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**ECDC Advisory Forum**  
4th meeting  
Stockholm, 28-29 November 2005

**AF4/3/3**  
21 November 2005

**Minutes of the third meeting of the Advisory Forum  
Solna, Sweden, 29-30 September 2005**



## THIRD ECDC ADVISORY FORUM

29-30 SEPTEMBER 2005

### MINUTES

**Venue:** ECDC, SMI Gard Aula, Solna, Sweden  
**Chair:** Director Zsuzsanna Jakab  
**Minutes:** Karl Ekdahl (29 September 2005)  
Peet Tüll (30 September 2005)

#### Thursday 29 September 2005

##### 1. Opening and welcome

The Chair, Director Zsuzsanna Jakab, opened the meeting and welcomed the AF members and alternates present (*Attendance list enclosed*). She thanked Professor Norrby of SMI for the opportunity to have the meeting in the SMI facilities, and welcomed the new members of the AF; Peter Borriello (member UK), Jozef Dlhy (member Czech Republic), Jiri Wallenfels (alternate Czech Republic), and Bernardus Ganter (WHO/EURO)..

The Chair proposed to have one further meeting each year in one of the MS.

- *The AF noted the proposal of the chair.*
- *The agenda was approved without changes.*
- *Director thanked the members of the AF for their hard work between the two AF meetings and in preparation for the 3<sup>rd</sup> meeting.*

##### 2. Adoption of minutes of the previous meeting and feedback on decisions

Comments from AF members have been included in the distributed draft minutes. All previous documents are available for the AF members and alternates on the CIRCA website, passwords to be obtained from ECDC, (att. Johanna Banks).

- *The AF adopted the minutes without discussion.*

Director Jakab presented the progress made since last AF meeting in July (*Presentation AF3-2a*).

A role of ECDC to review and facilitate a harmonization of national preparedness plans for influenza was suggested. The Chair shortly outlined the present role of ECDC in the preparedness of influenza, an item to be further discussed later under agenda point 12.

- *The AF commended the Director and her staff for the rapid process.*

- *The AF suggested that the ECDC and the Commission should work towards common (ECDC, Commission, MS) technical standards of crisis communication centres, especially as the Commission crisis operation room is to be relocated.*

### **3. Work Plans for 2005**

The chair presented the framework for ECDC Work Programme for 2005, and gave an overview of the components of the 2006 Work Programme for the Director's Office (*Presentation AF3-5*). Each of the Heads of Units then presented their respective detailed Work Programme for 2005 (*Documents AF3-5 a-d*).

The subsequent discussion highlighted a wish from MS that ECDC should provide scientifically based advice on measures against influenza. The chair pointed out that DG RESEARCH has invited ECDC to define areas where more research is needed. Furthermore, it is important to realize that the next human pandemic flu may or may not emerge from the ongoing avian flu epidemic.

The need for new cases definitions was discussed and it was advised to go forward with caution, not to disrupt trend analysis of data.

The interaction in preparedness/response between ECDC and WHO was commented on, and it was pointed out that ECDC works within the GOARN, but could also act on the request from the MS without going through GOARN.

An active input of ECDC to act with players outside Europe, when there is a deficit in Europe was requested, and the Director underlined that as an independent agency there will be direct links between ECDC and other players on the global arena on technical issues.

- *The AF noted the information given.*
- *The Chair agreed to work towards scientifically based advice on measures against influenza.*

### **4. Rules of procedures of Scientific Panels and procedures for introduction of questions to ECDC**

Johan Giesecke presented the draft rules of procedures of scientific panels and procedures for introduction of questions to ECDC (*Document AF3/6*). The scientific panels will be appointed by the Director, but the AF will be heavily involved in the process.

It was suggested that on scientific issues to be raised by the panels (Article 4), the scientific panels should also be able to draw the Centre's attention to preventive actions. As there is not a research budget attached to the panels, these should rather *encourage* than *initiate* research.

- *The AF underlined that conflicts of interests and confidentiality issues need to be taken into account.*
- *The AF suggested that all possibilities to draw the attention of DG RESEARCH to scientific gaps should be fully used.*

## **5. Guidelines to promote a uniform response to communicable diseases: procedure, mechanism, initial priorities**

Johan Giesecke presented the procedures, mechanisms and initial priorities for producing guidelines, as revised during the morning meeting with the Working Group (*Document AF3/7 – to be updated*).

“Guidelines”, requiring political commitment are to be taken through 2119 procedures and non-binding “guidance” (recommendations) are to be developed by ECDC without having them formally adopted under “2119 procedures“.

- *The AF was asked to give a list of priorities to be decided at its next meeting.*
- *The AF suggested there should be a standardised methodology in producing the guidance/guidelines, stating the level of scientific evidence for all proposed recommendations.*

## **6. Surveillance strategy**

Andrea Ammon presented the Draft Surveillance Strategy to be presented to the Management Board in October (*Document AF3/8*).

