



ECDC Advisory Forum

AF5/Minutes
10 May 2006

**Minutes of the Fifth meeting of the Advisory Forum
Stockholm, 21-22 February 2006**

*(Adopted by the Advisory Forum at its sixth meeting in Stockholm,
10 May 2006)*

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Opening and welcome

1. The Chair, Director ECDC (Zsuzsanna Jakab), opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the first meeting of the AF in 2006.
2. Apologies were received from Petri Ruutu and Pentti Huovoinen of Finland, Olga Kalakouta of Cyprus, Peter Borriello of the UK, Jana Petrenko of the European Patients Forum, Anna Doboszyńska of the European Federation of Allergy and Airways Disease Patient's Association and from Elizabeth Nagy of the European Society of Clinical Microbiology and Infectious Diseases. New AF members welcomed were Gérard Krause of Germany and Maria Avdicova (former alternative) and the new alternative Henrieta Hudeckova (not present) of the Slovak Republic. The full list of participants is attached. The Chair introduced the rapporteur for the meeting, Arun Nanda, a WHO staff member seconded for 2 years to ECDC from WHO/EURO.

Adoption of draft agenda (*documents AF5/2/1 rev.1 and AF5/2/2*)

3. In line with the requests made by the AF this meeting was in two parts. The first part was devoted to consulting the AF on the issues in the proposed agenda. Presentations would be kept very short to give maximum opportunity for AF members to give their scientific input and opinions. Following the presentations the Chairman of the Working Groups (WG), that had met that morning to discuss the items, would be asked to give feedbacks from their groups prior to the general discussion. The second part would be a scientific seminar on February 22, 2006 morning hosted by the Karolinska Institute entitled "Frontlines in infection biology". Director ECDC apologised in advance for not being present at the seminar due to a pre-planned mission but requested all AF members to give feedback whether such seminars met the requests previously made by the AF.
4. The agenda and programme were adopted without change.

Declaration of conflict of interest

5. AF members were requested to declare any conflict of interest related to any of the items on the agenda. The AF member from Denmark informed that the hub for the UVETNET network was now in Denmark. No other declaration of interest was made.

Adoption of minutes of the fourth meeting of the Advisory Forum, 28-29 November 2005 (*document AF5/3/3*)

6. The minutes of the 5th AF meeting had been circulated for comments through written procedure and since no further comments were raised, the minutes were approved..

Director's briefing on highlights of progress

7. Director ECDC presented brief highlights, by topic rather than in chronological order, of the progress made since the 5th AF meeting. From early January, ECDC were heavily involved in responding to requests for support to investigate avian influenza (AI) outbreaks. Three ECDC staff were in Turkey as part of a WHO led mission with the EC, FAO and OIE for most of

January. ECDC also participated in an EU-led mission to the area of Cyprus in which the Government of the Republic of Cyprus does not exercise effective control and in a WHO-led mission to Iraq. These very effective joint field missions reflect the excellent collaboration between the different agencies and have in turn also helped to further strengthen the existing relationships. The AF members were informed that should there be any outbreak in their countries the ECDC was ready to support them in their investigation efforts.

8. ECDC have also provided regular updates of the AI epidemiological situation to EU Member States, the European Commission (and Commissioner), the European Parliament and the Council of Ministers of Health meetings whenever AI is on the agenda. ECDC has also drafted "interim guidance for national authorities to produce messages for the public concerning the protection of vulnerable groups". The document on AI before the AF forms the basis for the Background Paper to the next Council meeting on 24 February 2006. The input and comments of the AF would be especially welcome so that Director ECDC could reflect these in her presentation to the Council.

9. To help assess and strengthen Influenza Pandemic Preparedness in countries, the 2006 schedule of assessment missions started with France and missions to Germany, Italy, Lithuania, Portugal and Slovakia will follow. There will also be follow-up missions to Greece, Poland, Turkey, UK and the area of Cyprus in which the Government of the Republic of Cyprus does not exercise effective control. The third joint EC/WHO/ECDC Influenza Pandemic Preparedness workshop will be hosted by ECDC, 15-17 May 2006 in Uppsala Castle and AF members were welcome to attend.

