ECDC Advisory Forum

AF12/Minutes

Minutes of the 12th meeting of the Advisory Forum
Stockholm, 13–14 November 2007

Table of Contents

Page

Opening and welcome 1
Item 1 - Adoption of the draft agenda and noting the declarations of interest 1
Item 2 - Director's briefing on ECDC's work progress 1
Item 3 - Feedback from the Advisory Forum's Working Groups 2
Item 4 – Adoption of the draft minutes of the Advisory forum held in Stockholm, 13-14 September 2007 3
Item 5 – ECDC Programme of Work 2008 3
Item 6 – ECDC's architecture 8
Roles and interactions of ECDC' stakeholders 8
Working Groups of the Advisory Forum 8
Item 7 – Methodology and terms of reference for country visits 9
Item 8 – Surveillance issues 9
Surveillance of communicable diseases in the European Union: a long-term strategy (2008–2013) 9
Update on the evaluation and assessment of the surveillance networks) 10
Item 9 – Public health experts for joint ECDC-EMEA group on need for new antibiotics 11
Item 10 – Update on the state of preparedness for pandemic influenza 11
Item 11 - Assessment of Member States' capacity to comply with the requirements of surveillance and response of Annex 1 of the revised International Health Regulations 12
Item 12 – Update on public health threats 13
Items13 and 14 - Presentation ECDC's knowledge and information services and of of ECDC's library services 13
Item 15 – Other matters 13

Opening and welcome

1. The Chair, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the twelfth meeting of the Advisory Forum. She welcomed Professor Ioan Bocsan and Dr Germaine Hanquet newly appointed alternates from Romania and Belgium respectively. She also welcome Professor Helen Giamarellou, the member from Greece who attended the AF for the first time. Apologies were received from Italy, Malta, Lichtenstein, Slovakia, the European Patient Forum and the Pharmaceutical Group of the European Union who could not be represented at this meeting.

Item 1 - Adoption of the draft agenda and noting the declarations of interest *(document AF12/2 Rev.1)*

2. The draft agenda was adopted with one addition under other matters: the ESCAIDE conference. The Director called for the submission of declarations of interest forms in respect of the agenda items. Preben Aavitsland (Norway) declared that his institute was contract holder with ECDC for the EpiNorth project., Mike Catchpole (United Kingdom) declared that he was a member of the EISS evaluation team and member of the ECDC knowledge and management working group; Jean-Claude Desenclos (France) declared that he leaded the EARRS, ESAC and IPSE evaluation team and that his institute hosted the EuroHIV and EuroTB until end of 2007; Nedret Emiroglu (WHO/EURO) declared that she was a member of the Steering Group for the evaluation of the surveillance networks and WHO focal point on influenza and IHR; Kåre Mølbak declared that his institute hosted EUVACNET.

Item 2 - Director's briefing on ECDC's work progress

3. The Director briefed the AF on the progress made since the previous meeting. She outlined a few main events such as the Influenza Pandemic Preparedness Conference in Luxembourg on 25-27 September. That meeting was linked to a full day meeting with SANCO C3 to discuss the work plans. With regards to the external evaluation, the Director informed the AF that the inception report had been received from the contractor and it had been approved by the MB Steering Committee. As part of the methodology proposed, interviews of the AF members are planned by the contractor and further information will be provided in due course.

4. The Director had her annual hearing at the Parliament where the mandate of ECDC was discussed at length, in particular some MEPs felt that ECDC role on scientific advices should be strengthened and that it should do less work on influenza.

5. The Director went on about the recent visit of the Minister of Health of Spain and the positive progress in providing information to EuroHIV.

6. On the EuroTB, ECDC is discussing with WHO to reach an agreement on one reporting to a joint database and joint validation of data. The final draft of the TB action plan will be sent for consultation to the focal points in the countries, in this regards the list of focal points was distributed to the AF who was asked to help completing it where needed.

7. The Director then updated the AF on the activities of each unit. For the scientific advice unit, the main highlights were the ESCAIDE conference , the first meeting of national microbiology focal points and the work of the scientific panel on HPV which delivered a final draft scientific opinion that was sent to the AF for comments. On Surveillance, the Director

mentioned the annual meeting jointly organized with WHO to discuss EuroTB take-over. Regarding The European Surveillance System (TESSy), a letter was sent to the competent bodies asking for users nominations, training sessions will be organized early next year. For the preparedness and response activities, the AF was informed that the EWRS will be finally transferred to ECDC on 17 November 2007. A meeting on threat detection with focus on mass gathering was scheduled in December this year. ECDC jointly with WHO organized a mission in Italy on chikungunya

8. The AF was informed about meeting of Eurosurveillance editorial board on 16-17 Oct where the Eurosuveillance website was presented. The new web portal will see major developments in 2008. The Director also announced that ECDC now has an in-house newsletter called Insight.

9. An update was then given by Alain Lefebvre, country relations and coordination, on the meetings organized with the Directors of Competent Bodies to discuss collaboration with ECDC. On this issue, it was mentioned that the approach will have to be country specific because to take into account the specificities of each Member States The next meeting of the Competent Bodies is scheduled in approximately 18 months.

Item 3 - Feedback from the Advisory Forum's Working Groups

Surveillance

10. Jean-Claude Desenclos (France), Chair of the AF Working Group on Surveillance, reported back on the discussions of that group. The working group discussed the long-term surveillance strategy, the evaluation of the surveillance networks, the new draft of case definitions taking into account the comments made by the MS. The group also discussed the ECDC planned activities for surveillance of hepatitis B and C and recommended that a paper be prepared on his subject for the May meeting of the AF in 2008. Finally the group discussed the emerging problem on pig-associated MRSA declared as a serious problem by EFSA.

Preparedness and Response

11. Preben Aavitsland (Norway), Chair of the AF Working Group on Preparedness and Response, briefed the AF on the group discussions. The group discussed the response standard operating procedures, in particular a general framework for outbreak investigation and response, legionella and foodborne specific SOPs. This He said that more guidance is needed on this issue in the Member States. The group also discussed the implementation of Annex 1 of the International Health Regulation (IHR2005) and as many MS needed assistance on this issue, training could be offered by ECDC on request.

Scientific Advice

12. Elizabeth Nagy Chaired the Working Group on Scientific Advice in the absence of Darina O'Flanagan.

13. The group discussed the scope and objectives of the upcoming meeting of national microbiology focal points and was updated on ECDC activities on seasonal influenza, in particular on the survey being developed with the Venice project. The group also discussed methodologies on how to respond to the Commission request to ECDC to identify the "top 10 communicable threats" in 2008. Another request of the Commission was for ECDC to look into the "dual use" issue. The group discussed the wide range of techniques and knowledge that could be considered 'dual use', therefore ECDC will have to seek further definition of the

question and criteria to be used for answering this request. Finally the group was briefed on the ongoing activities in SAU, in particular on the outcome of the ESCAIDE conference and on the work being done to finalize a proposed strategy for cooperation with laboratories in the EU.

Item 4 – Adoption of the draft minutes of the Advisory forum held in Stockholm, 13-14 September 2007 *(document AF12/4)*

14. The minutes were adopted with one correction to paragraph 100 to indicate that for the AF agreed to hold its 4th meeting in November instead of December as done in previous years.

Item 5 – ECDC Programme of Work 2008 *(document AF12/5)*

15. The Director opened the meeting by saying that the 7-year strategic multiannual programme had been approved and had been the point of departure for developing the programme of work for 2008. She listed the key deliverables for 2008. ECDC is coming out of its initial phase and next year will focus more on content. The core functions of the Centre will be laid out, as will disease-specific work. The heads of unit presented their individual work plan.

16. Andrea Ammon, head of the surveillance unit said her unit has improved its data collection activities, more than any other area with an aim to improve quality and comparability. TESSy will be further developed. The unit is currently working on a final agreement on data exchange and to have training programs and an online structure set up. New developments concerning TESSy will continue as a concept for outbreak monitoring. The unit is also working on multilingual modules and looks into developing an outbreak detection algorithm. An agreement on surveillance systems is also in the process of being developed. Other activities the unit is engaged in are completing a mapping exercise as to what kind data is available in the MS. The Director added that an integrated approach to surveillance was needed.

17. Johan Giesecke, head of the scientific advice unit (SAU), presented the work of his Unit. SAU is currently evaluating the ESCAIDE conference and whether or not to hold the next one in Stockholm. The unit head cited some recent problems with the scientific panels that had been convened, saying that ad hoc ones, like the one recently held on HPV was useful, but needs last longer to be effective. Convening these types of panels should encourage information exchange between scientists in Europe and also in the United States. He also said that the unit is working on TB and the connections between climate change and infectious diseases. One of the goals for the SAU is to finalize the internal protocol for giving scientific advice because the diversity in the MS makes it difficult to do so. The unit will develop its work on collaboration with the microbiology laboratories in the EU once the strategy has been finalized and approved.

18. The representative of the Commission said the Commission is in the process of drafting a policy paper on a laboratories strategy, as the new public health programme foresees a "network of community reference laboratories". ECDC will develop its strategy in synergy with that of the Commission to avoid duplication of work.

19. Regarding the planned study on burden of diseases, it was clarified that the idea was to have a European perspective and to concentrate on infectious diseases while WHO study was a global strategy. ECDC is consulting WHO on this study.

20. The representative from the Commission added that there would be one reference laboratory per MS. There would be one reference lab. for each pathology or one that would act in a general capacity.

21. Johan Giesecke said that such a network already exists under EDA with 12 laboratories.

22. One member suggested that ECDC hires microbiologists to deal with this activity to which the Director replied that this was the intention in the recruitment plan.

23. Finally regarding the selection process for the labs, this needs to be further discussed but it should be done through a bidding process. The Director also reminded the draft strategy with the labs. will be discussed with the Management Board in December

24. Denis Coulombier presented the work plan for the preparedness and response unit who will focus on two target areas. The first will be to enhance the EWRS by setting up a basis infrastructure for it. The next enhancement will be the completion of EPIS in 2007. Denis Coulombier said that to accomplish this, a structural approach must be taken and measures need to be coordinated. Partners must be identified and the situation calls for review. The goal is to set up an outbreak assistance system, which the unit is working on a tool kit for now. It will cover measles, meningitis and TB. The one for influenza has already been completed.

25. On the flu project, guidelines are being developed for epidemic intelligence. There will be two exercises in the area this year. A position paper is also being prepared by the unit on the subject. Capacity is also being raised through training. EPIET is being integrated into ECDC. The unit had focused on field epidemiology training which was a decision at the start-up of ECDC but the scope is currently being broadened. New short courses will be also developed on the topics covered by the Unit.

26. The unit is developing a strategy paper on intentional release.

27. One representative said that EWRS connects mainly with risk management. He sees IHR notification as illogical within this system, as it should instead go under EPIS.

28. In his replies, Denis Coulombier said that the module for IHR notification has not been finished yet, but the tools were in place. Two simulation exercises were scheduled, one in the first part of 2008 and the other will be a desktop exercise most likely in the Autumn 2008. One representative asked how these regulations would apply to the overseas territories governed over by MS to which the WHO representative responded that the outside territories are always the responsibility of MS. The issue would be discussed further at the next joint meeting with Commission, WHO and ECDC in Spring 2008.

29. Karl Ekdahl presented the Health Communication (HCU) work plan for 2008 Communication to a scientific/public health audience is a key goal and he named the actions HCU had taken to achieving them. They include the publication of Eurosurveillance and a call for tender for a web portal. The unit's plans for 2008 include increasing the quality and

marketing of Eurosurveillance (including a new website and application for an impact factor for the journal) and instituting a target-specific approach to all scientific communication.

30. The next part of the HCU work plan deals with communication to the media and the European public. The unit has already mobilized efforts to disseminate press releases to the media and has a multilingual website under construction. Planned for 2008 are the further development of a proactive media service and the extension of HCU's network of journalists.

31. The unit also supports communication efforts in the member states, and in 2007 compiled a tool kit for seasonal influenza and has active interaction with the Commission's "flu communicator's network." The plan for 2008 indicates that HCU will work towards building internal competence in risk communication, exploring how ECDC can support MS on wider communication issues and provide support to MS on risk communication as requested.

