EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

SECOND ECDC ADVISORY FORUM

11-12 JULY 2005

MINUTES

Venue: **ECDC, Solna City Hall, Solna, Sweden**

Chair: **Director Zsuzsanna Jakab**

Rapporteur: **Karl Ekdahl (11 July 2005)**

Peet Tüll (12 July 2005)

Monday 11 July 2005

1. OPENING AND WELCOME (Document AF2-1, Agenda – for adoption)

Since the 1st meeting of the AF the Commission took the decision on the three non-voting NGO members of the AF and their alternates as follows: Mr Bernhard Grevin, Standing Committee of European Doctors, (with Mr José Antonio Aranda da Silva, Pharmaceutical Group of European Union as alternate), Ms Ruth Gelletlie, European Public Health Association, Infectious Disease Section (with Ms Elisabeth Nagy, European Society of Clinical Microbiology and Infectious Diseases as alternate), and Ms Jana Petrenko, European Patient Forum (with Ms Anna Doboszynska, European Federation of Allergy and Airways Disease Patients' Association as alternate).

Ms Gudrun Sigmundsdottir has been appointed new alternate for Iceland.

The Chair welcomed the meeting participants to the second meeting of the Advisory Forum (AF). A special welcome was extended to the Commission representatives, Mr Stefan Schreck (SANCO C3) and Mr Jochen Brodersen (SANCO C6), and to the new members/alternates of the AF. The list of participants was amended accordingly.

- *The AF endorsed a proposal from the Chair to invite the representative of the WHO Regional Office for Europe to the meetings of the AF as observer.*
- *The agenda was adopted without any modifications, as put forward by the ECDC Director.*
- *No confidential issue (not to be reflected in the minutes) was identified.*
- *No conflict of interests on any specific issue on the agenda was declared.*
- *On behalf of ECDC and the AF, the Chair expressed the solidarity with the victims of the tragic events in UK and their families and asked, the UK representative to convey this to his Government.*

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2. ADOPTION OF THE MINUTES OF THE PREVIOUS MEETING AND FEEDBACK ON DECISIONS
(Document AF2, Draft report from Advisory Forum meeting 28 April 2005 – for adoption)

The Chair extended her thanks to Mr Petri Ruutu, for preparing the draft minutes from the first meeting. These minutes have been circulated for comments, and they have all been included in the final minutes. The Chair apologised for the short deadline for comments, which was necessary in order to meet the deadline for submission to the subsequent Management Board (MB) meeting. This will happen also in the future as with three to four MB meetings and four AF meetings a year, the space between AF and MB meetings will always be short.

- *It was decided that only draft minutes would be submitted to the MB, and that there would still be opportunities for comments from the AF members when necessary up to the next meeting.*

The Chair then shortly reviewed the decisions from the previous AF meeting, and it was noted that all decisions had either been carried out or would be taken up during the discussions of AF2 under the various agenda items.

The Commission representative pointed out that it is the Member States (MS) that nominate their representatives in the Early Warning and Response System (EWRS) – and not the Commission as was noted in the previous minutes.

- *With the remark from the Commission, the minutes were approved.*

3. FEEDBACK FROM THE 3RD MEETING OF THE MB

The Chair reported from the 3rd MB meeting in May (minutes included). Some specific issues related to the work of the AF. The MB greatly appreciated the report of the first AF meeting and the seriousness of the work. They suggested further discussions with the AF on priorities of the ECDC (included on the present agenda). The Director had emphasised the separate roles of the MB (governing body with supervising and administrative, sometimes political role) and the AF (technical and advisory role of the Director), and that discussions in the event of a public health crisis would be with the AF not with the MB. They asked to further clarify the role of the ECDC in a public health crisis and set up procedures for collaboration between the Commission, the Member States and ECDC.

