

FIRST MEETING OF THE ECDC ADVISORY FORUM

28 April 2004

MINUTES

First meeting of the Advisory Forum of the ECDC

Venue: ECDC, Solna City Hall, Solna, Sweden
Time: April 28, 2005, between 10.00 – 18.00

Chair: Director Zsuzsanna Jakab
Rapporteur: Petri Ruutu

1. Welcome and tour de table

The Chair welcomed the meeting participants to the first meeting of the ECDC Advisory Forum (AF).

The Member State (MS) and Commission representatives (Mr. Fernand Sauer and Mr. Stefan Schreck) introduced themselves. The Commission is in the process of appointing the three representatives of interested parties.

The proposal for the meeting agenda was approved and adopted.

2. Declaration of interests

Discussion addressed the significance of the declarations given for today's meeting and the need to specify in detail what constitutes conflicts of interest for AF members, particularly those who are contract holders in the Public Health Program. Confidentiality needs to be determined for issues on the agenda, which are of such a nature that information shall only be transmitted to the proper MS authorities, which the MS delegates are representing in the AF meeting.

ECDC will develop for the next Management Board meeting documents on potential conflicts of interest as well as issues of confidentiality.

3. Briefing of the progress made to establish the Centre

Director Jakab gave a presentation on the development objectives, the current status of progress, as well as the work plan for 2005-2006, including the organigram of the Centre (presentation file provided). The main components will be (1) Evidence-based, independent scientific and technical advice, (2) Development of surveillance through a

consultation process for establishing a strategy to gradually take full responsibility in EU surveillance, (3) Establish the core components at ECDC for preparedness and response, including health intelligence, alerts, continuous service, support in preparedness planning, as well as communication.

The organigram includes (1) Unit for Scientific Advice, (2) Unit for Surveillance & Communication, (3) Unit for Preparedness & Response, and (4) Management & Administration. Top positions in these units were recently open for application, and will be filled by the Director, following a screening process and ranking by a Selection Committee chaired by Mr. Sauer. The persons chosen for these positions are expected to be functional at ECDC by September, 2005 at the latest. Other positions are also gradually being filled and, in the meantime, staff are being recruited on auxiliary contracts.

The ECDC has successfully contacted MS authorities for the possibility of secondment to ECDC of experts in relevant fields.

The ECDC may consider the possibility of having staff members outposted at the Dedicated Surveillance Networks (DSNs) in locations other than ECDC main office.

4. The functions of the Centre

The preceding presentation covered also this item of the agenda. Reference was made to the Founding Regulation (EC) No.851/2004, which had been distributed to the delegates.

5. The work plan for 2005-2006

5a. Surveillance

Dr. Karl Ekdahl, an expert seconded to ECDC, presented the vision of ECDC on future surveillance in EU, and the process incorporating a consultation of stakeholders, creation of a long term development strategy, standardisation of procedures, optimal procedures for interaction between parties, and avoidance of duplication in activities (presentation file provided).

The plan includes involving a small European group of external and internal experts in 2005, a strategy document on surveillance in October, 2005, and an evaluation of DSNs in 2006. The latter will draw on work previously done in EU (eg SURVEVAL project). The model for developing surveillance will be discussed in later AF meetings.

5b. Preparedness and Response

Dr. Denis Coulombier, an expert seconded to ECDC, presented developments leading to ECDC being operational in preparedness and response, with a framework for epidemic intelligence collecting inputs from multiple traditional and novel sources, assessment and verification, as well as appropriate response and outputs to specific target groups (presentation file provided). During 2005-6 this will involve link-up and full operationalization of ECDC with EWRS contact (24 hours–7 days a week) and linking to appropriate intelligence partners. Outbreak assistance teams will be identified and trained.

5c. Discussion on Surveillance, Preparedness and Response

Surveillance

The objectives of representation of MSs in the different EU surveillance structures should be more clearly defined. EU regulations on these nominations have been applied in different ways in the MSs. This, together with the rapid development of European Food Safety Authority (EFSA) has contributed to overlapping nominations and work in some countries. ECDC will review the area and interact with WHO to develop optimal organisational interfacing.

Data collected by surveillance should be at the hands of experts who have the appropriate analytic tools, epidemiological or laboratory. Close collaboration is needed between epidemiologists and microbiologists.

According to Decision 2119/98 the Commission has the mandate of ruling on surveillance case definitions through comitology procedure. ECDC has the role of providing the required scientific advice in this process and the scientific legitimacy to do so.

After the first period of funding from the EU Public Health Programme, the ECDC will have to rely on its own budget line which is expected to reach approximately 90 million euros by 2010. There will be a new strand in the Public Health Programme for enhancing the development of response-capacity infrastructures in surveillance. ECDC should be active in contributing advice for decision-making on novel activities to be funded under the Public Health Programme. Particular stress is put in the Commission on the Public Health Programme to fund activities for laboratory networking and links with EU surveillance. The funding for the DSNs will in the future be in the remit of the ECDC, which shall secure a more stable financial situation for the DSNs.

Preparedness and Response

Several MSs stated that EWRS is not only a risk management tool, but has a fundamental risk assessment and important communication component. The sharp demarcation between risk communication, risk management and risk assessment as presented in several informal Commission documents recently, does not appropriately reflect the nature of activities of organisations and experts involved in the continuum of outbreak recognition, investigation and control.

There is ambiguity in recent key documentation regarding the roles of ECDC and Health Security Committee (HSC) in certain areas of preparedness and response. Procedures for collaboration between DG Sanco and ECDC are a key issue needing rapid clarification, in particular for Member States' health authorities and surveillance institutes, to avoid unnecessary duplication and to promote efficiency when a real emergency occurs.