As the issue had been discussed by the working group, its Chair, Jean Claude Desenclos, presented the key points from the morning discussion:

- Memoranda of Understanding on implementation of ECDC surveillance should be agreed with each of the MS.
- The present paper should be considered as an interim strategy paper for a transition period.
- The document should give clear directions on how to proceed.
- The paper focused too much on the process and should be more strategic.
- It should be clear that the ECDC surveillance build on national capacity, and the strategy therefore need to contribute to this national capacity
- The role of the MS should be clearer – ECDC has responsibility but so have the MS.
- The Roles of MS and the national institute need to be highlighted.
- It should be stressed that the surveillance builds on what has been achieved in the DSN:s.
- The strategy should give capacity to ECDC to fulfil its mission according to its Regulation.
- The strategy should be objective-oriented with well-defined priorities – shown in a more direct way.
- The strategy needs to be open, results-oriented and avoid duplication – not bureaucratic.
- The surveillance should build on routine universal reporting + networks for specific diseases.
- The strategy should allow for complementary studies, projects, and feasibility studies with a call for tender process.
- The evaluation of current systems and a prioritisation are important aspects.
- On priority issues, e.g. flu pandemic, ECDC need to have an option to move very fast without going through a length priority and evaluation process..

- “European network” needs to be defined.
- The strategy should address laboratory integration and the need for standardisation of molecular typing.
- It should be clear that some DSNs will not be carried on, and some new will be established.
- The IT development capacity needs to be further stressed.

In the further discussion in the AF meeting, some additional issues were raised:

- The quality aspects could be further stressed, and since these are national responsibilities, ECDC should consider issuing guidelines on minimal surveillance standards.
  - The diseases under surveillance need to be prioritised also from a neighbourhood perspective (e.g. MDR TB, HIV), and channels for data exchange with neighbourhood countries should be sought.
  - Cost-benefit analyses of surveillance outputs should be considered – but with caution since they are difficult.
  - The output data should also clearly address people in the field, and be driven by public health needs rather than build on outputs from present networks.
  - The issue of scientific publications and authorships should be taken into account, although the main purpose is to put all useful data in the public domain as timely as possible.
  - The surveillance activities need to be coordinated with other EU agencies. Communicable disease surveillance should be made by ECDC.
  - Many current networks started as research networks under DG research, this should continue also in the future, but ECDC need to be involved in the process of the framework programmes.
  - The core surveillance activities should be integrated into ECDC. This requires in-house expertise, and these needs should be a priority in the future establishment plans.
  - Epidemiology and microbiology goes hand in hand, and quality assurance schemes are needed for both these aspects of surveillance. Such QA schemes need to start on a national level. ECDC should consider external independent accreditation
  - Key performance indicators based on impacts should be sought.
  - Output data should be analytic – not mere tables.
  - The alerting aspects could be further stressed – informal communication channels are important.
- *The AF asked that these comments should be considered in the next version of the Surveillance strategy.*

## **7. Plan to take over responsibility for surveillance at EU level: plan, timetable, actions foreseen**

Andrea Ammon presented the plan to take over the responsibility of EU-level surveillance, including a time-line for the actions (*Document AF 3/9*).

- *The AF noted the information given.*

**Friday 30 September 2005**

## 8. ECDC epidemic intelligence operations

Marco Baldari presented the paper on “Improved detection and monitoring of emerging health threats in Europe: ECDC epidemic intelligence operations” (*Document AF3/4*).

This presentation highlighted the need

- to combine information coming from traditional surveillance systems with rumours and reports coming from informal sources
- to define standard operating procedures for the verification and assessment of threats
- to develop a network of European officers engaged in epidemic intelligence activities
- to disseminate weekly collated information on threats to European citizens

Preben Aavitsland presented the discussions in the morning working group. Denis Coulombier answered the questions that were raised during the discussion.

- For the planned meeting in January 2006 it was discussed who should be invited and how it should be organized. It was suggested that case studies should be used to illustrate the work process.
- There was a discussion in AF whether reports, where no action was anticipated, should appear in EWRS. Different views were presented. The over all impression of AF was that also reports with no action taken made it easier for MS and thus should be reported.
- AF wished to see a risk assessment tool developed. This was given support by the fact that there may be an increasing pressure from media for transparency.
- ECDC noted that AF wished to revert the tick mark in EWRS for WHO i.e. that the tick should be used only when WHO is not to receive the message. This will be brought up in the EWRS steering committee
- *AF noted the information given, and asked ECDC to take notice of the items raised during the discussion in particular:*
  - *on the need for information exchange on health threats, and*
  - *on the need for a risk assessment tool*

## 9. Training strategy

Alain Moren presented “A policy for training in intervention epidemiology in Europe” (*Document AF3/11*), proposing a training approach, including :

- need assessment and inventory of training resources;
- reinforcing the training capacity of EPIET and developing additional national field epidemiology training programmes (FETP);
- developing residential face to face short courses (1 to 3 weeks) organised at ECDC or rotating in MS;
- developing and regularly updating training materials as well as a European manual of intervention epidemiology;

- developing web-based learning courses and scientific seminars.