- *The AF noted the information given.*

4. CONFLICTS OF INTEREST
(Document AF2/4, Guidance Document on Conflict of Interest – for information)

The Chair presented a paper on this issue (Document AF2/4). The issue of conflict of interest was raised by the European Parliament (EP) representatives of the MB and by the EP during the hearing of the Director, 10 January 2005, and has been discussed in depth at the previous MB meeting. The Director approached the Internal Audit of DG Sanco and asked for guidance. The present document reflects these discussions. All possible conflicts of interest should be presented to the AF, and decisions accordingly be taken: the chair will therefore ask the AF on every item of the agenda of there is any conflict to be declared; The new form of conflict of interest would be filled in as soon as it was finalized by the audit

committee of the MB and all documents would be put on the internet to ensure full transparency. That action adopted by the MB would also be relevant for the AF.

- *The AF noted the information given.*

5. PROGRESS MADE TO ESTABLISH THE CENTRE

The Chair gave a presentation on the progress to establish the Centre.

The ECDC became operational at the end of May, and this event was highlighted at the Inauguration ceremony on 27 May at Karolinska Institute, Nobel Forum, with attendance of the Commissioner, DG Sanco, the President of Karolinska, the CDC/Atlanta, the Ministers of Health of Sweden and of the Luxemburg on behalf of EU Presidency and the MB.

Very constructive discussions are ongoing with the Commission (SANCO) on apportionment of tasks and handover of files. The ECDC and the Commission will work complementary, and avoid duplicating tasks. Considerable progress has been made to clarify roles and responsibilities. A first draft "Apportionment of tasks document" is currently discussed between Commission and ECDC, to be finalised by the end of the summer (with info to AF in September and MB October). Handover of work packages and files (covering all aspect) are underway. The administrative files from C6 are ready, and the handover of the scientific and technical activities from C3 will be done after the "apportionment document" is finalised. The ECDC Director has been invited to the Programme Committee of the DG SANCO Public Health Programme, and a joint planning of the work programme for 2006 has started to ensure consistency, synergy, and avoid overlapping. ECDC has also been invited to comment on grant proposals and will be involved in contract negotiation and in the steering committees (when applicable). A "shadow" desk officer at ECDC will follow the grant implementation as necessary.

There has been a joint meeting with all the Heads of the EU agencies and the EP, and the Director set up individual meetings with rapporteurs and vice chairs of the Parliament Committees regarding budget 2006 and new premises. Issues that have been raised include the grading structure of the Establishment Plan, additional funding (3 M €) for a Crisis Operation Room, and investments for the new premises. The budget for 2006 seems stable, with no anticipated reductions.

The discussions to form a strong partnership with the WHO are also well under way with negotiations both with WHO Headquarters and the Regional Office for Europe. A tripartite Memorandum of Agreement is envisaged by the end of 2005. At least one staff will be seconded to ECDC from early autumn.

Partnership discussions are ongoing with the US CDC. The Director and MB Chair have recently visited the Department of Health and Human Services in Washington and CDC Atlanta, and a strong collaboration is envisaged to be finalised at a visit of CDC in October. The Director has also visited EFSA to discuss collaboration in general and the zoonoses reporting in particular. An upcoming visit to EMEA and EMCDDA is planned and there are continuous visits to the MS.

On the administrative issues, active recruitment programme is underway, and by 1st of October, 39 staff will be in place. The budget responsibility was transferred from the Commission to ECDC on 1st July, meaning that we now have "financial independence" (staffing, accounting and financial control systems). Internal rules and procedures are gradually put in place (human resource, budget and financing, internal control). For IT, we have a simple but functional system, which allows for gradual expansion of staff; Internet and Intranet are under development

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For new premises, a contract for Tomtebodaskolan at the Karolinska Institute campus is currently negotiated to be finalised by end July. The European Parliament has been approached for approval, and the contract is due to be signed before 1st August, allowing the move to take place on 1st of October. There will be a gradual "occupation" of the building, while reconstruction takes place until 1st January 2007.

The relations with the host country are good. A Memorandum of Understanding has been finalised, and the Seat Agreement is presently being negotiated, with a first version sent to the Swedish Ministry of Health for review together with other agencies' Seat Agreement. A "welcome package for staff" is under finalisation by the Swedish Government.