10. The very close and excellent collaboration and cooperation with the Commission continues including also personal meetings and briefings to Commissioner Kyprianou. There was also a full day (27 January) discussion on the 2006 work plan and collaboration with the EC's units of Health Threats (C3), Health Measures (C6) and Health Information (C2) on issues such as IHR, EWRS, Surveillance, scientific panels, role of EU country delegations during outbreak investigation missions, ECDC's input in the use of the funds pledged at the Beijing Donor Conference and participation in HSC/EWRS/Flu coordination meetings (especially regarding the Avian Influenza awareness raising campaign).

11. The practical benefits to countries of the collaboration with WHO were evident in the joint country visits and missions that had taken place. In addition the first meeting of the Joint Coordinating Group (JCG) took place on 1 December, 2005 with high level participation of Dr Margaret Chan (ADG, WHO/HQ), Dr Marc Danzon (RD, WHO/EURO), Dr Gudjon Magnusson (Director, WHO/EURO) and Dr Guenael Rodier (CD Special Adviser, WHO/EURO). There were discussions on many issues and the first in-depth one with Dr Chan on collaboration in areas such as influenza. Amongst other things it was agreed that for European countries communications would be with WHO/EURO and for other regions and functions dealt with in HQ it would be with WHO/HQ but WHO/EURO would always be informed.

12. The final Management Board (MB) meeting of 2005 took place 13-14 December and the main items covered were the Director's Annual Report 2005, work plans and budget for 2006, draft budget and establishment plan for 2007, scientific panels, external relations and country strategy, risk communication with one agreed strategy for Europe, audit issues and briefing on surveillance and training strategy implementation. The 2007 budget and the 2007-2013 budgetary issues were currently under discussion with the EC and EP. Given competing interests the support of the AF and Member States for CD priorities was especially important at this point in time. Preparation of the documents and issues for discussion at the 6th MB meeting 20-21 March 2006 was well advanced and had been discussed during Dr Marc Sprenger's (Chair MB) visit to ECDC on 17 February along with other strategic issues.

13. The AF was briefed on the extensive series of workshops, meetings and events that had taken place to progress the ECDC work plan since the last AF meeting. Many were continuation of on-going work whilst others were the start of implementation of key tasks of new collaborations. Collaboration with other organizations was strengthened through exchange visits with the IOM, ESWI, Medvetnet, HPA (UK) and CDC Atlanta (to review their experience of EI tools, activities and surveillance).

14. The ECDC finished 2005 and started 2006 with two intensive and successful visits of the Court of Auditors.

Update on the situation of Avian Flu in Europe (*document AF5/4/4*)

15. Director ECDC informed the AF that their discussion and comments on this paper (especially the recommended actions) were important for the forthcoming Health Council meeting and that Angus Nicoll was absent due to a family bereavement. Therefore Johan Giesecke presented the document concentrating on the recommendations in paragraphs 21 and 22 and the listed actions (a) to (i). It was also pointed out that annex 3 on prophylaxis had been previously circulated for comments.

16. The Chair of the WG opened the discussion with a summary of their comments and these and the subsequent discussion focussed on giving overall recommendations and detailed suggestions for changes. The main gap noted was in the area of future research and in this respect it was suggested that mention should always be made that recommendations were based on current knowledge where many questions regarding the dynamics of transmission (exposure, susceptibility etc) still needed further research. It was also noted that there should be more sharing of the results of seroprevalence surveys and research activities.

17. It was also pointed out that there should be a broader focus (also beyond poultry aspects where the risk is mainly backyard poultry) to answer some of the questions regarding risk that were being raised in countries (eg more clarification on the risk of exposure from cats and dogs, contamination of drinking and recreational waters, bird droppings, etc). There was also a need for more explicit guidance and mention of post exposure aspects (e.g. management of cases and exposed persons – inc screening protocols and isolation, treatment, post-exposure prophylaxis including drugs other than oseltamivir – in collaboration with WHO). At all times it should always continue to be stressed that the risk for the majority of people (who do not have any contact with infected poultry and who eat properly cooked poultry products) is very minimal to non-existent.

18. Honest and open communication to the public, adapted to new knowledge, should be encouraged (UNICEF had done some good communication/education packages) and conflicting information and discrepancies should be minimised (eg regarding confirmed human cases). The detailed points (including specific drafting changes) were noted by the secretariat for implementation and the AF thanked for their considered comments and discussions which would also be taken up in the scientific panels.