The AF members endorsed a strong role for the ECDC in operating the EWRS. The exact relationship between ECDC and the Commission in the EWRS operations needs to be defined. The Commission nominates the persons, based on MS nominations, who are entitled for distribution and reception of the EWRS messages. Several MSs stated that the management of EWRS, including the principles and practise of nominating MS delegates, should be critically reviewed in the context of developing communications in the new set-up with functioning ECDC. Several AF members from national surveillance institutes currently do not have access to the EWRS which potentially reduces the efficiency and timeliness of the EWRS system.

Regular weekly dissemination of processed information is needed. The contents of the information to be disseminated needs to be defined, followed by choosing the appropriate means. Confidentiality will influence the choice of the means. Regular tele/videoconferencing involving relevant stakeholders was proposed.

Issues were raised regarding the role of ECDC in vaccine policies. ECDC will develop its role in this area through consultations and taking into consideration its limited resources, possibly through a scientific panel.

Regarding supplementary sources of funding for preparedness and response, the Commission is in the process of developing a Solidarity Fund which could be used for the reimbursement of pandemic expenses of MSs.

6. Role of AF in the implementation of the tasks in 2005

Director Jakab gave a presentation on the role of the AF, which is expected to advise the director in the performance of his/her duties through exchange of information, pooling knowledge and monitoring the scientific excellence and independence of ECDC (presentation file attached).

The concept of support from AF members by involvement in Working Groups (WG), specific to the various substance areas represented in the organigram, was endorsed. Issues were discussed regarding the need of clear terms of reference for each WG, their size, the possibility of recruiting WG members from outside the AF, the role of WGs in acute emergency situations, the duration of the mandate of working groups, the optimal WG working mechanisms, and the reporting mechanisms of the WGs.

The proposed scientific panels for laboratory networking, vaccination recommendations and antimicrobial resistance were endorsed. Scientific panels will be addressed in more detail in the next AF meeting.

7. Rules of procedure

A number of specific wording proposals were made for revision of the document presented by ECDC. Further questions raised included (1) MS representation in case both nominated representatives cannot attend, which does not allow further delegation in the current regulation; (2) defining clearly for each issue on the agenda the level of confidentiality, if restricted; (3) the need for a “professional” rapporteur from the ECDC rather than having AF members alternating as rapporteurs; (4) the need for knowing in advance, if possible, that the AF meeting does not reach quorum in attendance, alternative methods to secure quorum by participation through phone or video, and the significance of no quorum for the validity of decisions made in the AF meeting, particularly in the context of an emergency meeting convened at short notice.

A revised document will be submitted soon, and discussed in the next AF meeting.

The AF meeting reports will be made by ECDC staff from the next AF meeting onwards.

The travel cost of an alternate AF member of an MS will be reimbursed when replacing the full member in an AF meeting.

8. General discussion: “How to ensure that the ECDC becomes an institution in Europe that adds value to the present situation, is service minded and fills gaps”

8a. Capacity of the ECDC by May 20 (discussion paper provided)

8b. Role of ECDC in relation to Member States and the Commission in outbreak situations

Dr. Coulombier gave a presentation on the roles of ECDC in varying outbreak scenarios, and the development of ECDC capacity to fulfil the objectives, including support in influenza pandemic planning (presentation file provided).

ECDC will not be leading but facilitating outbreak action teams (OAT) in the early phase of its activities, and will make a survey on OATS in MSs. Syndromic surveillance was discussed briefly. Experts had diverging views on its value and usefulness. This topic will be addressed in the surveillance strategy paper late 2005.

8c. How can networking compensate for no own laboratory and research capacity at the ECDC

Dr. Ekdahl gave a presentation on the schemes of ensuring sufficient laboratory support for the ECDC in the absence of laboratories of its own (presentation file provided). The ECDC needs to build on the existing capacity, networking reference laboratories, foster harmonization of laboratory methods and joint quality assurance schemes. A working group of AF or a scientific panel, as well as short-term positions or secondments of microbiological experts to ECDC would strengthen the expertise of ECDC.

Discussion endorsed the proposed mechanisms for creating the microbiological support for ECDC activities. Although it is particularly public health laboratories that are needed to support ECDC activities, additional top-level microbiology laboratories also need to be involved for the diagnosis, detection, identification and characterisation of infectious agents which may threaten public health. The role of public health reference laboratories is not well defined in all MSs. Public Health Programme funding can be used for adopting standardised methodology, but this area is more complex for standardization than adopting joint case definitions.

8d. Need for guidelines and other useful tools on response to communicable diseases – role of ECDC

Dr. Ekdahl gave a presentation outlining the mandate from the ECDC founding regulation, and recent high-level statements on the issue (presentation file provided).

Discussion endorsed the need of EU guidelines in situations where the problem crosses borders, and action needs a unified response. The guidelines produced by the European Working Group for Travel-related Legionella Infections (EWGLI) were cited as an example of the guideline needs on EU level. Several MSs inquired on the role of ECDC regarding guidelines on vaccine development priorities or vaccination policies, some stressing, however, the major differences between MSs in the epidemiology of vaccine preventable diseases. The issue will be readdressed in the following AF meeting.

9. Any other business – date of next meeting

The dates of the next AF meetings, which will be held in Stockholm as 1.5 day meetings, are 11.-12.7., 29-30.9. and 28.-29.11.2005

Inquiry was made regarding the possibility of ECDC translating best practise or evidence-based documents from EU countries, which are not published in English. ECDC will not, in the foreseeable future, have the capacity to support this kind of activity.

10. Closure of the meeting