- *The AF congratulated the Director on the good progress made.*

6. PRESENTATION OF THE EXECUTIVE MANAGEMENT COMMITTE AND FEEDBACK FROM ITS FIRST RETREAT

The ECDC Executive Management Committee (EXC) was presented by the Director; Johan Giesecke (Head of Unit for Scientific Advice), Andrea Ammon (Head of Unit for Surveillance and Communication), Denis Coulombier (Head of Unit for Preparedness and Response), Jef Maes (Head of Administration and Management) and Karl Ekdahl (Strategic Adviser to the Director).

The Director plans to have regular retreats and meetings of the EXC, to ensure that it is "working, thinking and acting, together inside and outside the ECDC" and for team building.

The agenda of the first retreat in early July focused on the strategic vision for the ECDC, based on the broad mandate of its Regulation, with a view to meet the expectations of the stakeholders. There is a strong pressure to move fast, in order to prove an "added value" of the Centre in Europe. This is to be achieved along three main strands of work: 1) to establish the Centre continuously throughout 2005-2006, 2) to build our long-term strategies and activities, and 3) to deliver results in key areas in the short term.

Mr Giesecke presented the vision and mandate of the Unit for Scientific Advice, stressing that this is a structure without any previous templates in the organisations of the national surveillance institutes. An early task will be to set up structures and routines for cooperating with the national institutes and academia and for answering official questions posed to the ECDC by the Commission, the Parliament or the MS. In addition to the tasks in the present Work Plan, the Unit also intends to: a) Review the public health goals set by the Commission and the WHO; b) Review ongoing work to meet these goals and identify gaps; c) For selected areas carry out evaluations of prevention and control measures at community level; d) Identify MS needs for support and plan such support; e) Develop the structure for a knowledge database; f) Produce selected template guidelines on specific CD problems; g) Set up and formalise the collaboration with learned societies, international organisations (WHO); h) Recruit scientific panels; i) Set up working groups (all units involved) on cooperation between ECDC and labs.

Ms Ammon presented the visions and mandates of the Unit for Surveillance and Communication – to set up the European surveillance in a way that it provides the basis for action, for outbreak detection and for generating hypotheses for further studies. Envisaged additions to the work plan for 2005/2006 are: a) an integrated zoonoses reporting (2005/2006) with EFSA; b) agreement with all the surveillance networks about integrated operations (IT, SOPs, etc) with a reinstituted "Network forum" as interim coordination mechanism; c) initiate a laboratory network; d) initiate a revision of case definitions in full agreement with the Commission on procedure and timing; initiate a work on disease list (prioritisation exercise).

Mr Coulombier presented the visions and mandates of the Unit for Preparedness and Response – to assist MS and the Commission in preventing, detecting, assessing, investigating and responding to communicable disease threats. Deliverables in 2005-2006 include a) Epidemic intelligence, with a Threat Tracking Tool (3T), a strategic paper on epidemic intelligence, and SOPs with the Commission on the transfer of EWRS technical operations; b) Emergency operations with SOPs, a crisis operations room, and outbreak assistance team kits; c) Influenza pandemic preparedness with a protocol for assessment of country preparedness, 6 country visits (with WHO, SANCO-C3 and MS), a joint WHO/Commission/ECDC meeting in the fall and monthly teleconferences; d) Capacity building with a strategy paper on prioritized needs (draft version to be presented to the next AF)

Mr Maes presented the priorities and visions for the administrative services: a) Setting up the systems for processes and control systems for financial issues; b) Development of financial systems to full management system; c) Recruitment; d) To get the housing in place with all logistics. He apologised for still having a back log with payment of meeting expenses, but now with systems in place, it is a main priority to bring this time to a minimum. In the future all payments to the MB and AF Members would be done within 4 weeks.