32. The disease specific projects were afterwards briefly presented. Johan Giesecke introduced the projects by saying that they should be more concrete. Each project comprised a standard package: to develop a web update newsletter function; to contribute to the ECDC reporting; to assess the gaps in public health function and to provide an annual update meeting on scientific issues.

33. Karoline Fernandez de la Hoz, project coordinator for Tuberculosis (TB) presented the 2008 work plan for TB. It includes the technical development of the TB Action Plan as main product and joint TB surveillance by ECDC and WHO/EURO from 2008 forwards. Also mentioned in the work plan is the formation of a network of reference laboratories for TB. Areas mentioned as ones the project would work towards include propose priorities for investigation on new methods and technologies for prevention and control. Framework guidance for migrants is also needed as are collaborative activities that cover both TB and HIV. Country visits are planned as part of countries support and enhancing health communication with respect to TB is also on the work plan. WHO is currently revising its guidelines on air travel and ECDC is developing standard operating procedures for the coordination of investigations of air travelers (and their potential contacts) with infectious diseases. Documents from EC, ECDC and WHO regarding this issue should be aligned with each other.

34. On a question regarding TB reference laboratories, Karoline Fernandez de la Hoz responded that the initial idea was to have a network of labs for TB and to work in collaboration with WHO. This should be done in agreement with the general strategy involving laboratories in the EU.

35. One representative indicated that there were clearly different opinions between US CDC and the EU on the issue of contact investigations regarding passengers with TB, MDR/XDR – TB.

36. Karoline Fernandez de la Hoz replies that the workload on this issue is disproportionate in comparison to the threat it represents and this is why it has been decided to develop a paper on ECDC role on this kind of investigations.

37. The representative from the Commission then said that WHO needs to figure out how to deal with TB in air travel. EC and ECDC will be involved in the revision of the technical guide for contact tracing that WHO is currently doing. .In his opinion it is important that any

such guidelines, when developed by all three of these parties (EC/ECDC, WHO, US) not be open to interpretation.

38. One member said that, the real incidence of the spread of TB associated with aircrafts was in reality not that high. ECDC needs to figure out whether this is a priority.

39. Karoline Fernandez de la Hoz said that this is right but the issue on coordination of contact investigations in the mentioned situations needs to be solved.

40. The Director said that ECDC will keep WHO informed of progress on the issue. It will always be kept in mind that whatever ECDC does it should add value to the situation.

41. Another member said that it will be important for the EU countries to have ECDC guidelines for contact tracing. Last year during the Wolfheze meeting in Vilnius it was agreed that a working group with members of several organizations lead by KNCV will work on that and ECDC offered support for this work. Karoline Fernandez de la Hoz said that she will found out the state of the situation in order to get ECDC closely involved if necessary.

42. Marita van de Laar, projector coordinator, presented the activities of the 2008 work plan on HIV/AIDS, STIs and blood-borne infections. It includes the coordination of EU-wide surveillance of HIV/AIDS, the transition of STI surveillance and development of hepatitis surveillance, developing a user-friendly model for national HIV estimates and providing updated information to stakeholders, professionals and to the public at large.

43. The next area the project's work plan tackles is improving the scientific understanding of determinants. Ways to do this include the identification of research priorities in collaboration with DG Research. This will also include reviewing the epidemiological situation of HIV in migrants and developing standardised behavioural surveillance in relation to HIV and STIs.

44. Improvement of the base for methods and technologies for prevention and control is another area of importance in the work plan. This includes the compiling of guidance on Chlamydia control in the EU and the development of HIV prevention monitoring and evaluation program.

45. One member questioned whether behavioral surveillance was really a priority in this area. He said this type of behavior varies from one society to the next. MVL responded that this activity was part of EU Action Plan and will support MS to implement second generation surveillance.

46. Johanna Takkinen, project coordinator, presented the work plan on food and waterborne diseases. She outlined the characteristics, accomplishments and long-term goals of this project. The strategic focus is to improve scientific knowledge of ethiology, identify risk factors and the burden of disease. The objectives of the project in the medium-term are enhanced laboratory surveillance, the implementation of an outbreak reporting system and linking geographical data to TESSy.

47. The food and waterborne disease project's achievements in 2007 include the zoonoses report, cruise ship activities and collaborations with WHO, the Commission and EFSA.

48. Future goals include completing a risk assessment of hepatitis E, the integration of laboratory and epidemiological surveillance for diseases chosen as priorities and scientific

developments on emergence of norovirus strains. Also planned for 2008 are the review of production of EU-wide guidelines on the prevention and control of norovirus in community settings. The project is also looking to organize a joint country visit with EFSA and to produce a review of Listeria epidemiology.

49. The Danish representative pointed out that a lot of the research and prevention measures for foodborne diseases, such as salmonella focuses on eggs and pork, but more cases of these types are found in fruits and vegetables that are transported from elsewhere. Johanna Takkinen said that a lot of the EU-level work is focused on salmonella. Further serological studies to be done by the project would work to identify more sources of salmonella.

50. Dominique Monnet, project coordinator for the antimicrobial resistance and healthcare-associated infections, presented the priorities for this project in 2008. The main activities in 2008 will be to improve coordination of activities and build capacity in MS and will include the development and implementation of basic and enhanced surveillance for HCAI in Europe, to provide guidance to MS for MRSA control. To increase awareness in Europe on AMR and antibiotics, a workshop will be organized and a first annual AMR day will be launched on 18 November 2008.

51. Overall, the priorities described were welcomed by the AF

52. Pierluigi Lopalco, project coordinator for the Vaccine Preventable Disease project presented the work plan for 2008. Activities in the project's 2008 work plan include liaisons with WHO and EMEA and collaboration with DIPNET and EUVACNET. The project also plans on providing scientific advice on childhood immunization schedule. All of these constitute the project's day-to-day activities. He also said that HPV will be a priority for 2008.

New activities envisioned in the work plan include supporting MS in their goal to eliminate measles, continuing activities on AEFI and preparing a recurrent survey on child immunization.

53. Jan Semenza presented the work plan for the disease of environmental and other origin (EZO). The EZO project covers vector-borne diseases and ones that are travel-related. It also covers intentional release agents like anthrax and smallpox and re-emerging diseases.

54. Among the project's accomplishments this year were a report on climate change following a meeting on this issue. The project also completed calls for tender on the magnitude of vector-borne diseases, published articles in Eurosurveillance. The project has also worked on recommendations for ECDC's role in travel medicine.

55. He also mentioned that actions on vector-borne infections should be prioritized. The needs of vector surveillance were also mentioned.

56. One representative asked if the Q-fever will be included in the EZO plans to which Jan Semenza replied that a fact sheet is being prepared on the ailment. T.

57. Jan Semenza said that surveillance of vector-borne diseases was very important. He said the unit is to organize a conference to see where we stand to drive agenda in this direction.

Item 6 – ECDC's architecture

Roles and interactions of ECDC' stakeholders *(document AF12/6)*

58. Alain Lefebvre, Country relations and coordination, made a presentation of the roles of ECDC' stakeholders, in particular the Management Board, the Advisory Forum, Member States and Competent Bodies. The presentation was based on the requirements of Founding Regulation and the rules of procedures of the MB and AF. It was however made clear that a country by country approach has to be considered to define the collaboration that can be best suitable and efficient for each country

59. With regards to the various focal points to be appointed, this issue needs further discussion and clarification. So far, microbiology focal points have been nominated and a letter had been sent by the Director ECDC to MS to ask them if they wish to appoint a coordination function.

60. In the ensuing discussion, some members felt that ECDC should feel free to ask for expertise from who ever it wanted.

61. Others members raised concern at the possible dual role they may have to play in their relations with ECDC when they are represented on the Advisory Forum and also a designated Competent Body. The Director clarified that for the Advisory Forum, they are doing work for the EU network while when it concerns their role as part of a competent body, it is more of a bilateral collaboration.

62. Overall, the AF recommended that the presentation be simplified to make it easier to understand.

63. After a long debate, the Advisory Forum agreed to set-up a small working group to support ECDC in defining the ways the Competent Bodies will interact with ECDC and the roles of the focal points. The representatives of Austria, Greece, the United Kingdom, Portugal, Germany and the Commission expressed interest in joining this working group.

64. To conclude, the representative of the Commission said that the structure of ECDC is laid down in the Founding Regulation and the aim is to find the best way to implement it. This discussion is useful in view of the possible structural changes for ECDC that may result from the external evaluation, therefore this opportunity should be used to collect experience in order to have a better structure in the future.

Working Groups of the Advisory Forum *(document AF12/7)*

65. The Director briefly recalled the original intention behind setting up the Working Groups. They were constituted in the start-up phase of ECDC and reflected the three original technical units to provide a link between the daily work of ECDC and the AF. They were set up until end of 2005. However, they continued but in a different way.

66. At the eleventh meeting of the AF, members were asked to give comments in writing on the future of the Working Groups. The Director summarised the main points as laid out in document AF12/7 and outlined ECDC's preferred view. In general, ECDC's view was that the work of the WGs should be better integrated in that of the AF,

67. There was broad agreement on the usefulness of the WGs and also on ECDC's proposals. In response to comments the Director clarified the idea of 'topic-specific' working groups: they could be used to discuss any item on the AF agenda that needed more in-depth consideration; also the disease-specific projects now need a forum and more visibility, so the WGs could consider particular diseases when necessary. Responding to one particular view, it was felt that although WGs could consider strategic issues, these are already, and more appropriately, dealt with in the AF agenda. The possibility to invite external partners for specific expertise was also suggested.

68. The Director said also that the WGs could be ad hoc, depending on the subjects under discussion and would not have to reflect the unit structure and that in general there should be flexibility in the way the WGs work.

69. In conclusion, the AF agreed to the Director's proposal that the next AF meeting should be used to experiment with a different format. It was suggested to begin with a short plenary session, to agree on topics for the WGs (based on prior suggestions, but with the possibility of bringing up new subjects) then break in working groups with members to assign themselves to the groups. At this stage, no decision was made on the chairmen of the WGs.

Item 7 – Methodology and terms of reference for country visits *(document AF12/12)*

70. A paper was submitted to the Advisory Forum outlining ECDC's methodology for country visits. There was no discussion on this item, however, the Director asked the AF members to submit their comments in writing.

Item 8 – Surveillance issues

Surveillance of communicable diseases in the European Union: a long-term strategy (2008–2013) *(document AF12/8)*

71. Andrea Ammon, head of the surveillance unit, outlined the changes that had been made to the strategy since the last meeting, reflecting the comments of the AF and MB.

72. In addition, some comments from a recent meeting of the competent bodies and the AF working group were shared with the AF. Notably, these were a suggestion that TESSy-based modules could be developed for MS; a suggestion that ECDC develop minimum standards requirements to assist MS in putting the case to their national governments; and a call that in setting out surveillance objectives, ECDC should look for opportunities where surveillance can make a difference (e.g. *C. difficile*), rather than concentrating on the 'usual suspects'.

73. There was general acknowledgement that this paper was an improvement on the previous one. However, some areas were highlighted that still need further work.

74. On the issue of European added value, it must be made clear how a uniform data collection will actually improve surveillance and outbreak detection in MS: having the data in one place is convenient and can be interesting, but that alone is not enough. Some national systems may work well for some diseases so a Europe-wide system would not add much. It may not be valuable to have data collected on both national and European levels, and several members encouraged ECDC's role in revising the list of diseases under mandatory

surveillance. On this latter point, Andrea Ammon confirmed that this activity has already been added to the 2008 work plan.

75. Similarly, an advantage will be gained at a European level if there is a long-term strategic surveillance used to identify trends and future threats and formulate preventive strategies. Andrea Ammon replied that a section on data for modelling and forecasting had been originally included and would be added back into the paper.

76. There was a difference of opinion on the importance of outbreak detection as an objective of Europe-wide surveillance. Some members felt that this was the major contribution of the system, especially in relation to rare outbreaks, and should be made more prominent in the long-term strategy. Whereas others took the view that it is just one of several objectives for surveillance and that outbreak detection is more important at a local level. Andrea Ammon agreed to further develop the paper to highlight the connection with outbreak detection and response but agreed with the view that this was not a major pillar of the work.