19. As many questions still did not have a scientific answer, it was suggested to set up three working groups to cover Antiretrovirals, Vaccines, and non-pharmaceutical measures (eg masks, hygiene issues, quarantine, school closures etc). It was emphasised that these should be in collaboration with WHO, with set deadlines, covering both AI and pandemic issues (pragmatically since even if questions were not exactly same, sometimes the same people would be involved). AF members should be consulted by email once the paper is finalised.

International Health Regulations (*document AF5/5/5*)

20. Director ECDC briefed the AF that very good discussions had taken place with DG SANCO, at expert level (in EWRS and ESCON) and that informal discussions would be held with Ministers of Health in April and then with WHO as they take the lead for IHR. Johan Giesecke, ECDC's Chief Scientist briefly introduced the paper concentrating on four key issues which were extensively discussed by the AF Members, both in a working group (before the formal AF meeting) and also during the formal meeting itself.

21. **Using the EWRS as the reporting tool:** There was universal support for the principle of using the EWRS also as the reporting tool for IHR since cases requiring notification under IHR must also be notified under EWRS. There was however much discussion on the detail including issues related to the proposals for adaptation of the current EWRS (a separate agenda item). One AF member did not want formal IHR notifications to the WHO to go through the EWRS, whereas most others thought this was a good idea. There was less agreement on whether EWRS should also be used for confidential (informal) notification to the WHO. WHO preference was to be copied in on all EWRS communications, with "Observer" status being more precisely agreed as appropriate. It was concluded that all the detailed aspects of using the EWRS for IHR notifications should be urgently (in March 2006) discussed by the EWRS group, including on the transmission and sharing of surveillance data from Member States to ECDC and WHO. There was also a complimentary discussion on the IHR algorithm (Annex 2). Some members felt that the algorithm was too sensitive and would lead to too many notifications to WHO. They also pointed out that Annex 2 could still be changed, however, this was not seen as a good idea by several others given the considerable effort it had taken to get consensus for and acceptance of the present version.

22. **Nomination of Focal Points (FPs):** Several AF members pointed out that nomination of FPs is a national concern, but also agreed that having the same FP for IHR and EWRS was a good idea. It was also emphasized that these issues were sometimes being considered at very high levels and that Member States could appoint FPs from more sectors than just health (e.g. Port Authorities given the wide coverage of the IHR). Hence there was also concern that the eventual group could be very mixed with professional and lay backgrounds. There was agreement to urgently discuss the issues between the ECDC/EC and WHO (e.g. via a video conference) prior to the informal Health Council in April. The urgency (as above) was also because WHO was speeding up implementation with the voluntary introduction of IHR by Member States, who are responsible for decisions on FP appointments.

23. **ECDC as IHR Focal Point for events affecting more than one MS:** no clear view was expressed by the AF as this issue needed further clarification regarding the role ECDC might play in such events. It was clarified that this proposal was not meant to replace the role of FPs by ECDC but rather to build on the experience gained and the positive aspects shown in the recent collaboration of ECDC and WHO to support Member States to investigate multi-state internal EU outbreaks. This was well acknowledged by the AF.

24. **WHO advice on measures:** The discussion focused on whether there should be a Community representative on the WHO Emergency Committee. The precise role and responsibilities of the EU representative on the Committee and commitments made on behalf of EU Member States were discussed. It was mentioned that the members of the WHO Emergency Committee are selected as experts, not as MS representatives. There were no overall conclusions, however, it was explained that IHR opened up the possibility for inter-governmental agreement between WHO and ECDC.

25. **Reporting of Surveillance data.** As reporting similar data routinely to both WHO and ECDC was time consuming, there was agreement that a solution needed to be found. More discussion was needed especially regarding issues related to the transmission and sharing of the data.

Surveillance Strategy

Case Definitions (*document AF5/6/6*)

26. Karoline Fernandez de la Hoz from the Unit of Surveillance and Communications introduced the item on case definitions and the list with proposed diseases for revisions.

27. The proposed list of new diseases for which a case definition should be developed, the suggested modification structure and the process to review the case definitions were presented. Some comments had been made by the Working group in the morning and further comments of the AF were requested.

28. AF members pointed out that it was important to distinguish the purpose for which the case definitions were being developed, also because some of the case definitions would be included in the Commission Directive and would require mandatory reporting.

29. The WG in their morning discussions had also agreed that the diseases listed for European surveillance should be justified as many, even though not new, were not currently reported. Advice was needed as to whether there was any added value from an EU level collection. Comments on the paper and preliminary suggestions were invited regarding (i) which diseases should not be reported; (ii) for which disease it would still be useful to develop case definitions even though not for reporting (iii) those diseases where currently there was less need because priority and concentration should be on what is currently collected.