- *The presentations were distributed to the members and AF noted the information given.*

7. PRESENTATION BY MR STEFAN SCHRECK OF THE EUROPEAN COMMISSION AND DISCUSSION ON DIVISION OF TASKS AND ROLES

Mr Schreck congratulated the Director and her staff on the many accomplishments achieved in a short time. He highlighted the different tasks of the Commission and the ECDC; the Commission having the role of the main supranational body ensuring that actions have an added European value, and not only being the least common denominator of the interest of the MS. He pointed out that decisions within the health field could be taken with a qualified majority. Under Article 152, the Commission could propose changes in the regulations of ECDC, and also propose legislative changes under Decision 2119/98. He stressed that in the area of public health it could be misleading to talk about risk assessment and risk management as separate entities. ECDC should do surveillance, but also identify areas where the MS need to be more harmonised. Suggestions from ECDC could then be imposed on the MS by EC decisions, after the Commission has proposed them as binding measures to the Network Committee. This requires a close and good collaboration between the Commission and the ECDC.

Mr Schreck then presented the outlines of the Public Health Programme. The calls from 2005 have almost been finalised, with the results to be published shortly, and the Work Programme for 2006 is well under way. He assured that there will be broad consultations with the ECDC, since many of the potential activities are very closely related to the work of the Centre, but also to the relevant bodies under Decision 2119/98 and the Health Security Committee. The decision to establish the Executive Agency for the Public Health Programme for the management of Community action in the field of public health, also calls for further close collaboration with the ECDC.

Other areas of collaboration with ECDC envisaged by the Commission include a) an integrated zoonoses strategy; b) tripartite collaborations with the WHO on influenza preparedness, especially to increase the preparedness on country issues; c) the evaluation of the implementation of Decision 2119/98 (where a call for tender recently has been published); d) coordination of the many alert systems within the health security area, where ECDC need to ensure that the EWRS communicates efficiently with the other systems; e) general preparedness planning, where a document is scheduled to be published in September. The plan for a Crisis Operation Room at the ECDC needs to be complemented by a similar one at the SANCO/C3, and additional funding has been asked from the European Parliament. With the ECDC

operational, the Commission foresees new legislations in many areas, where capacity to prepare legislation previously has been lacking at the Commission, to have Decision 2119/98 fully implemented.

In the following general discussion, Mr Schreck clarified that it is not the intention to have the evaluation of the implementation of Decision 2119/98 to look at the performance of the DSNs, rather to look at the lines of communication between the various actors under the decision. Mr Schreck pointed out that the MS are supposed to respect the decisions and that the Commission is obliged to take action if it is not done. If there is a need to change the decisions, e.g. the case-definitions, this should be brought forward after discussions between the ECDC and the MS. Italy, Finland and France pointed out that the case-definitions are practical tools for surveillance, and could therefore be managed by the ECDC, without the requirement of community legislation. Mr Schreck replied that there should only be legislation if it is needed, and this should then be a proportionate response when all other means do not do the work.

In a request from Austria to define "public health", the Mr Schreck referred to Art1icle 152, and stressed that all activities need to be based on this article. Austria pointed out that public health needs to be better defined, and activities better harmonised at a European level. The Chair said that there were many definitions of public health and we have to choose the one that reflects the present mandate of the ECDC the most.

8. GENERAL DISCUSSION ON THE ECDC WORK PLANS

It was pointed out that with the amount of information presented to the AF it would have been better to have discussions after each item, instead of a general discussion on two hours of presentations. Presentations were distributed and the Chair opened the discussion again the following day on this term.

On prioritisations, there were some divergent views whether to have as few priorities as possible and maximal flexibility, or to have prioritised areas as long as the manpower doesn't allow for a full coverage of all diseases. It was suggested that nosocomial/health-care related infections should be prioritised, especially since the flow of patients seeking health care in other MS is rapidly increasing. The Chair pointed out that health-care related infections would be covered by the panel for Antimicrobial resistance and nosocomial infections to be discussed later.