77. There were also varying opinions on the matter of setting minimum standards. While they can be used as a tool for advocacy, it raises questions of what would be the consequences for MS who failed to meet such standards, and would therefore have to be approached carefully. Some felt that a better way to assist MS is to undertake evaluations at their own request, similar to those conducted with the DSNs. In response, Andrea Ammon explained that any standards would not be imposed on MS; the idea would be developed together with the competent bodies to see whether there was general support for this.

78. A concern was raised about the potential for dual-reporting, e.g. to ECDC and WHO. Andrea Ammon confirmed that the issue was being resolved with WHO and gave examples of recent agreement on a common database for EuroHIV and EuroTB.

79. A practical issue was raised regarding the language of the TESSy guidelines and standard operating procedures as the technical personnel may not necessarily speak English. Andrea Ammon reassured members that ECDC is aware of this and that appropriate translation is being planned for the future.

80. The European Commission took the opportunity to clarify the situation regarding the mandatory imposition of surveillance methodologies on MS. By Decision 2119/98 MS agreed to delegate the power to adopt binding methodologies. This has so far not been possible due to a lack of technical and scientific capacity. However, with the establishment of ECDC, questions are being asked as to why this has not been done. If this were to happen in the future, it would go through the procedure as laid out in the regulation.

Update on the evaluation and assessment of the surveillance networks

(document AF12/9)

81. Johanna Takkinen, Surveillance Unit, started by thanking the six teams for the latest evaluations and gave an overview of the current status of the evaluations. Some statistics on response rates from the various networks were also presented.

82. In response to a query it was suggested that the low response rates from EuroTB and EuroHIV could be due to the fact that these networks cover 53 countries, only 27 of which are EU Member States. However, the results have not yet been analysed and this is just a hypothesis.

83. It was suggested that the methodology and the evaluations themselves would be of interest to a wider audience and could usefully be published.

.Item 9 – Public health experts for joint ECDC-EMEA group on need for new antibiotics *(document AF12/10)*

84. Dominique Monnet, Scientific Advice Unit, outlined the plan to establish a working group to perform a gap analysis on the unmet medical needs for antibiotics. The rationale behind it was explained and volunteers were called for to fill the two places in the group for ECDC AF members.

85. The plan was welcomed as a very interesting, though challenging project. So far three members expressed an interest in taking part. The group includes Dominique Monnet (ECDC), Professors Giamarellou (Greece), Bocsan (Romania) and Norrby (Sweden). This group will provide an informative material to the AF early 2009.

86. The question was raised as to how much influence such a study could really have on the pharmaceutical industry, given the fact that antibiotics are not a major revenue-earner. In response it was explained that it is hard to judge as scientists had not so far defined the need. This would be the goal of the study and could help to define the market. Johan Giesecke, head of the Scientific Advice Unit, added that this project presents an opportunity to explore whether ECDC can play a role in this area.

Item 10 – Update on the state of preparedness for pandemic influenza

87. Angus Nicoll, Influenza project coordinator, presented the goals and accomplishments of the influenza project. Having completed the joint self-assessment for all the EU countries in 2008, the influenza project will work towards several outputs. . In particular, they include the creation of a Seasonal Influenza Portfolio that will support with scientific evidence a paper promoting Europe achieving influenza vaccination targets to be presented by the Commission to the EU Health Council in December 2008. The project will also develop detailed strategies and objectives for monitoring seasonal prevention and control of influenza for MS. A research workshop will be held to share experience and determine the research priorities to investigate and better understand influenza transmission and control.

88. The influenza project coordinator presented a proposal to the AF members that ECDC would issue a statement later in the year supportive of seasonal influenza vaccination in MS. The AF was supportive of this initiative.

89. In the early warning area, the influenza project recognises that the responsibility for the transferred EWRS will be the Preparedness and Response Unit in ECDC which has a threat tracking tool in place while the project has monitoring information through the ECDC Web-site.. The plan for 2008 includes the enhancement of EWRS, the development of an EPIS risk assessment tool and monitoring of threats to travellers. Cooperation between ECDC and NATO Epidemiologic Intelligence Service/Unit should be envisaged, particularly from the early warning and reaction points of view.

90. Goals reached related to enhanced preparedness and response, include the establishment of standard operating procedures for outbreak response, the completion of pandemic influenza preparedness assessments and the full integration of EPIET. Planned for 2008 are the enhancement of EWRS, the establishment of the strategic position of ECDC in relation to the

deliberate or accidental release of a biological agent and the compilation of guidance on epidemic intelligence at mass gatherings.

91. One representative asked if flu vaccine should become a standard part of hospital hygiene.

92. The WHO representative briefed the AF on the intergovernmental meeting on influenza organized by WHO and that will be partly a technical but also a partly political meeting as well. The consultation process with MS will take place on 19 November.

Item 11 - Assessment of Member States' capacity to comply with the requirements of surveillance and response of Annex 1 of the revised International Health Regulations *(document AF12/*11**)**

93. Peter Kreidl, Preparedness and Response Unit, presented ECDC's proposals for the fulfilment of its role in the implementation of IHR 2005.

94. Some concerns were voiced that the plans do not address the most urgent needs of the MS. The self-assessment tool is needed as soon as possible in order for countries to complete the required work by the deadline of mid-2009. In response, it was explained that the problem with developing the tool is that it needs to be applicable to all MS with all their different structures which takes a lot of time. However, it was acknowledged that MS need this urgently and that the development will take place in parallel with the survey, rather than waiting for the results of the survey before starting work. It was added that there had recently been a meeting on this issue with the competent bodies and a draft of the tool would be available by the end of December 2007.

95. Reassurance was given that ECDC has been collaborating with WHO to ensure that MS would not be given two different tools.

96. It was raised that the core capacities required by Annex 1.b are proving to be the biggest burden on MS. It was acknowledged that ECDC had underestimated the impact of this annex as it falls outside of the Centre's expertise. However, it has since been identified as a problem and the idea of setting up a website came out of recent discussions.

97. On the issue of using the EWRS to notify IHR events, ECDC has made provision for this but it must be a decision of the Competent Bodies. EWRS and IHR meetings have been held back to back in order to explore the issue. It is up to the MS whether they want an extra module of EWRS as there is flexibility in the system. The European Commission have the impression that MS are broadly in favour of this approach. It would also assist in the implementation of the wishes of the Health Council that EWRS and WHO should be notified simultaneously.

98. The Commission took the opportunity to announce that they intend to propose an amendment to the EWRS criteria to include IHR notification in the area of communicable diseases. This would create a new obligation for MS in that if they notify WHO under the IHR they would also have to notify EWRS. This would complement the current system by which WHO is notified of EWRS messages. A draft legal Decision will soon go to the MS.

Item 12 – Update on public health threats

99. Denis Coulombier made a presentation on this subject and said that 34 health threats had been recorded or update since the last AF meeting, and which were connected to globalized trade and international travel. He also outlines the threats trends which relate to new or emerging pathogens or derive from known pathogens. As an example, he described the chikungunya outbreak in Italy and its risk for Europe.

100. One representative noted that the map shown in the presentation was different to the one presented at the previous meeting and that it showed a change of higher risk. Denis Coulombier replied that there were actually two maps: one for the risk of establishment and one for the risk of vector prevalence. The map presented here combined the 2 risks to avoid the difficulty of community 2 different maps.

Items 13 and 14 - Presentation ECDC's knowledge and information services and of ECDC's library services

101. Laszlo Balkanyi and Ana-Belen Escriva, both of the Scientific Advice Unit, updated the AF on ECDC's Knowledge Information Services and on the library services.

102. For the library services, the general opinion was that this would be very useful if some form of the service could be extended to the MS and would provide a genuine added value. It was explained that work is being done on networking to extend access to the information held electronically. However, there are contractual problems with providing access to journals. Currently articles can only be provided thorough inter-library loans and only in hard copy.

103. The Director suggested that a survey of stakeholders' needs could be undertaken and then possibilities for sharing these services could be considered.

Item 15 – Other matters

104. The ESCAIDE conference was briefly discussed and all agreed that it was a successful conference, although evaluations forms had not yet all been completed.

105. One representative commented that the presentations at the conference which were good, however the EPIET needs to remain prominent in future conferences and that there should be a better balance in the presentations.

106. Johan Giesecke said that steps are being taken for the next conference in 2008 and the scientific content will be discussed with the AF at a future session.

ECDC Advisory Forum

AF12/Minutes

Minutes of the 12th meeting of the Advisory Forum
Stockholm, 13–14 November 2007

Table of Contents

Page

Opening and welcome 1
Item 1 - Adoption of the draft agenda and noting the declarations of interest 1
Item 2 - Director's briefing on ECDC's work progress 1
Item 3 - Feedback from the Advisory Forum's Working Groups 2
Item 4 – Adoption of the draft minutes of the Advisory forum held in Stockholm, 13-14 September 2007 3
Item 5 – ECDC Programme of Work 2008 3
Item 6 – ECDC's architecture 8
Roles and interactions of ECDC' stakeholders 8
Working Groups of the Advisory Forum 8
Item 7 – Methodology and terms of reference for country visits 9
Item 8 – Surveillance issues 9
Surveillance of communicable diseases in the European Union: a long-term strategy (2008–2013) 9
Update on the evaluation and assessment of the surveillance networks) 10
Item 9 – Public health experts for joint ECDC-EMEA group on need for new antibiotics 11
Item 10 – Update on the state of preparedness for pandemic influenza 11
Item 11 - Assessment of Member States' capacity to comply with the requirements of surveillance and response of Annex 1 of the revised International Health Regulations 12
Item 12 – Update on public health threats 13
Items13 and 14 - Presentation ECDC's knowledge and information services and of of ECDC's library services 13
Item 15 – Other matters 13

Opening and welcome

1. The Chair, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the twelfth meeting of the Advisory Forum. She welcomed Professor Ioan Bocsan and Dr Germaine Hanquet newly appointed alternates from Romania and Belgium respectively. She also welcome Professor Helen Giamarellou, the member from Greece who attended the AF for the first time. Apologies were received from Italy, Malta, Lichtenstein, Slovakia, the European Patient Forum and the Pharmaceutical Group of the European Union who could not be represented at this meeting.

Item 1 - Adoption of the draft agenda and noting the declarations of interest *(document AF12/2 Rev.1)*

2. The draft agenda was adopted with one addition under other matters: the ESCAIDE conference. The Director called for the submission of declarations of interest forms in respect of the agenda items. Preben Aavitsland (Norway) declared that his institute was contract holder with ECDC for the EpiNorth project., Mike Catchpole (United Kingdom) declared that he was a member of the EISS evaluation team and member of the ECDC knowledge and management working group; Jean-Claude Desenclos (France) declared that he leaded the EARRS, ESAC and IPSE evaluation team and that his institute hosted the EuroHIV and EuroTB until end of 2007; Nedret Emiroglu (WHO/EURO) declared that she was a member of the Steering Group for the evaluation of the surveillance networks and WHO focal point on influenza and IHR; Kåre Mølbak declared that his institute hosted EUVACNET.

Item 2 - Director's briefing on ECDC's work progress

3. The Director briefed the AF on the progress made since the previous meeting. She outlined a few main events such as the Influenza Pandemic Preparedness Conference in Luxembourg on 25-27 September. That meeting was linked to a full day meeting with SANCO C3 to discuss the work plans. With regards to the external evaluation, the Director informed the AF that the inception report had been received from the contractor and it had been approved by the MB Steering Committee. As part of the methodology proposed, interviews of the AF members are planned by the contractor and further information will be provided in due course.

4. The Director had her annual hearing at the Parliament where the mandate of ECDC was discussed at length, in particular some MEPs felt that ECDC role on scientific advices should be strengthened and that it should do less work on influenza.

5. The Director went on about the recent visit of the Minister of Health of Spain and the positive progress in providing information to EuroHIV.

6. On the EuroTB, ECDC is discussing with WHO to reach an agreement on one reporting to a joint database and joint validation of data. The final draft of the TB action plan will be sent for consultation to the focal points in the countries, in this regards the list of focal points was distributed to the AF who was asked to help completing it where needed.