30. This proposal was endorsed and Director ECDC concluded the discussion by emphasising a two stage approach with the first priority being to urgently update what exists for the May meeting of the AF. At the second stage there would be time for further discussion of other diseases, taking into account the added value of EU level collection and sharing.

Evaluation of networks (*document AF5/6/7*)

31. Johanna Takkinen from the Unit of Surveillance and Communications presented this item and gave an update on the proposal of the evaluation and assessment process of the 17 surveillance networks in 2006-2008 on which comments and suggestions of the AF were requested.

32. A number of AF members suggested that many networks had very heavy laboratory components and also that epidemiology and broad public health experience would be useful (especially when the networks were specialised). Therefore it was recommended that the expertise needed should be broadened to include all three backgrounds. As many networks were involved in other activities (e.g. research) it was important to keep this in mind. A number of clarifications were requested on the role and composition of the steering group.

33. The evaluation should take into account that the networks had some of the top experts in their area. Laboratory experts were welcome and would need to apply to the call for expression of interest in consultancies to be on the evaluation teams. The problems with this process were recognised and a pragmatic way forward would be to see the outcome and if the result through applications alone was not sufficient then the AF would be consulted again as the objective was to ensure that good and right experts participated in the evaluations.

34. The role of the Steering Group was also clarified as ensuring that the process and procedures were going in the right direction (not to do the evaluation or to take over ECDC responsibilities). It would hopefully also be a further assurance to all (and especially the networks) that the process was independent and unbiased. The AF suggestions for broadening membership were noted; involvement of CDC Atlanta and WHO was also being discussed and the AF would be kept informed on progress.

35. A short information item on the new Venice Project (funded by DGSANCO) was presented by the project coordinator who welcomed collaboration from ECDC and AF members.

ECDC Scientific Panels *(oral update)*

36. A short oral report was given by Johan Giesecke on the extensive consultation with the Commission and the Management Board. The proposal for six scientific panels will be complemented by setting up of ad-hoc panels (e.g. on research). So far 320 experts had applied to be on the panels and all would remain on the roster without any screening. The invitation to serve on the panels will remain open and applications can be made at any time. The experts who apply can be asked to serve on all panels and also to help on specific tasks (including as consultants). The first panel on Influenza had been set up with Prof. Silano as the Chair and a first meeting was planned for early in March. The AF was thanked for the questions that they had sent for the Influenza panel.

Pandemic flu surveillance *(oral report)*

37. A brief update and report from a recent workshop was presented by Karoline Fernandez de la Hoz covering surveillance in a pandemic situation, analysis of the existing surveillance systems and what can be improved and what studies need to be done. The main outputs of the workshop were that a draft document should be ready by March, case definitions for AI H5N1 should be finalised (already done the previous Friday) and that new studies or activities to be done could be included for example in the next calls from DG RESEARCH (specially one on AI) or DG SANCO. When the report of the workshop was ready it would be distributed.

38. The oral report was welcomed and it was suggested that ECDC and DG RESEARCH should discuss research priorities prior to each call for proposals. This was also because the networks wanted more research possibilities and it would be good if ECDC collaborated and were seen to collaborate with DG RESEARCH in this respect. It was reported that ECDC had good initial discussions with DG RESEARCH who were willing to involve ECDC in the call for proposals and also in the subsequent evaluations. Further efforts and follow-up would be made given the comments and request of the AF.

Early Warning and Response System *(document AF5/9/8)*

39. The Head of the Unit of Preparedness and Response, Denis Coulombier, presented the paper highlighting the proposal and reasons for adapting the future operations of the EWRS for the two tasks of risk assessment and risk management, which in Member States were responsibilities of State Epidemiologists and Ministries of Health respectively. The tasks were separate but complimentary and under the regulations were respectively for the ECDC (with State Epidemiologists) and the EC (with Ministries of Health). The Working Group that had met that morning had endorsed the paper and the proposals and it had also suggested that the focal points for the EWRS and IHR should be the same.

40. The AF was in universal agreement that the spirit of the Regulations should be respected and that the EWRS should have two separate components reflecting the practices in Member States. There was some debate about one rather than two separate counterparts for the two components but the majority favoured the latter with some taking the view that in reality practice would determine this aspect. There was also agreement about the need to improve the current EWRS component dealing with messaging related to risk assessment. A number of suggestions (e.g ECDC to be moderator and editor, summarised way of displaying messages) were made including an examination of old messages in the system to test out any new proposals prior to implementation.