- *It was agreed that it is necessary to prioritise, but still have the preparedness to shift focus in the event of an emerging health crisis.*

The need to have proper data storage facilities for the huge amount of data that are going to be compiled was emphasised, as was that the national surveillance institutes need to be fully aware of data submitted to the ECDC through various laboratory networks. The Chair reassured that the national institutes will always be in the loop of all data flow.

It was also stressed by several countries that capacity building is important for good outbreak investigations, and that there is a need for training of local and national staff in the MS in addition to EPIET. The Chair informed that the Centre is working on a strategy paper for training that goes beyond the EPIET programme, and that she intends to come back in September with that paper.

One country enquired whether ECDC had immediate plans on working with neighbourhood policies for Russia and Eastern Europe. The Chair informed that a meeting with DG RELEX is planned, but before embarking on activities outside EU, the Centre needs to be further established for the EU countries. It is therefore not realistic to be involved in the neighbourhood policy until after 2006.

9. REVISED RULES OF PROCEDURE OF THE AF AND TOR OF THE AF WORKING GROUPS
(Document AF2/7a, Terms of reference and procedures for working groups of the Advisory Forum – for discussion and Document AF2/7b, Rules of Procedure of the Advisory Forum – for discussion)

10. SCIENTIFIC PANELS AT ECDC: ROLE, MANDATE, TOR AND INTERNAL PROCEDURES ON HOW TO HANDLE REQUESTS FOR SCIENTIFIC ADVISE
(Document AF2/8, Scientific advice; Terms of reference and rules of procedure for the scientific panels; Flow chart for delivery of scientific advice – for discussion)

Johan Giesecke introduced the views on scientific panels, suggesting the roles to give scientific opinion on questions put to the ECDC, to promote the scientific agenda of the Centre, and to aid the Centre in keeping abreast with scientific development with links to R&D. His view was that the panels should not be for single-issue problems, but for wider areas where several different types of issues may arise. They should be semi-permanent with duration of a couple of years. He suggested six panels on: 1) Air-borne diseases (including influenza); 2) Vaccine-preventable diseases (including vaccine issues); 3) Sexually transmitted infections and blood-borne viral diseases; 4) Food- and water-borne diseases, diseases of environmental origin and zoonoses; 5) Antimicrobial resistance and health-care related infections; and 6) Serious imported diseases and other travel-related health issues.

The recruitment process should be open and transparent, starting with the publication of a call for interest widely in the Union to give a roster of experts. From these, the AF should choose the panel members (up to 11 per panel). The Chair is then selected by the panel members. If following the example of the EFSA, these chairs could form a scientific board ensuring coordination of cross-cutting issues. The rest of the experts should be saved on a reserve list when other types of issues arise. The Centre should be able to choose experts from this list in urgent situations.

Whenever a scientific question is posed to the Centre, the Chief Scientist could decide to have it processed a) in house, b) by the AF (in plenum or by email), c) by the appropriate Scientific Panel, d) by the appropriate DSN, or e) by a suitable expert from the roster.

In the general discussion following the presentation, the issue was raised whether it is absolutely required that the panel members be Europeans. When the question was referred to the Commission representative, he could not give a definite answer, but stated that it is usually preferred to have Europeans with a European view. On the other hand, to get the highest possible expertise one might consider in exceptional circumstance to go beyond Europe. He stressed the importance of the highest possible scientific excellence to ensure really independent scientific advice rather than political consensus.

- *The Chair promised to check whether it was a requirement to have only Europeans on the panel.*

It was pointed out that with these very broad responsibilities, it would be necessary to have subgroups within the panels. Two different kinds of questions could be foreseen; requests for immediate advice on operational issues (to be answered in-house), and questions on more strategic issues. The Chair emphasised the need to have capacity for all kinds of questions on one hand and on the other that the panels should also have the role of further promoting the scientific agenda of ECDC, and not only wait for questions.