7. The Director then updated the AF on the activities of each unit. For the scientific advice unit, the main highlights were the ESCAIDE conference , the first meeting of national microbiology focal points and the work of the scientific panel on HPV which delivered a final draft scientific opinion that was sent to the AF for comments. On Surveillance, the Director

mentioned the annual meeting jointly organized with WHO to discuss EuroTB take-over. Regarding The European Surveillance System (TESSy), a letter was sent to the competent bodies asking for users nominations, training sessions will be organized early next year. For the preparedness and response activities, the AF was informed that the EWRS will be finally transferred to ECDC on 17 November 2007. A meeting on threat detection with focus on mass gathering was scheduled in December this year. ECDC jointly with WHO organized a mission in Italy on chikungunya

8. The AF was informed about meeting of Eurosurveillance editorial board on 16-17 Oct where the Eurosuveillance website was presented. The new web portal will see major developments in 2008. The Director also announced that ECDC now has an in-house newsletter called Insight.

9. An update was then given by Alain Lefebvre, country relations and coordination, on the meetings organized with the Directors of Competent Bodies to discuss collaboration with ECDC. On this issue, it was mentioned that the approach will have to be country specific because to take into account the specificities of each Member States The next meeting of the Competent Bodies is scheduled in approximately 18 months.

Item 3 - Feedback from the Advisory Forum's Working Groups

Surveillance

10. Jean-Claude Desenclos (France), Chair of the AF Working Group on Surveillance, reported back on the discussions of that group. The working group discussed the long-term surveillance strategy, the evaluation of the surveillance networks, the new draft of case definitions taking into account the comments made by the MS. The group also discussed the ECDC planned activities for surveillance of hepatitis B and C and recommended that a paper be prepared on his subject for the May meeting of the AF in 2008. Finally the group discussed the emerging problem on pig-associated MRSA declared as a serious problem by EFSA.

Preparedness and Response

11. Preben Aavitsland (Norway), Chair of the AF Working Group on Preparedness and Response, briefed the AF on the group discussions. The group discussed the response standard operating procedures, in particular a general framework for outbreak investigation and response, legionella and foodborne specific SOPs. This He said that more guidance is needed on this issue in the Member States. The group also discussed the implementation of Annex 1 of the International Health Regulation (IHR2005) and as many MS needed assistance on this issue, training could be offered by ECDC on request.

Scientific Advice

12. Elizabeth Nagy Chaired the Working Group on Scientific Advice in the absence of Darina O'Flanagan.

13. The group discussed the scope and objectives of the upcoming meeting of national microbiology focal points and was updated on ECDC activities on seasonal influenza, in particular on the survey being developed with the Venice project. The group also discussed methodologies on how to respond to the Commission request to ECDC to identify the "top 10 communicable threats" in 2008. Another request of the Commission was for ECDC to look into the "dual use" issue. The group discussed the wide range of techniques and knowledge that could be considered 'dual use', therefore ECDC will have to seek further definition of the

question and criteria to be used for answering this request. Finally the group was briefed on the ongoing activities in SAU, in particular on the outcome of the ESCAIDE conference and on the work being done to finalize a proposed strategy for cooperation with laboratories in the EU.

Item 4 – Adoption of the draft minutes of the Advisory forum held in Stockholm, 13-14 September 2007 *(document AF12/4)*

14. The minutes were adopted with one correction to paragraph 100 to indicate that for the AF agreed to hold its 4th meeting in November instead of December as done in previous years.

Item 5 – ECDC Programme of Work 2008 *(document AF12/5)*

15. The Director opened the meeting by saying that the 7-year strategic multiannual programme had been approved and had been the point of departure for developing the programme of work for 2008. She listed the key deliverables for 2008. ECDC is coming out of its initial phase and next year will focus more on content. The core functions of the Centre will be laid out, as will disease-specific work. The heads of unit presented their individual work plan.

16. Andrea Ammon, head of the surveillance unit said her unit has improved its data collection activities, more than any other area with an aim to improve quality and comparability. TESSy will be further developed. The unit is currently working on a final agreement on data exchange and to have training programs and an online structure set up. New developments concerning TESSy will continue as a concept for outbreak monitoring. The unit is also working on multilingual modules and looks into developing an outbreak detection algorithm. An agreement on surveillance systems is also in the process of being developed. Other activities the unit is engaged in are completing a mapping exercise as to what kind data is available in the MS. The Director added that an integrated approach to surveillance was needed.

17. Johan Giesecke, head of the scientific advice unit (SAU), presented the work of his Unit. SAU is currently evaluating the ESCAIDE conference and whether or not to hold the next one in Stockholm. The unit head cited some recent problems with the scientific panels that had been convened, saying that ad hoc ones, like the one recently held on HPV was useful, but needs last longer to be effective. Convening these types of panels should encourage information exchange between scientists in Europe and also in the United States. He also said that the unit is working on TB and the connections between climate change and infectious diseases. One of the goals for the SAU is to finalize the internal protocol for giving scientific advice because the diversity in the MS makes it difficult to do so. The unit will develop its work on collaboration with the microbiology laboratories in the EU once the strategy has been finalized and approved.

18. The representative of the Commission said the Commission is in the process of drafting a policy paper on a laboratories strategy, as the new public health programme foresees a "network of community reference laboratories". ECDC will develop its strategy in synergy with that of the Commission to avoid duplication of work.

19. Regarding the planned study on burden of diseases, it was clarified that the idea was to have a European perspective and to concentrate on infectious diseases while WHO study was a global strategy. ECDC is consulting WHO on this study.

20. The representative from the Commission added that there would be one reference laboratory per MS. There would be one reference lab. for each pathology or one that would act in a general capacity.

21. Johan Giesecke said that such a network already exists under EDA with 12 laboratories.

22. One member suggested that ECDC hires microbiologists to deal with this activity to which the Director replied that this was the intention in the recruitment plan.

23. Finally regarding the selection process for the labs, this needs to be further discussed but it should be done through a bidding process. The Director also reminded the draft strategy with the labs. will be discussed with the Management Board in December

24. Denis Coulombier presented the work plan for the preparedness and response unit who will focus on two target areas. The first will be to enhance the EWRS by setting up a basis infrastructure for it. The next enhancement will be the completion of EPIS in 2007. Denis Coulombier said that to accomplish this, a structural approach must be taken and measures need to be coordinated. Partners must be identified and the situation calls for review. The goal is to set up an outbreak assistance system, which the unit is working on a tool kit for now. It will cover measles, meningitis and TB. The one for influenza has already been completed.

25. On the flu project, guidelines are being developed for epidemic intelligence. There will be two exercises in the area this year. A position paper is also being prepared by the unit on the subject. Capacity is also being raised through training. EPIET is being integrated into ECDC. The unit had focused on field epidemiology training which was a decision at the start-up of ECDC but the scope is currently being broadened. New short courses will be also developed on the topics covered by the Unit.

26. The unit is developing a strategy paper on intentional release.

27. One representative said that EWRS connects mainly with risk management. He sees IHR notification as illogical within this system, as it should instead go under EPIS.

28. In his replies, Denis Coulombier said that the module for IHR notification has not been finished yet, but the tools were in place. Two simulation exercises were scheduled, one in the first part of 2008 and the other will be a desktop exercise most likely in the Autumn 2008. One representative asked how these regulations would apply to the overseas territories governed over by MS to which the WHO representative responded that the outside territories are always the responsibility of MS. The issue would be discussed further at the next joint meeting with Commission, WHO and ECDC in Spring 2008.

29. Karl Ekdahl presented the Health Communication (HCU) work plan for 2008 Communication to a scientific/public health audience is a key goal and he named the actions HCU had taken to achieving them. They include the publication of Eurosurveillance and a call for tender for a web portal. The unit's plans for 2008 include increasing the quality and

marketing of Eurosurveillance (including a new website and application for an impact factor for the journal) and instituting a target-specific approach to all scientific communication.

30. The next part of the HCU work plan deals with communication to the media and the European public. The unit has already mobilized efforts to disseminate press releases to the media and has a multilingual website under construction. Planned for 2008 are the further development of a proactive media service and the extension of HCU's network of journalists.

31. The unit also supports communication efforts in the member states, and in 2007 compiled a tool kit for seasonal influenza and has active interaction with the Commission's "flu communicator's network." The plan for 2008 indicates that HCU will work towards building internal competence in risk communication, exploring how ECDC can support MS on wider communication issues and provide support to MS on risk communication as requested.

32. The disease specific projects were afterwards briefly presented. Johan Giesecke introduced the projects by saying that they should be more concrete. Each project comprised a standard package: to develop a web update newsletter function; to contribute to the ECDC reporting; to assess the gaps in public health function and to provide an annual update meeting on scientific issues.

33. Karoline Fernandez de la Hoz, project coordinator for Tuberculosis (TB) presented the 2008 work plan for TB. It includes the technical development of the TB Action Plan as main product and joint TB surveillance by ECDC and WHO/EURO from 2008 forwards. Also mentioned in the work plan is the formation of a network of reference laboratories for TB. Areas mentioned as ones the project would work towards include propose priorities for investigation on new methods and technologies for prevention and control. Framework guidance for migrants is also needed as are collaborative activities that cover both TB and HIV. Country visits are planned as part of countries support and enhancing health communication with respect to TB is also on the work plan. WHO is currently revising its guidelines on air travel and ECDC is developing standard operating procedures for the coordination of investigations of air travelers (and their potential contacts) with infectious diseases. Documents from EC, ECDC and WHO regarding this issue should be aligned with each other.

34. On a question regarding TB reference laboratories, Karoline Fernandez de la Hoz responded that the initial idea was to have a network of labs for TB and to work in collaboration with WHO. This should be done in agreement with the general strategy involving laboratories in the EU.

35. One representative indicated that there were clearly different opinions between US CDC and the EU on the issue of contact investigations regarding passengers with TB, MDR/XDR – TB.

36. Karoline Fernandez de la Hoz replies that the workload on this issue is disproportionate in comparison to the threat it represents and this is why it has been decided to develop a paper on ECDC role on this kind of investigations.

37. The representative from the Commission then said that WHO needs to figure out how to deal with TB in air travel. EC and ECDC will be involved in the revision of the technical guide for contact tracing that WHO is currently doing. .In his opinion it is important that any

such guidelines, when developed by all three of these parties (EC/ECDC, WHO, US) not be open to interpretation.

38. One member said that, the real incidence of the spread of TB associated with aircrafts was in reality not that high. ECDC needs to figure out whether this is a priority.

39. Karoline Fernandez de la Hoz said that this is right but the issue on coordination of contact investigations in the mentioned situations needs to be solved.

40. The Director said that ECDC will keep WHO informed of progress on the issue. It will always be kept in mind that whatever ECDC does it should add value to the situation.

41. Another member said that it will be important for the EU countries to have ECDC guidelines for contact tracing. Last year during the Wolfheze meeting in Vilnius it was agreed that a working group with members of several organizations lead by KNCV will work on that and ECDC offered support for this work. Karoline Fernandez de la Hoz said that she will found out the state of the situation in order to get ECDC closely involved if necessary.

42. Marita van de Laar, projector coordinator, presented the activities of the 2008 work plan on HIV/AIDS, STIs and blood-borne infections. It includes the coordination of EU-wide surveillance of HIV/AIDS, the transition of STI surveillance and development of hepatitis surveillance, developing a user-friendly model for national HIV estimates and providing updated information to stakeholders, professionals and to the public at large.

43. The next area the project's work plan tackles is improving the scientific understanding of determinants. Ways to do this include the identification of research priorities in collaboration with DG Research. This will also include reviewing the epidemiological situation of HIV in migrants and developing standardised behavioural surveillance in relation to HIV and STIs.

44. Improvement of the base for methods and technologies for prevention and control is another area of importance in the work plan. This includes the compiling of guidance on Chlamydia control in the EU and the development of HIV prevention monitoring and evaluation program.

45. One member questioned whether behavioral surveillance was really a priority in this area. He said this type of behavior varies from one society to the next. MVL responded that this activity was part of EU Action Plan and will support MS to implement second generation surveillance.

46. Johanna Takkinen, project coordinator, presented the work plan on food and waterborne diseases. She outlined the characteristics, accomplishments and long-term goals of this project. The strategic focus is to improve scientific knowledge of ethiology, identify risk factors and the burden of disease. The objectives of the project in the medium-term are enhanced laboratory surveillance, the implementation of an outbreak reporting system and linking geographical data to TESSy.