41. The AF was thanked for their endorsement of the paper and proposals and for their suggestions. No specifications of the functionality of the risk assessment component of the EWRS would be done without broad consultation and the idea of looking at past messages was a food one and would be explored.

Surveillance strategy: The longer term vision (*document AF5/10/9*).

42. The Head of the Unit of Surveillance and Communications, Andrea Ammon, presented the paper explaining that whilst drawing up the Strategy adopted by the MB it became clear that a longer-term vision was needed for a European Surveillance System with a 10-year focus. The vision of objectives for the longer term were also important for the current on-going evaluation, and there should be broad consultation. The Working Group who met earlier that morning discussed that the role of ECDC in chronic diseases of an infectious origin should also be defined.

43. The AF members were in general agreement with the proposal and pointed out that the role of MS was fundamental (EU data cannot be better than that of MS) and so their agreement and support for the strategy and their ability and capacity to implement was crucial. Also the typing role of laboratories in future surveillance would increase as would molecular epidemiology, requiring training and strengthening the capacities of country systems also at sub-national level. Therefore, wide consultation was needed (e.g. also with Health Service Research/Management) and consensus should be beyond the strictly technical and include MoH (as foreseen in the paper). This could also help to ensure that once the European System was decided upon MS would not opt out. .

44. It was agreed that political commitment was very important for implementation.

Annual epidemiological report (*document AF5/11/10*)

45. The Head of the Unit of Surveillance and Communications, Andrea Ammon, presented the paper highlighting what was new since December 2005. There would be a Baseline Report based on the CD data that had been collected and reported by Eurostat and DG SANCO (Unit C2) and national annual epidemiological reports and those of the DSN. The ECDC annual report would also have a description of the national surveillance systems (which would also be useful for the DSN for their specific diseases and areas) and a working group was designing the template for collecting this information. In all cases, where ever possible historical data, threats data and reports in Eurosurveillance would be used.

46. The AF noted the report.

Combating antimicrobial resistance (*document AF5/12/11*)

47. Peet Tull, from the Unit of Scientific Advice presented the paper concentrating on the two areas for which AF specific advice was being sought viz. guidelines for country visits (annex 1) and AMR indicators (annex 2).

48. The importance of this work for Member States was noted by all who commented and there was even a suggestion to eventually extend monitoring also to the veterinary (breeding and treatment) sector. There was also agreement that in many Member States good programmes exist but compliance was not always of same order, although some of the actions taken in some countries show the progress that can be made. Documentation of specific actions taken and their results would help compliance. The difficulties of fast progress across a broad front were however recognised and that these would be even more difficult to achieve at the EU level. Nevertheless the importance and urgency of the issue was such that ECDC was urged to initiate country visits and assessments as soon as possible.

49. The AF was thanked for their comments and support and assured that country visits would be initiated soonest.

Update on the EU Zoonoses Report (*document AF5/13/12*)

50. The Head of the Unit of Surveillance and Communications, Andrea Ammon, informed the AF that two meetings had been held to agree on and prepare the human data for the EU Zoonoses Report. The tables, data flows and time lines were in the paper.

51. The AF noted the paper and emphasised the importance of ECDC being involved with EFSA in this EU effort.

Clostridium difficile 027 (*document AF5/14/13*)

52. Peet Tull, from the Unit of Scientific Advice introduced the paper emphasising why CD027 was important and the AF were asked to give their advice on whether, as a new emerging epidemic, it should be a priority for ECDC and whether there was agreement on the 4 proposals for action.

53. The AF agreed to the need for priority action especially given movement of patients across Europe. The importance of training, knowledge about the particular strain and how to identify and type were repeatedly emphasised. In this respect the importance of designating specific laboratories and carrying out training was recognised and an offer to support training was also made.

54. The AF were thanked for their support and comments and these would be taken up with the Working Group for follow-up action.

Scientific seminar “Frontlines in infection biology at the Karolinska Institute” (*document AF5/15/14*)

55. The scientific seminar (programme in document AF5/15/14) took place at the Gaard Auditorium on 22 February, 2006 (09:00-12:00) and was chaired by Professor Mats Wahlgren (Chair Microbiology and Tumor Biology Centre, Karolinska Institute).