The group had won a court case in The Hague the previous week and the state had appealed against the judgement. There was a significant amount of pandemic fatigue in the population. Incidence in the Netherlands had dropped to 135 per 100 000 per week, with daily cases having reached a plateau of around 3 500. Random sequencing for variants showed an increase in the B.117 strain from 0.8 % in Week 50 of 2020 to 23% in Week 4

of 2021. Modelling estimates indicated that for those testing positive for COVID-19 with date of onset 12 February 2021, more than two-thirds would be due to the B.117 variant.

## **Update on ECDC Scientific Outputs – review of 2020, forward look 2021**

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

30. Frode Forland, Observer, Norway, thanked ECDC for the very useful and timely advice it had been providing in its rapid risk assessments during the pandemic. He asked how data was collected from the countries and checked by national representatives as there had recently been incorrect information in a Management Board briefing regarding the lockdown in Norway. At the Health Security Committee meeting that week there had been discussion on an elimination strategy for COVID-19 – and he asked whether ECDC was involved in this project.

31. Mike Catchpole, Chief Scientist, ECDC, responding to the question about data collection, said that information was sometimes taken from national websites to avoid over-burdening focal points with requests for data and there had been instances in the past where this data was not always the latest/most up-to-date available. He suggested discussing this issue with the Member States so that ECDC would know the best place to collect such data in the future. With regard to the COVID-19 elimination strategy, he did not think that ECDC was involved but would check and revert.

## **ECDC Chief Scientist's Annual Report on the work of the Advisory Forum in 2020**

32. Mike Catchpole gave a short summary of the 2020 Chief Scientist report on the work of the Advisory Forum. The report originated from the second external evaluation of ECDC, which had recommended greater dialogue between the MB and AF. The structure was slightly different for the 2020 report. He pointed out that the report would be sent to the Management Board members in March and asked whether any AF members had comments.

33. There were no comments raised.

34. Mike Catchpole, referring to ECDC's rapid risk assessments, explained that it had standard operating procedures (SOPs) for these, which included a pre-publication version of the risk assessment being sent to NFPs and national coordinators in each country, for information purposes and for comment on accuracy. Although the SOP did not include sending risk assessments to the AF, he had tried to do this anyway during the last year. Without wishing to overburden AF members, he felt that their input on ECDC's scientific outputs was very valuable. He therefore wished to know if there were any objections to continuing to share risk assessments with AF members prior to publication.

35. There were no objections to this practice.

## **Update on the planning of the ECDC Third Joint Strategy Meeting (JSM)**

36. Maarit Kokki, Head of Executive Office, ECDC, gave a short update on the plans for the Third Joint Strategy Meeting, which would be held in various stages: a virtual 'kick-off' meeting on 12 May 2021, virtual working group meetings during June and July, and the plenary meeting on 30 September 2021 (possibly as a physical, but more probably a hybrid/virtual meeting).

## **Evaluation of EU/EEA tuberculosis surveillance system**

37. Marlena Kaczmarek, Scientific Officer Tuberculosis, Disease Programmes Unit, ECDC, gave a short presentation and asked the AF to comment on three questions – whether the evaluation provided evidence that the surveillance system met its objectives, whether the evaluation indicated a need for changes to the existing surveillance system and whether the evaluation report showed any deficiencies.

38. There were no comments from the floor.

## **Any other business**

39. Rebecca Moore, EIWH, Observer, referring to guidance to schools on reopening, asked whether ECDC was planning to produce a practical, 'hands-on' document with safety/guidance/information.

40. Mike Catchpole confirmed that ECDC had produced a report, and an update in December 2020, with thorough reviews of the evidence relating to schools, and that at some point this document would probably be updated again. The external evaluation of ECDC's PHE response to date had recommended that ECDC should make its outputs as practical as possible so the point any report should be "practical" was well taken and this aspect would be included in the next update of the guidance.
41. Lorraine Doherty, AF Member, Ireland, asked whether ECDC would be updating its guidance on the use of antigen testing. In Ireland they were under great pressure to use this type of testing more widely, but they were concerned about the approach and would appreciate ECDC's guidance being updated or information from other countries on their experiences.
42. Andrea Ammon, Director, ECDC, replied that there was no update scheduled but, given the increasing proportion of variants being detected in all countries, ECDC would review the guidance documents on schools and rapid antigen testing. This would not be a full revision but a check and revalidation of the available evidence.
43. Fernando Simón Soria, AF Member, Spain [written comment] reported that schools had not been closed in Spain since the first wave. Transmission in the schools had never been above the level of community transmission and at present there were only 1% of classrooms (not full schools) closed. In some cases, special classrooms had been set up for "bubble" groups. Among older children (secondary school age) transmission was generally occurring outside of school settings, during social gatherings.
44. Carlos Matias Dias, AF Member, Portugal [written comment] noted that the decision of closing of schools in Portugal had in part been based on mathematical modelling, which had shown that transmission would decrease more rapidly if schools were closed.
45. Mike Catchpole said that ECDC owed a great debt of gratitude to the AF for all its input, comments, and criticism on the Agency's outputs over the last year. This input was hugely valuable and highly appreciated. The next scheduled AF meeting would be on 11 May 2021 (a virtual meeting, back-to-back with the Joint Strategy Meeting). He thanked the AF members for their time.
46. Andrea Ammon, Director, ECDC, echoed the remarks of the Chief Scientist, and she thanked the members for taking the time to attend the AF teleconferences. The input from the AF also helped ECDC to know what to focus on and review, which was really useful (such as the schools guidance and the rapid antigen testing guidance). Another issue that ECDC would be looking into was that of 'good' and 'bad' vaccines, as this had to be counteracted now at an early stage. The reports provided by AF members on vaccinations among the elderly and in nursing homes had been very encouraging and she hoped that it would be possible to capture this in a more quantitative manner. With regard to the elimination strategy for COVID-19 discussed at the HSC, she would follow up and revert. She assured AF members that ECDC would continue to make every effort to include them in consultations on all of the Agency's output. She thanked the AF members for their input and looked forward to seeing them at the next meeting on 11 May 2021.

## Annex: List of participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Croatia	Sanja Kurečić Filipović	Member
Czech Republic	Jan Kynčl	Member
Denmark	Henrik Ullum	Member
Estonia	Natalia Kerbo	Alternate
Finland	Mika Salminen	Member
France	Bruno Coignard	Alternate
Germany	Osamah Hamouda	Member
Hungary	Zsuzsanna Molnár	Member
Hungary	Ágnes Hajdu	Alternate
Ireland	Lorraine Doherty	Member
Italy	Silvia Declich	Member
Luxembourg	Isabel De La Fuente Garcia	Member
Malta	Tanya Melillo Fenech	Alternate
Poland	Magdalena Rosińska	Alternate
Portugal	Carlos Matias Dias	Member
Romania	Florin Popovici	Member

Slovakia	Mária Avdičová	Member
Slovenia	Irena Klavs	Member
Spain	Fernando Simón Soria	Member
Sweden	Anders Tegnell	Member
	Birgitta Lesko	Alternate
<b>Observers</b>		
Norway	Frode Forland	Member
Turkey	Gökhan Mustafa Gözel	Observer
<b>European Commission Non-Governmental Organisations (NGOs)</b>		
EUPHA	Aura Timen	Member
EIWH	Rebecca Moore	Member
AIDS Action Europe	Aigars Ceplitis	Alternate
<b>World Health Organization (WHO)</b>		
WHO Regional Office for Europe	Danilo Lo Fo Wong	