47. The food and waterborne disease project's achievements in 2007 include the zoonoses report, cruise ship activities and collaborations with WHO, the Commission and EFSA.

48. Future goals include completing a risk assessment of hepatitis E, the integration of laboratory and epidemiological surveillance for diseases chosen as priorities and scientific

developments on emergence of norovirus strains. Also planned for 2008 are the review of production of EU-wide guidelines on the prevention and control of norovirus in community settings. The project is also looking to organize a joint country visit with EFSA and to produce a review of Listeria epidemiology.

49. The Danish representative pointed out that a lot of the research and prevention measures for foodborne diseases, such as salmonella focuses on eggs and pork, but more cases of these types are found in fruits and vegetables that are transported from elsewhere. Johanna Takkinen said that a lot of the EU-level work is focused on salmonella. Further serological studies to be done by the project would work to identify more sources of salmonella.

50. Dominique Monnet, project coordinator for the antimicrobial resistance and healthcare-associated infections, presented the priorities for this project in 2008. The main activities in 2008 will be to improve coordination of activities and build capacity in MS and will include the development and implementation of basic and enhanced surveillance for HCAI in Europe, to provide guidance to MS for MRSA control. To increase awareness in Europe on AMR and antibiotics, a workshop will be organized and a first annual AMR day will be launched on 18 November 2008.

51. Overall, the priorities described were welcomed by the AF

52. Pierluigi Lopalco, project coordinator for the Vaccine Preventable Disease project presented the work plan for 2008. Activities in the project's 2008 work plan include liaisons with WHO and EMEA and collaboration with DIPNET and EUVACNET. The project also plans on providing scientific advice on childhood immunization schedule. All of these constitute the project's day-to-day activities. He also said that HPV will be a priority for 2008.

New activities envisioned in the work plan include supporting MS in their goal to eliminate measles, continuing activities on AEFI and preparing a recurrent survey on child immunization.

53. Jan Semenza presented the work plan for the disease of environmental and other origin (EZO). The EZO project covers vector-borne diseases and ones that are travel-related. It also covers intentional release agents like anthrax and smallpox and re-emerging diseases.

54. Among the project's accomplishments this year were a report on climate change following a meeting on this issue. The project also completed calls for tender on the magnitude of vector-borne diseases, published articles in Eurosurveillance. The project has also worked on recommendations for ECDC's role in travel medicine.

55. He also mentioned that actions on vector-borne infections should be prioritized. The needs of vector surveillance were also mentioned.

56. One representative asked if the Q-fever will be included in the EZO plans to which Jan Semenza replied that a fact sheet is being prepared on the ailment. T.

57. Jan Semenza said that surveillance of vector-borne diseases was very important. He said the unit is to organize a conference to see where we stand to drive agenda in this direction.

Item 6 – ECDC's architecture

Roles and interactions of ECDC' stakeholders *(document AF12/6)*

58. Alain Lefebvre, Country relations and coordination, made a presentation of the roles of ECDC' stakeholders, in particular the Management Board, the Advisory Forum, Member States and Competent Bodies. The presentation was based on the requirements of Founding Regulation and the rules of procedures of the MB and AF. It was however made clear that a country by country approach has to be considered to define the collaboration that can be best suitable and efficient for each country

59. With regards to the various focal points to be appointed, this issue needs further discussion and clarification. So far, microbiology focal points have been nominated and a letter had been sent by the Director ECDC to MS to ask them if they wish to appoint a coordination function.

60. In the ensuing discussion, some members felt that ECDC should feel free to ask for expertise from who ever it wanted.

61. Others members raised concern at the possible dual role they may have to play in their relations with ECDC when they are represented on the Advisory Forum and also a designated Competent Body. The Director clarified that for the Advisory Forum, they are doing work for the EU network while when it concerns their role as part of a competent body, it is more of a bilateral collaboration.

62. Overall, the AF recommended that the presentation be simplified to make it easier to understand.

63. After a long debate, the Advisory Forum agreed to set-up a small working group to support ECDC in defining the ways the Competent Bodies will interact with ECDC and the roles of the focal points. The representatives of Austria, Greece, the United Kingdom, Portugal, Germany and the Commission expressed interest in joining this working group.

64. To conclude, the representative of the Commission said that the structure of ECDC is laid down in the Founding Regulation and the aim is to find the best way to implement it. This discussion is useful in view of the possible structural changes for ECDC that may result from the external evaluation, therefore this opportunity should be used to collect experience in order to have a better structure in the future.

Working Groups of the Advisory Forum *(document AF12/7)*

65. The Director briefly recalled the original intention behind setting up the Working Groups. They were constituted in the start-up phase of ECDC and reflected the three original technical units to provide a link between the daily work of ECDC and the AF. They were set up until end of 2005. However, they continued but in a different way.

66. At the eleventh meeting of the AF, members were asked to give comments in writing on the future of the Working Groups. The Director summarised the main points as laid out in document AF12/7 and outlined ECDC's preferred view. In general, ECDC's view was that the work of the WGs should be better integrated in that of the AF,

67. There was broad agreement on the usefulness of the WGs and also on ECDC's proposals. In response to comments the Director clarified the idea of 'topic-specific' working groups: they could be used to discuss any item on the AF agenda that needed more in-depth consideration; also the disease-specific projects now need a forum and more visibility, so the WGs could consider particular diseases when necessary. Responding to one particular view, it was felt that although WGs could consider strategic issues, these are already, and more appropriately, dealt with in the AF agenda. The possibility to invite external partners for specific expertise was also suggested.

68. The Director said also that the WGs could be ad hoc, depending on the subjects under discussion and would not have to reflect the unit structure and that in general there should be flexibility in the way the WGs work.

69. In conclusion, the AF agreed to the Director's proposal that the next AF meeting should be used to experiment with a different format. It was suggested to begin with a short plenary session, to agree on topics for the WGs (based on prior suggestions, but with the possibility of bringing up new subjects) then break in working groups with members to assign themselves to the groups. At this stage, no decision was made on the chairmen of the WGs.

Item 7 – Methodology and terms of reference for country visits *(document AF12/12)*

70. A paper was submitted to the Advisory Forum outlining ECDC's methodology for country visits. There was no discussion on this item, however, the Director asked the AF members to submit their comments in writing.

Item 8 – Surveillance issues

Surveillance of communicable diseases in the European Union: a long-term strategy (2008–2013) *(document AF12/8)*

71. Andrea Ammon, head of the surveillance unit, outlined the changes that had been made to the strategy since the last meeting, reflecting the comments of the AF and MB.

72. In addition, some comments from a recent meeting of the competent bodies and the AF working group were shared with the AF. Notably, these were a suggestion that TESSy-based modules could be developed for MS; a suggestion that ECDC develop minimum standards requirements to assist MS in putting the case to their national governments; and a call that in setting out surveillance objectives, ECDC should look for opportunities where surveillance can make a difference (e.g. *C. difficile*), rather than concentrating on the 'usual suspects'.

73. There was general acknowledgement that this paper was an improvement on the previous one. However, some areas were highlighted that still need further work.

74. On the issue of European added value, it must be made clear how a uniform data collection will actually improve surveillance and outbreak detection in MS: having the data in one place is convenient and can be interesting, but that alone is not enough. Some national systems may work well for some diseases so a Europe-wide system would not add much. It may not be valuable to have data collected on both national and European levels, and several members encouraged ECDC's role in revising the list of diseases under mandatory

surveillance. On this latter point, Andrea Ammon confirmed that this activity has already been added to the 2008 work plan.

75. Similarly, an advantage will be gained at a European level if there is a long-term strategic surveillance used to identify trends and future threats and formulate preventive strategies. Andrea Ammon replied that a section on data for modelling and forecasting had been originally included and would be added back into the paper.

76. There was a difference of opinion on the importance of outbreak detection as an objective of Europe-wide surveillance. Some members felt that this was the major contribution of the system, especially in relation to rare outbreaks, and should be made more prominent in the long-term strategy. Whereas others took the view that it is just one of several objectives for surveillance and that outbreak detection is more important at a local level. Andrea Ammon agreed to further develop the paper to highlight the connection with outbreak detection and response but agreed with the view that this was not a major pillar of the work.

77. There were also varying opinions on the matter of setting minimum standards. While they can be used as a tool for advocacy, it raises questions of what would be the consequences for MS who failed to meet such standards, and would therefore have to be approached carefully. Some felt that a better way to assist MS is to undertake evaluations at their own request, similar to those conducted with the DSNs. In response, Andrea Ammon explained that any standards would not be imposed on MS; the idea would be developed together with the competent bodies to see whether there was general support for this.

78. A concern was raised about the potential for dual-reporting, e.g. to ECDC and WHO. Andrea Ammon confirmed that the issue was being resolved with WHO and gave examples of recent agreement on a common database for EuroHIV and EuroTB.

79. A practical issue was raised regarding the language of the TESSy guidelines and standard operating procedures as the technical personnel may not necessarily speak English. Andrea Ammon reassured members that ECDC is aware of this and that appropriate translation is being planned for the future.

80. The European Commission took the opportunity to clarify the situation regarding the mandatory imposition of surveillance methodologies on MS. By Decision 2119/98 MS agreed to delegate the power to adopt binding methodologies. This has so far not been possible due to a lack of technical and scientific capacity. However, with the establishment of ECDC, questions are being asked as to why this has not been done. If this were to happen in the future, it would go through the procedure as laid out in the regulation.

Update on the evaluation and assessment of the surveillance networks

(document AF12/9)

81. Johanna Takkinen, Surveillance Unit, started by thanking the six teams for the latest evaluations and gave an overview of the current status of the evaluations. Some statistics on response rates from the various networks were also presented.

82. In response to a query it was suggested that the low response rates from EuroTB and EuroHIV could be due to the fact that these networks cover 53 countries, only 27 of which are EU Member States. However, the results have not yet been analysed and this is just a hypothesis.

83. It was suggested that the methodology and the evaluations themselves would be of interest to a wider audience and could usefully be published.

.Item 9 – Public health experts for joint ECDC-EMEA group on need for new antibiotics *(document AF12/10)*

84. Dominique Monnet, Scientific Advice Unit, outlined the plan to establish a working group to perform a gap analysis on the unmet medical needs for antibiotics. The rationale behind it was explained and volunteers were called for to fill the two places in the group for ECDC AF members.

85. The plan was welcomed as a very interesting, though challenging project. So far three members expressed an interest in taking part. The group includes Dominique Monnet (ECDC), Professors Giamarellou (Greece), Bocsan (Romania) and Norrby (Sweden). This group will provide an informative material to the AF early 2009.

86. The question was raised as to how much influence such a study could really have on the pharmaceutical industry, given the fact that antibiotics are not a major revenue-earner. In response it was explained that it is hard to judge as scientists had not so far defined the need. This would be the goal of the study and could help to define the market. Johan Giesecke, head of the Scientific Advice Unit, added that this project presents an opportunity to explore whether ECDC can play a role in this area.

Item 10 – Update on the state of preparedness for pandemic influenza

87. Angus Nicoll, Influenza project coordinator, presented the goals and accomplishments of the influenza project. Having completed the joint self-assessment for all the EU countries in 2008, the influenza project will work towards several outputs. . In particular, they include the creation of a Seasonal Influenza Portfolio that will support with scientific evidence a paper promoting Europe achieving influenza vaccination targets to be presented by the Commission to the EU Health Council in December 2008. The project will also develop detailed strategies and objectives for monitoring seasonal prevention and control of influenza for MS. A research workshop will be held to share experience and determine the research priorities to investigate and better understand influenza transmission and control.

88. The influenza project coordinator presented a proposal to the AF members that ECDC would issue a statement later in the year supportive of seasonal influenza vaccination in MS. The AF was supportive of this initiative.

89. In the early warning area, the influenza project recognises that the responsibility for the transferred EWRS will be the Preparedness and Response Unit in ECDC which has a threat tracking tool in place while the project has monitoring information through the ECDC Web-site.. The plan for 2008 includes the enhancement of EWRS, the development of an EPIS risk assessment tool and monitoring of threats to travellers. Cooperation between ECDC and NATO Epidemiologic Intelligence Service/Unit should be envisaged, particularly from the early warning and reaction points of view.