- *The AF concluded that the panels need to be able to summon external experts through an open and transparent selection procedure. .*

The contradiction of having priority areas on the one hand and very broad scientific panels on the other was pointed at. An alternative could be to have the roster of experts, and then use ad hoc panels that could be changed after the issue was addressed. Several members pointed out that the panels very well

could have these broad mandates if they did not need to have all expertise within the panel but rather function as a liaison to the scientific community. The importance of a broad recruitment to the panels and suggested inclusion of expertise in social sciences was underlined.

One member argued against the need for a specific coordinating scientific board. This is the responsibility of the AF. It was suggested that there should be someone from ECDC or the AF on the panels to ensure that the scientists are not losing the public health perspective. The Chair pointed out that the ECDC would be responsible for the secretariat and the preparatory work, and would thus have checks on the focus of the work. She could see the point of having a co-ordination between the groups, but without bypassing the AF. The question was raised whether a member of the AF or a DSN could sit on a panel. The Chair argued against this, preferring good links between the DSNs and the AF, and the task of the secretariat to link knowledge from the DSNs to the panels. It was pointed out that according to Article 18 of the ECDC Regulation; the scientific panels are to be established by the Centre (not by the AF). The Chair stated that the panels should report to the Director through the AF, and the Director should take the final decisions decide. As one member pointed out, this could in exceptional circumstances mean that the response from the ECDC could contradict the opinion of the scientific panel.

- *It was agreed to proceed as suggested by the secretariat to establish the panels on the 6 areas within coordinating committee on horizontal issues and a roster of experts for ad hoc activities.*

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- *It was agreed that all documents produced in answering scientific questions should be made public on the ECDC website.*

11. ECDC GUIDELINES

Johan Giesecke, Head of the Unit for Scientific Advice presented a background document. He discussed the needs for guidelines in EU. There is a specific European situation. 25 MS are doing their own guidelines and updates so there should be a gain in coordination.

In the discussion, there was an agreement that guidelines as such in defined areas had an added value for MS. Sometimes there may be a need to use EC decision 2119 when there is a particular interest to have conformity in the Union. A number of national guidelines already exist. Some of them could be lifted to become European guidelines.

It was agreed to proceed as suggested in the paper:

- *The ECDC would review existing guidelines;*
- *identify and presents till next AF meeting priority areas;*
- *develop procedures for adoption of guidelines in changing the use of 2119 procedures.*

12. PROGRESS MADE ON THE SURVEILLANCE CONSULTATION

Andrea Ammon, head of the Unit for Surveillance and Communication, presented a background document.

There are many stakeholders involved in surveillance. Due to the short time given it will not be possible to present a long term strategy for surveillance in October 2005. A short term strategy of 2-3 years will be presented. There are three phases of work planned as background for the surveillance strategy. In the first, exploratory phase consultation were teams visiting MS to do semi structured interviews. Ten sites

have been visited. In the second phase a web-based questionnaire will be distributed to all MS + EFTA. The members of AF will be contact points for MS. ECDC distributes questionnaires to other stakeholders like bodies within EU. The questionnaire builds on the interviews from the first phase. As the third phase a draft short term strategy will be sent out in middle of September to AF for consideration before it goes to MB. The draft is expected to be finalized in October.

During the discussion suggestions were made to improve the outcome of the questionnaire. It should be clear that the strategy is to be short term. The list of persons to be approached is to show from which structures responses are sought rather then the persons in them selves. Some of the persons/structures may be hard to reach. An explanatory letter from the Director would help.

- *AF agreed in the principle on the plan. ECDC will consider all suggestions made. The Director will provide the introductory letter.*

13. ECDC REPORTING UNDER THE ZOONOSIS DIRECTIVE

Andrea Ammon, head of the Unit for Surveillance and Communication, presented a background document. Data on microbial agents from animals, humans and feed are collected for the annual Commission report. Human data are reported from the Network Committee to EFSA. EFSA collects all data and produces the final report. Human zoonoses to be reported are listed in the regulation. For some pathogens antibiotic sensitivity is also requested. Food-borne outbreaks are to be reported.