The paper was very well received by AF. Some points from the discussion that followed.

- The working group stated that it was very important to listen to different needs in different MS: The training should be linked to ECDC core tasks.
- In new MS there are few public health schools with a program on modern communicable diseases epidemiology. There is a need for help to establish new curriculum.
- The training program is the most important task for ECDC.

Alain Moren emphasized that ECDC's intention is not to compete with the universities but to be complementary. The wish to collaborate with EUPHA was welcomed and is already on-going.

The Director noted that there is a need for accreditation for EPIET training and any future field epidemiology training courses. She also suggested reviewing the capacity of the European and national schools of public health to carry out epidemiological training.

- *AF noted the information given, and asked ECDC to take notice of the items raised during the discussion.*

#### **10. Improved co-ordination and support to response in Europe in public health crises: ECDC public health event operation plan**

Denis Coulombier presented the "ECDC Public Health Event Operation Plan" (*Document AF3/12*)

A short discussion followed, the issue will come up again during next AF:

- *The AF noted the information given.*



## 11. Communication and risk communication strategy

Ben Duncan, as recently appointed press officer in ECDC, presented a paper on developing the ECDC's media and external communications strategy and also outlined some immediate priorities in this field. His key message was that ECDC is about to become much more pro-active in the way that it engages with the media. Ben Duncan also outlined ECDC's Interim Crisis Communication Protocol and stated that health ministries will be asked by ECDC to designate media contact points for ECDC to coordinate with in case of Public Health Events.

The key ideas in this paper were that ECDC should take the same approach to external communications as it does to its other core activities: it should seek to network the expertise and capacities that already exists in Member States and find ways to support, and add value to, what national authorities are doing. ECDC will shortly begin a process of mapping the external communication policies, expertise and capabilities in Member States and identifying the areas where the Centre can add value.

Short discussion followed.

- Fernand Sauer noted that EC and Ministries should be informed of major issues published from ECDC before they go public. The issue will be further discussed in the Health Council.
- The Director noted that EC and MS are ECDC's main counter partners and there will be close collaboration. The planned exercises this fall will help to develop the communication system.
- *AF noted the information given, and asked ECDC to take notice of the items raised during the discussion.*

## 12. Actions taken in connection with avian flu

Angus Nicoll presented the background paper (*Document AF3/13*), noting that the risks to human health from avian influenza are two-fold, firstly those around any outbreak of highly pathogenic avian influenza (HPAI) in Europe such as that in the Netherlands in 2003 and the secondly that an HPAI might change to become a pandemic strain in humans.

To deal with the first threat ECDC has established a partnership with the relevant parts of the Commission and the European Food Safety Authority (EFSA). ECDC has identified for the Commission potential risk groups for avian influenza, should there be an outbreak in Europe. The Unit for Scientific Advice is rapidly developing generic guidance for human health protection and surveillance, investigation and protection should further outbreaks occur in Europe drawing on previous guidance developed in the Netherlands and Ireland.

A short discussion followed whether migratory birds could carry H5N1 or not. No conclusion.

- *The AF noted the information given.*

### **13. Project for influenza pandemic preparedness**

Angus Nicoll presented the ECDC influenza pandemic preparedness project (Document AF3/14), drawing to the members attention that ECDC has made preparedness for pandemic influenza among its highest priorities. It is doing so as a collaborative effort with the European Commission, DG Sanco and WHO Europe. ECDC has developed a matrix approach to implement the work. Specific work areas are:

- risk monitoring and assessing the threat of avian and pandemic influenza;
- strengthening European, ECDC and country preparedness including developing relevant tools and guidelines and helping develop countermeasures and interventions;
- with EISS and others developing surveillance of seasonal, epizootic and pandemic influenza;
- ensuring effective communication among Member states, European agencies and the European Commission, international partners, and the public;
- monitoring scientific developments, providing scientific opinion and promoting scientific issues related to influenza control;
- supporting MS in investigation and response at early phases of the Pandemic and especially for Avian Influenza;
- establishing crisis co-ordination internally and developing key partnerships.

Short discussion followed on the role of EISS, and to what extent ministries are involved in pandemic preparedness. Some concern was expressed over an eventual role of EISS in surveillance of pandemic influenza. As the main burden of work would rest on the national surveillance institutes anyway, such surveillance activities could preferably rest directly on ECDC.

- *The AF noted the information given, and proposed an ECDC lead on surveillance of pandemic influenza.*

### **14. External relations and a framework for country strategy**

Due to time constraints this agenda point was postponed to the next AF meeting.

### **15. Weekly epidemiological report**

Due to time constraints this agenda point was postponed to the next AF meeting.

### **16. HIV/AIDS and STI**

Due to time constraints this agenda point was postponed to the next AF meeting.

### **17. Framework of the project on Antimicrobial Resistance (AMR)**

Due to time constraints this agenda point was postponed to the next AF meeting.

## 18. Closure