90. Goals reached related to enhanced preparedness and response, include the establishment of standard operating procedures for outbreak response, the completion of pandemic influenza preparedness assessments and the full integration of EPIET. Planned for 2008 are the enhancement of EWRS, the establishment of the strategic position of ECDC in relation to the

deliberate or accidental release of a biological agent and the compilation of guidance on epidemic intelligence at mass gatherings.

91. One representative asked if flu vaccine should become a standard part of hospital hygiene.

92. The WHO representative briefed the AF on the intergovernmental meeting on influenza organized by WHO and that will be partly a technical but also a partly political meeting as well. The consultation process with MS will take place on 19 November.

Item 11 - Assessment of Member States' capacity to comply with the requirements of surveillance and response of Annex 1 of the revised International Health Regulations *(document AF12/*11**)**

93. Peter Kreidl, Preparedness and Response Unit, presented ECDC's proposals for the fulfilment of its role in the implementation of IHR 2005.

94. Some concerns were voiced that the plans do not address the most urgent needs of the MS. The self-assessment tool is needed as soon as possible in order for countries to complete the required work by the deadline of mid-2009. In response, it was explained that the problem with developing the tool is that it needs to be applicable to all MS with all their different structures which takes a lot of time. However, it was acknowledged that MS need this urgently and that the development will take place in parallel with the survey, rather than waiting for the results of the survey before starting work. It was added that there had recently been a meeting on this issue with the competent bodies and a draft of the tool would be available by the end of December 2007.

95. Reassurance was given that ECDC has been collaborating with WHO to ensure that MS would not be given two different tools.

96. It was raised that the core capacities required by Annex 1.b are proving to be the biggest burden on MS. It was acknowledged that ECDC had underestimated the impact of this annex as it falls outside of the Centre's expertise. However, it has since been identified as a problem and the idea of setting up a website came out of recent discussions.

97. On the issue of using the EWRS to notify IHR events, ECDC has made provision for this but it must be a decision of the Competent Bodies. EWRS and IHR meetings have been held back to back in order to explore the issue. It is up to the MS whether they want an extra module of EWRS as there is flexibility in the system. The European Commission have the impression that MS are broadly in favour of this approach. It would also assist in the implementation of the wishes of the Health Council that EWRS and WHO should be notified simultaneously.

98. The Commission took the opportunity to announce that they intend to propose an amendment to the EWRS criteria to include IHR notification in the area of communicable diseases. This would create a new obligation for MS in that if they notify WHO under the IHR they would also have to notify EWRS. This would complement the current system by which WHO is notified of EWRS messages. A draft legal Decision will soon go to the MS.

Item 12 – Update on public health threats

99. Denis Coulombier made a presentation on this subject and said that 34 health threats had been recorded or update since the last AF meeting, and which were connected to globalized trade and international travel. He also outlines the threats trends which relate to new or emerging pathogens or derive from known pathogens. As an example, he described the chikungunya outbreak in Italy and its risk for Europe.

100. One representative noted that the map shown in the presentation was different to the one presented at the previous meeting and that it showed a change of higher risk. Denis Coulombier replied that there were actually two maps: one for the risk of establishment and one for the risk of vector prevalence. The map presented here combined the 2 risks to avoid the difficulty of community 2 different maps.

Items 13 and 14 - Presentation ECDC's knowledge and information services and of ECDC's library services

101. Laszlo Balkanyi and Ana-Belen Escriva, both of the Scientific Advice Unit, updated the AF on ECDC's Knowledge Information Services and on the library services.

102. For the library services, the general opinion was that this would be very useful if some form of the service could be extended to the MS and would provide a genuine added value. It was explained that work is being done on networking to extend access to the information held electronically. However, there are contractual problems with providing access to journals. Currently articles can only be provided thorough inter-library loans and only in hard copy.

103. The Director suggested that a survey of stakeholders' needs could be undertaken and then possibilities for sharing these services could be considered.

Item 15 – Other matters

104. The ESCAIDE conference was briefly discussed and all agreed that it was a successful conference, although evaluations forms had not yet all been completed.

105. One representative commented that the presentations at the conference which were good, however the EPIET needs to remain prominent in future conferences and that there should be a better balance in the presentations.

106. Johan Giesecke said that steps are being taken for the next conference in 2008 and the scientific content will be discussed with the AF at a future session.

ECDC Advisory Forum

AF12/Minutes

Minutes of the 12th meeting of the Advisory Forum
Stockholm, 13–14 November 2007

Table of Contents

Page

Opening and welcome 1
Item 1 - Adoption of the draft agenda and noting the declarations of interest 1
Item 2 - Director's briefing on ECDC's work progress 1
Item 3 - Feedback from the Advisory Forum's Working Groups 2
Item 4 – Adoption of the draft minutes of the Advisory forum held in Stockholm, 13-14 September 2007 3
Item 5 – ECDC Programme of Work 2008 3
Item 6 – ECDC's architecture 8
Roles and interactions of ECDC' stakeholders 8
Working Groups of the Advisory Forum 8
Item 7 – Methodology and terms of reference for country visits 9
Item 8 – Surveillance issues 9
Surveillance of communicable diseases in the European Union: a long-term strategy (2008–2013) 9
Update on the evaluation and assessment of the surveillance networks) 10
Item 9 – Public health experts for joint ECDC-EMEA group on need for new antibiotics 11
Item 10 – Update on the state of preparedness for pandemic influenza 11
Item 11 - Assessment of Member States' capacity to comply with the requirements of surveillance and response of Annex 1 of the revised International Health Regulations 12
Item 12 – Update on public health threats 13
Items13 and 14 - Presentation ECDC's knowledge and information services and of of ECDC's library services 13
Item 15 – Other matters 13

Opening and welcome

1. The Chair, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the twelfth meeting of the Advisory Forum. She welcomed Professor Ioan Bocsan and Dr Germaine Hanquet newly appointed alternates from Romania and Belgium respectively. She also welcome Professor Helen Giamarellou, the member from Greece who attended the AF for the first time. Apologies were received from Italy, Malta, Lichtenstein, Slovakia, the European Patient Forum and the Pharmaceutical Group of the European Union who could not be represented at this meeting.

Item 1 - Adoption of the draft agenda and noting the declarations of interest *(document AF12/2 Rev.1)*

2. The draft agenda was adopted with one addition under other matters: the ESCAIDE conference. The Director called for the submission of declarations of interest forms in respect of the agenda items. Preben Aavitsland (Norway) declared that his institute was contract holder with ECDC for the EpiNorth project., Mike Catchpole (United Kingdom) declared that he was a member of the EISS evaluation team and member of the ECDC knowledge and management working group; Jean-Claude Desenclos (France) declared that he leaded the EARRS, ESAC and IPSE evaluation team and that his institute hosted the EuroHIV and EuroTB until end of 2007; Nedret Emiroglu (WHO/EURO) declared that she was a member of the Steering Group for the evaluation of the surveillance networks and WHO focal point on influenza and IHR; Kåre Mølbak declared that his institute hosted EUVACNET.

Item 2 - Director's briefing on ECDC's work progress

3. The Director briefed the AF on the progress made since the previous meeting. She outlined a few main events such as the Influenza Pandemic Preparedness Conference in Luxembourg on 25-27 September. That meeting was linked to a full day meeting with SANCO C3 to discuss the work plans. With regards to the external evaluation, the Director informed the AF that the inception report had been received from the contractor and it had been approved by the MB Steering Committee. As part of the methodology proposed, interviews of the AF members are planned by the contractor and further information will be provided in due course.

4. The Director had her annual hearing at the Parliament where the mandate of ECDC was discussed at length, in particular some MEPs felt that ECDC role on scientific advices should be strengthened and that it should do less work on influenza.

5. The Director went on about the recent visit of the Minister of Health of Spain and the positive progress in providing information to EuroHIV.

6. On the EuroTB, ECDC is discussing with WHO to reach an agreement on one reporting to a joint database and joint validation of data. The final draft of the TB action plan will be sent for consultation to the focal points in the countries, in this regards the list of focal points was distributed to the AF who was asked to help completing it where needed.

7. The Director then updated the AF on the activities of each unit. For the scientific advice unit, the main highlights were the ESCAIDE conference , the first meeting of national microbiology focal points and the work of the scientific panel on HPV which delivered a final draft scientific opinion that was sent to the AF for comments. On Surveillance, the Director

mentioned the annual meeting jointly organized with WHO to discuss EuroTB take-over. Regarding The European Surveillance System (TESSy), a letter was sent to the competent bodies asking for users nominations, training sessions will be organized early next year. For the preparedness and response activities, the AF was informed that the EWRS will be finally transferred to ECDC on 17 November 2007. A meeting on threat detection with focus on mass gathering was scheduled in December this year. ECDC jointly with WHO organized a mission in Italy on chikungunya

8. The AF was informed about meeting of Eurosurveillance editorial board on 16-17 Oct where the Eurosuveillance website was presented. The new web portal will see major developments in 2008. The Director also announced that ECDC now has an in-house newsletter called Insight.

9. An update was then given by Alain Lefebvre, country relations and coordination, on the meetings organized with the Directors of Competent Bodies to discuss collaboration with ECDC. On this issue, it was mentioned that the approach will have to be country specific because to take into account the specificities of each Member States The next meeting of the Competent Bodies is scheduled in approximately 18 months.

Item 3 - Feedback from the Advisory Forum's Working Groups

Surveillance

10. Jean-Claude Desenclos (France), Chair of the AF Working Group on Surveillance, reported back on the discussions of that group. The working group discussed the long-term surveillance strategy, the evaluation of the surveillance networks, the new draft of case definitions taking into account the comments made by the MS. The group also discussed the ECDC planned activities for surveillance of hepatitis B and C and recommended that a paper be prepared on his subject for the May meeting of the AF in 2008. Finally the group discussed the emerging problem on pig-associated MRSA declared as a serious problem by EFSA.

Preparedness and Response

11. Preben Aavitsland (Norway), Chair of the AF Working Group on Preparedness and Response, briefed the AF on the group discussions. The group discussed the response standard operating procedures, in particular a general framework for outbreak investigation and response, legionella and foodborne specific SOPs. This He said that more guidance is needed on this issue in the Member States. The group also discussed the implementation of Annex 1 of the International Health Regulation (IHR2005) and as many MS needed assistance on this issue, training could be offered by ECDC on request.

Scientific Advice

12. Elizabeth Nagy Chaired the Working Group on Scientific Advice in the absence of Darina O'Flanagan.

13. The group discussed the scope and objectives of the upcoming meeting of national microbiology focal points and was updated on ECDC activities on seasonal influenza, in particular on the survey being developed with the Venice project. The group also discussed methodologies on how to respond to the Commission request to ECDC to identify the "top 10 communicable threats" in 2008. Another request of the Commission was for ECDC to look into the "dual use" issue. The group discussed the wide range of techniques and knowledge that could be considered 'dual use', therefore ECDC will have to seek further definition of the

question and criteria to be used for answering this request. Finally the group was briefed on the ongoing activities in SAU, in particular on the outcome of the ESCAIDE conference and on the work being done to finalize a proposed strategy for cooperation with laboratories in the EU.

Item 4 – Adoption of the draft minutes of the Advisory forum held in Stockholm, 13-14 September 2007 *(document AF12/4)*

14. The minutes were adopted with one correction to paragraph 100 to indicate that for the AF agreed to hold its 4th meeting in November instead of December as done in previous years.

Item 5 – ECDC Programme of Work 2008 *(document AF12/5)*

15. The Director opened the meeting by saying that the 7-year strategic multiannual programme had been approved and had been the point of departure for developing the programme of work for 2008. She listed the key deliverables for 2008. ECDC is coming out of its initial phase and next year will focus more on content. The core functions of the Centre will be laid out, as will disease-specific work. The heads of unit presented their individual work plan.

16. Andrea Ammon, head of the surveillance unit said her unit has improved its data collection activities, more than any other area with an aim to improve quality and comparability. TESSy will be further developed. The unit is currently working on a final agreement on data exchange and to have training programs and an online structure set up. New developments concerning TESSy will continue as a concept for outbreak monitoring. The unit is also working on multilingual modules and looks into developing an outbreak detection algorithm. An agreement on surveillance systems is also in the process of being developed. Other activities the unit is engaged in are completing a mapping exercise as to what kind data is available in the MS. The Director added that an integrated approach to surveillance was needed.