ECDC will meet EFSA next week to discuss variables to be collected as they are not specified in the directive. The time frame is tight. Data on 2005 are to be delivered at the end of May 2006. Proposed set of variables are in the sent out document's annex. The view of AF on the proposed variables is sought.

In the discussion, it was stressed from AF that the data collected should be interpreted with great care since the data collection differs widely among MS. Also there is no real quality control of the data collection. To fulfil the obligations in the directive MS will have to collect at present what data there are available. For the future there is a need to put a new quality system.

The director of ECDC verified EFSA recently in place and in the first discussion between ECDC and EFSA, EFSA has shown great interest in collaborating with ECDC. Andrea Ammon is appointed to take part in EFSA taskforce. EFSA has agreed to have joint interpretation of data. The ECDC scientific panel needs to be coordinated with the EFSA scientific panel. Further discussions will take place with EFSA.

- *AF agreed on the variables in the Annex. If members of AF had more comments to be considered these should be given to ECDC before the end of next week.*

14. PROGRESS REPORT ON PREPAREDNESS AND RESPONSE

Denis Coulombier, head of Unit for Preparedness and Response, presented a background document. A tool has been developed to analyze events. 26 threats have been reported since it was developed. A weekly report of will be produced in the future. The events are discussed continuously with DG SANCO. The tool is not yet evaluated so therefore it has not been shared with AF. 25 incidences have been reported through EWRS, two of these were not conveyed to ECDC from EWRS.

There is an internal bulletin in the Commission for the Commission.. This will be shared with AF members. The unit is on duty service 24h 7days a week. It can be reached by a unique telephone number and e-mail address. So far two calls have been received – none related to emergency.

The Regional Director of WHO has sent a letter of intention, covering five areas for cooperation in health threats and health security issues.A reply to this is on the way from Director of ECDC. A memorandum of understanding will be developed.

At the new site for ECDC in Tomteboda there are plans for establishing a crisis room. Suitable rooms have been located. Contacts have been taken to learn from the experience of others. The cost has been estimated to € 3 M. The Council and Parliament have been approached for funding. If funds are made available it still will take time before the crisis room will be functional.

The unit has been developing a strategy for capacity building. A training strategy is being developed.. There is a need for strengthening epidemiology in general as well as strengthening collaboration between MS and with ECDC. Joint training activities including veterinarians, microbiologists, epidemiologists, clinicians will be organized. Strong support will be given to EPIET. There is a discussion if ECDC is going to give support to non-EU countries as well as the role of ECDC in international groups.

AF discussed whether all data should be made public, which might create problems in getting some data. Also how and to whom information should be given was discussed. This issue needs further consideration. Generally AF found the progress made to be good.

15. NOTE FOR THE RECORDS – CONSULTATION OF THE ECDC ADVISORY FORUM ON PANDEMIC INFLUENZA, MAY 31 2005

Denis Coulombier informed about ECDC work with influenza. There has been a telephone conference with AF. The plan is to have a new telephone conference. Telephone lines were not optimal, but it gave a possibility to discuss the issues with experts like Klaus Stöhr from the WHO. This was appreciated.

In the end of fall there will be an exercise for testing flu preparedness plans. ECDC is part of it. It will be a test of communication between partners.

A follow up of WHO/Commission March meeting on influenza preparedness planning is being planned. Six country visits, three EU and three non-EU, will be done. ECDC takes part in visits and also develops the assessment document. After this a questionnaire will be sent out, basically the same as in the beginning of the year. Finally there will be a European high level meeting in the fall covering the Flu issue.

- *AF noted the information given.*

16. NEXT MEETING

The meeting will be in Stockholm 29-30 September from lunch to lunch. It was pointed out that meeting will be very important since AF will review and give advice on the work plans for the future. Decision has to be made on the surveillance strategy. It was agreed that the three work groups would meet on the 29th from 9-12 to review the agenda items prior to the AF.

17. CLOSURE

The Director closed the meeting and thanked all participants for their contributions.

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