17. Johan Giesecke, head of the scientific advice unit (SAU), presented the work of his Unit. SAU is currently evaluating the ESCAIDE conference and whether or not to hold the next one in Stockholm. The unit head cited some recent problems with the scientific panels that had been convened, saying that ad hoc ones, like the one recently held on HPV was useful, but needs last longer to be effective. Convening these types of panels should encourage information exchange between scientists in Europe and also in the United States. He also said that the unit is working on TB and the connections between climate change and infectious diseases. One of the goals for the SAU is to finalize the internal protocol for giving scientific advice because the diversity in the MS makes it difficult to do so. The unit will develop its work on collaboration with the microbiology laboratories in the EU once the strategy has been finalized and approved.

18. The representative of the Commission said the Commission is in the process of drafting a policy paper on a laboratories strategy, as the new public health programme foresees a "network of community reference laboratories". ECDC will develop its strategy in synergy with that of the Commission to avoid duplication of work.

19. Regarding the planned study on burden of diseases, it was clarified that the idea was to have a European perspective and to concentrate on infectious diseases while WHO study was a global strategy. ECDC is consulting WHO on this study.

20. The representative from the Commission added that there would be one reference laboratory per MS. There would be one reference lab. for each pathology or one that would act in a general capacity.

21. Johan Giesecke said that such a network already exists under EDA with 12 laboratories.

22. One member suggested that ECDC hires microbiologists to deal with this activity to which the Director replied that this was the intention in the recruitment plan.

23. Finally regarding the selection process for the labs, this needs to be further discussed but it should be done through a bidding process. The Director also reminded the draft strategy with the labs. will be discussed with the Management Board in December

24. Denis Coulombier presented the work plan for the preparedness and response unit who will focus on two target areas. The first will be to enhance the EWRS by setting up a basis infrastructure for it. The next enhancement will be the completion of EPIS in 2007. Denis Coulombier said that to accomplish this, a structural approach must be taken and measures need to be coordinated. Partners must be identified and the situation calls for review. The goal is to set up an outbreak assistance system, which the unit is working on a tool kit for now. It will cover measles, meningitis and TB. The one for influenza has already been completed.

25. On the flu project, guidelines are being developed for epidemic intelligence. There will be two exercises in the area this year. A position paper is also being prepared by the unit on the subject. Capacity is also being raised through training. EPIET is being integrated into ECDC. The unit had focused on field epidemiology training which was a decision at the start-up of ECDC but the scope is currently being broadened. New short courses will be also developed on the topics covered by the Unit.

26. The unit is developing a strategy paper on intentional release.

27. One representative said that EWRS connects mainly with risk management. He sees IHR notification as illogical within this system, as it should instead go under EPIS.

28. In his replies, Denis Coulombier said that the module for IHR notification has not been finished yet, but the tools were in place. Two simulation exercises were scheduled, one in the first part of 2008 and the other will be a desktop exercise most likely in the Autumn 2008. One representative asked how these regulations would apply to the overseas territories governed over by MS to which the WHO representative responded that the outside territories are always the responsibility of MS. The issue would be discussed further at the next joint meeting with Commission, WHO and ECDC in Spring 2008.

29. Karl Ekdahl presented the Health Communication (HCU) work plan for 2008 Communication to a scientific/public health audience is a key goal and he named the actions HCU had taken to achieving them. They include the publication of Eurosurveillance and a call for tender for a web portal. The unit's plans for 2008 include increasing the quality and

marketing of Eurosurveillance (including a new website and application for an impact factor for the journal) and instituting a target-specific approach to all scientific communication.

30. The next part of the HCU work plan deals with communication to the media and the European public. The unit has already mobilized efforts to disseminate press releases to the media and has a multilingual website under construction. Planned for 2008 are the further development of a proactive media service and the extension of HCU's network of journalists.

31. The unit also supports communication efforts in the member states, and in 2007 compiled a tool kit for seasonal influenza and has active interaction with the Commission's "flu communicator's network." The plan for 2008 indicates that HCU will work towards building internal competence in risk communication, exploring how ECDC can support MS on wider communication issues and provide support to MS on risk communication as requested.

32. The disease specific projects were afterwards briefly presented. Johan Giesecke introduced the projects by saying that they should be more concrete. Each project comprised a standard package: to develop a web update newsletter function; to contribute to the ECDC reporting; to assess the gaps in public health function and to provide an annual update meeting on scientific issues.

33. Karoline Fernandez de la Hoz, project coordinator for Tuberculosis (TB) presented the 2008 work plan for TB. It includes the technical development of the TB Action Plan as main product and joint TB surveillance by ECDC and WHO/EURO from 2008 forwards. Also mentioned in the work plan is the formation of a network of reference laboratories for TB. Areas mentioned as ones the project would work towards include propose priorities for investigation on new methods and technologies for prevention and control. Framework guidance for migrants is also needed as are collaborative activities that cover both TB and HIV. Country visits are planned as part of countries support and enhancing health communication with respect to TB is also on the work plan. WHO is currently revising its guidelines on air travel and ECDC is developing standard operating procedures for the coordination of investigations of air travelers (and their potential contacts) with infectious diseases. Documents from EC, ECDC and WHO regarding this issue should be aligned with each other.

34. On a question regarding TB reference laboratories, Karoline Fernandez de la Hoz responded that the initial idea was to have a network of labs for TB and to work in collaboration with WHO. This should be done in agreement with the general strategy involving laboratories in the EU.

35. One representative indicated that there were clearly different opinions between US CDC and the EU on the issue of contact investigations regarding passengers with TB, MDR/XDR – TB.

36. Karoline Fernandez de la Hoz replies that the workload on this issue is disproportionate in comparison to the threat it represents and this is why it has been decided to develop a paper on ECDC role on this kind of investigations.

37. The representative from the Commission then said that WHO needs to figure out how to deal with TB in air travel. EC and ECDC will be involved in the revision of the technical guide for contact tracing that WHO is currently doing. .In his opinion it is important that any

such guidelines, when developed by all three of these parties (EC/ECDC, WHO, US) not be open to interpretation.

38. One member said that, the real incidence of the spread of TB associated with aircrafts was in reality not that high. ECDC needs to figure out whether this is a priority.

39. Karoline Fernandez de la Hoz said that this is right but the issue on coordination of contact investigations in the mentioned situations needs to be solved.

40. The Director said that ECDC will keep WHO informed of progress on the issue. It will always be kept in mind that whatever ECDC does it should add value to the situation.

41. Another member said that it will be important for the EU countries to have ECDC guidelines for contact tracing. Last year during the Wolfheze meeting in Vilnius it was agreed that a working group with members of several organizations lead by KNCV will work on that and ECDC offered support for this work. Karoline Fernandez de la Hoz said that she will found out the state of the situation in order to get ECDC closely involved if necessary.

42. Marita van de Laar, projector coordinator, presented the activities of the 2008 work plan on HIV/AIDS, STIs and blood-borne infections. It includes the coordination of EU-wide surveillance of HIV/AIDS, the transition of STI surveillance and development of hepatitis surveillance, developing a user-friendly model for national HIV estimates and providing updated information to stakeholders, professionals and to the public at large.

43. The next area the project's work plan tackles is improving the scientific understanding of determinants. Ways to do this include the identification of research priorities in collaboration with DG Research. This will also include reviewing the epidemiological situation of HIV in migrants and developing standardised behavioural surveillance in relation to HIV and STIs.

44. Improvement of the base for methods and technologies for prevention and control is another area of importance in the work plan. This includes the compiling of guidance on Chlamydia control in the EU and the development of HIV prevention monitoring and evaluation program.

45. One member questioned whether behavioral surveillance was really a priority in this area. He said this type of behavior varies from one society to the next. MVL responded that this activity was part of EU Action Plan and will support MS to implement second generation surveillance.

46. Johanna Takkinen, project coordinator, presented the work plan on food and waterborne diseases. She outlined the characteristics, accomplishments and long-term goals of this project. The strategic focus is to improve scientific knowledge of ethiology, identify risk factors and the burden of disease. The objectives of the project in the medium-term are enhanced laboratory surveillance, the implementation of an outbreak reporting system and linking geographical data to TESSy.

47. The food and waterborne disease project's achievements in 2007 include the zoonoses report, cruise ship activities and collaborations with WHO, the Commission and EFSA.

48. Future goals include completing a risk assessment of hepatitis E, the integration of laboratory and epidemiological surveillance for diseases chosen as priorities and scientific

developments on emergence of norovirus strains. Also planned for 2008 are the review of production of EU-wide guidelines on the prevention and control of norovirus in community settings. The project is also looking to organize a joint country visit with EFSA and to produce a review of Listeria epidemiology.

49. The Danish representative pointed out that a lot of the research and prevention measures for foodborne diseases, such as salmonella focuses on eggs and pork, but more cases of these types are found in fruits and vegetables that are transported from elsewhere. Johanna Takkinen said that a lot of the EU-level work is focused on salmonella. Further serological studies to be done by the project would work to identify more sources of salmonella.

50. Dominique Monnet, project coordinator for the antimicrobial resistance and healthcare-associated infections, presented the priorities for this project in 2008. The main activities in 2008 will be to improve coordination of activities and build capacity in MS and will include the development and implementation of basic and enhanced surveillance for HCAI in Europe, to provide guidance to MS for MRSA control. To increase awareness in Europe on AMR and antibiotics, a workshop will be organized and a first annual AMR day will be launched on 18 November 2008.

51. Overall, the priorities described were welcomed by the AF

52. Pierluigi Lopalco, project coordinator for the Vaccine Preventable Disease project presented the work plan for 2008. Activities in the project's 2008 work plan include liaisons with WHO and EMEA and collaboration with DIPNET and EUVACNET. The project also plans on providing scientific advice on childhood immunization schedule. All of these constitute the project's day-to-day activities. He also said that HPV will be a priority for 2008.

New activities envisioned in the work plan include supporting MS in their goal to eliminate measles, continuing activities on AEFI and preparing a recurrent survey on child immunization.

53. Jan Semenza presented the work plan for the disease of environmental and other origin (EZO). The EZO project covers vector-borne diseases and ones that are travel-related. It also covers intentional release agents like anthrax and smallpox and re-emerging diseases.

54. Among the project's accomplishments this year were a report on climate change following a meeting on this issue. The project also completed calls for tender on the magnitude of vector-borne diseases, published articles in Eurosurveillance. The project has also worked on recommendations for ECDC's role in travel medicine.

55. He also mentioned that actions on vector-borne infections should be prioritized. The needs of vector surveillance were also mentioned.

56. One representative asked if the Q-fever will be included in the EZO plans to which Jan Semenza replied that a fact sheet is being prepared on the ailment. T.

57. Jan Semenza said that surveillance of vector-borne diseases was very important. He said the unit is to organize a conference to see where we stand to drive agenda in this direction.

Item 6 – ECDC's architecture

Roles and interactions of ECDC' stakeholders *(document AF12/6)*

58. Alain Lefebvre, Country relations and coordination, made a presentation of the roles of ECDC' stakeholders, in particular the Management Board, the Advisory Forum, Member States and Competent Bodies. The presentation was based on the requirements of Founding Regulation and the rules of procedures of the MB and AF. It was however made clear that a country by country approach has to be considered to define the collaboration that can be best suitable and efficient for each country

59. With regards to the various focal points to be appointed, this issue needs further discussion and clarification. So far, microbiology focal points have been nominated and a letter had been sent by the Director ECDC to MS to ask them if they wish to appoint a coordination function.

60. In the ensuing discussion, some members felt that ECDC should feel free to ask for expertise from who ever it wanted.

61. Others members raised concern at the possible dual role they may have to play in their relations with ECDC when they are represented on the Advisory Forum and also a designated Competent Body. The Director clarified that for the Advisory Forum, they are doing work for the EU network while when it concerns their role as part of a competent body, it is more of a bilateral collaboration.

62. Overall, the AF recommended that the presentation be simplified to make it easier to understand.

63. After a long debate, the Advisory Forum agreed to set-up a small working group to support ECDC in defining the ways the Competent Bodies will interact with ECDC and the roles of the focal points. The representatives of Austria, Greece, the United Kingdom, Portugal, Germany and the Commission expressed interest in joining this working group.

64. To conclude, the representative of the Commission said that the structure of ECDC is laid down in the Founding Regulation and the aim is to find the best way to implement it. This discussion is useful in view of the possible structural changes for ECDC that may result from the external evaluation, therefore this opportunity should be used to collect experience in order to have a better structure in the future.

Working Groups of the Advisory Forum *(document AF12/7)*

65. The Director briefly recalled the original intention behind setting up the Working Groups. They were constituted in the start-up phase of ECDC and reflected the three original technical units to provide a link between the daily work of ECDC and the AF. They were set up until end of 2005. However, they continued but in a different way.

66. At the eleventh meeting of the AF, members were asked to give comments in writing on the future of the Working Groups. The Director summarised the main points as laid out in document AF12/7 and outlined ECDC's preferred view. In general, ECDC's view was that the work of the WGs should be better integrated in that of the AF,

67. There was broad agreement on the usefulness of the WGs and also on ECDC's proposals. In response to comments the Director clarified the idea of 'topic-specific' working groups: they could be used to discuss any item on the AF agenda that needed more in-depth consideration; also the disease-specific projects now need a forum and more visibility, so the WGs could consider particular diseases when necessary. Responding to one particular view, it was felt that although WGs could consider strategic issues, these are already, and more appropriately, dealt with in the AF agenda. The possibility to invite external partners for specific expertise was also suggested.

68. The Director said also that the WGs could be ad hoc, depending on the subjects under discussion and would not have to reflect the unit structure and that in general there should be flexibility in the way the WGs work.

69. In conclusion, the AF agreed to the Director's proposal that the next AF meeting should be used to experiment with a different format. It was suggested to begin with a short plenary session, to agree on topics for the WGs (based on prior suggestions, but with the possibility of bringing up new subjects) then break in working groups with members to assign themselves to the groups. At this stage, no decision was made on the chairmen of the WGs.

Item 7 – Methodology and terms of reference for country visits *(document AF12/12)*

70. A paper was submitted to the Advisory Forum outlining ECDC's methodology for country visits. There was no discussion on this item, however, the Director asked the AF members to submit their comments in writing.

Item 8 – Surveillance issues

Surveillance of communicable diseases in the European Union: a long-term strategy (2008–2013) *(document AF12/8)*

71. Andrea Ammon, head of the surveillance unit, outlined the changes that had been made to the strategy since the last meeting, reflecting the comments of the AF and MB.

72. In addition, some comments from a recent meeting of the competent bodies and the AF working group were shared with the AF. Notably, these were a suggestion that TESSy-based modules could be developed for MS; a suggestion that ECDC develop minimum standards requirements to assist MS in putting the case to their national governments; and a call that in setting out surveillance objectives, ECDC should look for opportunities where surveillance can make a difference (e.g. *C. difficile*), rather than concentrating on the 'usual suspects'.

73. There was general acknowledgement that this paper was an improvement on the previous one. However, some areas were highlighted that still need further work.

74. On the issue of European added value, it must be made clear how a uniform data collection will actually improve surveillance and outbreak detection in MS: having the data in one place is convenient and can be interesting, but that alone is not enough. Some national systems may work well for some diseases so a Europe-wide system would not add much. It may not be valuable to have data collected on both national and European levels, and several members encouraged ECDC's role in revising the list of diseases under mandatory

surveillance. On this latter point, Andrea Ammon confirmed that this activity has already been added to the 2008 work plan.

75. Similarly, an advantage will be gained at a European level if there is a long-term strategic surveillance used to identify trends and future threats and formulate preventive strategies. Andrea Ammon replied that a section on data for modelling and forecasting had been originally included and would be added back into the paper.

76. There was a difference of opinion on the importance of outbreak detection as an objective of Europe-wide surveillance. Some members felt that this was the major contribution of the system, especially in relation to rare outbreaks, and should be made more prominent in the long-term strategy. Whereas others took the view that it is just one of several objectives for surveillance and that outbreak detection is more important at a local level. Andrea Ammon agreed to further develop the paper to highlight the connection with outbreak detection and response but agreed with the view that this was not a major pillar of the work.

77. There were also varying opinions on the matter of setting minimum standards. While they can be used as a tool for advocacy, it raises questions of what would be the consequences for MS who failed to meet such standards, and would therefore have to be approached carefully. Some felt that a better way to assist MS is to undertake evaluations at their own request, similar to those conducted with the DSNs. In response, Andrea Ammon explained that any standards would not be imposed on MS; the idea would be developed together with the competent bodies to see whether there was general support for this.

78. A concern was raised about the potential for dual-reporting, e.g. to ECDC and WHO. Andrea Ammon confirmed that the issue was being resolved with WHO and gave examples of recent agreement on a common database for EuroHIV and EuroTB.

79. A practical issue was raised regarding the language of the TESSy guidelines and standard operating procedures as the technical personnel may not necessarily speak English. Andrea Ammon reassured members that ECDC is aware of this and that appropriate translation is being planned for the future.

80. The European Commission took the opportunity to clarify the situation regarding the mandatory imposition of surveillance methodologies on MS. By Decision 2119/98 MS agreed to delegate the power to adopt binding methodologies. This has so far not been possible due to a lack of technical and scientific capacity. However, with the establishment of ECDC, questions are being asked as to why this has not been done. If this were to happen in the future, it would go through the procedure as laid out in the regulation.

Update on the evaluation and assessment of the surveillance networks

(document AF12/9)

81. Johanna Takkinen, Surveillance Unit, started by thanking the six teams for the latest evaluations and gave an overview of the current status of the evaluations. Some statistics on response rates from the various networks were also presented.

82. In response to a query it was suggested that the low response rates from EuroTB and EuroHIV could be due to the fact that these networks cover 53 countries, only 27 of which are EU Member States. However, the results have not yet been analysed and this is just a hypothesis.

83. It was suggested that the methodology and the evaluations themselves would be of interest to a wider audience and could usefully be published.

.Item 9 – Public health experts for joint ECDC-EMEA group on need for new antibiotics *(document AF12/10)*

84. Dominique Monnet, Scientific Advice Unit, outlined the plan to establish a working group to perform a gap analysis on the unmet medical needs for antibiotics. The rationale behind it was explained and volunteers were called for to fill the two places in the group for ECDC AF members.

85. The plan was welcomed as a very interesting, though challenging project. So far three members expressed an interest in taking part. The group includes Dominique Monnet (ECDC), Professors Giamarellou (Greece), Bocsan (Romania) and Norrby (Sweden). This group will provide an informative material to the AF early 2009.

86. The question was raised as to how much influence such a study could really have on the pharmaceutical industry, given the fact that antibiotics are not a major revenue-earner. In response it was explained that it is hard to judge as scientists had not so far defined the need. This would be the goal of the study and could help to define the market. Johan Giesecke, head of the Scientific Advice Unit, added that this project presents an opportunity to explore whether ECDC can play a role in this area.

Item 10 – Update on the state of preparedness for pandemic influenza

87. Angus Nicoll, Influenza project coordinator, presented the goals and accomplishments of the influenza project. Having completed the joint self-assessment for all the EU countries in 2008, the influenza project will work towards several outputs. . In particular, they include the creation of a Seasonal Influenza Portfolio that will support with scientific evidence a paper promoting Europe achieving influenza vaccination targets to be presented by the Commission to the EU Health Council in December 2008. The project will also develop detailed strategies and objectives for monitoring seasonal prevention and control of influenza for MS. A research workshop will be held to share experience and determine the research priorities to investigate and better understand influenza transmission and control.

88. The influenza project coordinator presented a proposal to the AF members that ECDC would issue a statement later in the year supportive of seasonal influenza vaccination in MS. The AF was supportive of this initiative.

89. In the early warning area, the influenza project recognises that the responsibility for the transferred EWRS will be the Preparedness and Response Unit in ECDC which has a threat tracking tool in place while the project has monitoring information through the ECDC Web-site.. The plan for 2008 includes the enhancement of EWRS, the development of an EPIS risk assessment tool and monitoring of threats to travellers. Cooperation between ECDC and NATO Epidemiologic Intelligence Service/Unit should be envisaged, particularly from the early warning and reaction points of view.

90. Goals reached related to enhanced preparedness and response, include the establishment of standard operating procedures for outbreak response, the completion of pandemic influenza preparedness assessments and the full integration of EPIET. Planned for 2008 are the enhancement of EWRS, the establishment of the strategic position of ECDC in relation to the

deliberate or accidental release of a biological agent and the compilation of guidance on epidemic intelligence at mass gatherings.

91. One representative asked if flu vaccine should become a standard part of hospital hygiene.

92. The WHO representative briefed the AF on the intergovernmental meeting on influenza organized by WHO and that will be partly a technical but also a partly political meeting as well. The consultation process with MS will take place on 19 November.

Item 11 - Assessment of Member States' capacity to comply with the requirements of surveillance and response of Annex 1 of the revised International Health Regulations *(document AF12/*11**)**

93. Peter Kreidl, Preparedness and Response Unit, presented ECDC's proposals for the fulfilment of its role in the implementation of IHR 2005.

94. Some concerns were voiced that the plans do not address the most urgent needs of the MS. The self-assessment tool is needed as soon as possible in order for countries to complete the required work by the deadline of mid-2009. In response, it was explained that the problem with developing the tool is that it needs to be applicable to all MS with all their different structures which takes a lot of time. However, it was acknowledged that MS need this urgently and that the development will take place in parallel with the survey, rather than waiting for the results of the survey before starting work. It was added that there had recently been a meeting on this issue with the competent bodies and a draft of the tool would be available by the end of December 2007.

95. Reassurance was given that ECDC has been collaborating with WHO to ensure that MS would not be given two different tools.

96. It was raised that the core capacities required by Annex 1.b are proving to be the biggest burden on MS. It was acknowledged that ECDC had underestimated the impact of this annex as it falls outside of the Centre's expertise. However, it has since been identified as a problem and the idea of setting up a website came out of recent discussions.

97. On the issue of using the EWRS to notify IHR events, ECDC has made provision for this but it must be a decision of the Competent Bodies. EWRS and IHR meetings have been held back to back in order to explore the issue. It is up to the MS whether they want an extra module of EWRS as there is flexibility in the system. The European Commission have the impression that MS are broadly in favour of this approach. It would also assist in the implementation of the wishes of the Health Council that EWRS and WHO should be notified simultaneously.

98. The Commission took the opportunity to announce that they intend to propose an amendment to the EWRS criteria to include IHR notification in the area of communicable diseases. This would create a new obligation for MS in that if they notify WHO under the IHR they would also have to notify EWRS. This would complement the current system by which WHO is notified of EWRS messages. A draft legal Decision will soon go to the MS.

Item 12 – Update on public health threats

99. Denis Coulombier made a presentation on this subject and said that 34 health threats had been recorded or update since the last AF meeting, and which were connected to globalized trade and international travel. He also outlines the threats trends which relate to new or emerging pathogens or derive from known pathogens. As an example, he described the chikungunya outbreak in Italy and its risk for Europe.

100. One representative noted that the map shown in the presentation was different to the one presented at the previous meeting and that it showed a change of higher risk. Denis Coulombier replied that there were actually two maps: one for the risk of establishment and one for the risk of vector prevalence. The map presented here combined the 2 risks to avoid the difficulty of community 2 different maps.

Items 13 and 14 - Presentation ECDC's knowledge and information services and of ECDC's library services

101. Laszlo Balkanyi and Ana-Belen Escriva, both of the Scientific Advice Unit, updated the AF on ECDC's Knowledge Information Services and on the library services.

102. For the library services, the general opinion was that this would be very useful if some form of the service could be extended to the MS and would provide a genuine added value. It was explained that work is being done on networking to extend access to the information held electronically. However, there are contractual problems with providing access to journals. Currently articles can only be provided thorough inter-library loans and only in hard copy.

103. The Director suggested that a survey of stakeholders' needs could be undertaken and then possibilities for sharing these services could be considered.

Item 15 – Other matters

104. The ESCAIDE conference was briefly discussed and all agreed that it was a successful conference, although evaluations forms had not yet all been completed.

105. One representative commented that the presentations at the conference which were good, however the EPIET needs to remain prominent in future conferences and that there should be a better balance in the presentations.

106. Johan Giesecke said that steps are being taken for the next conference in 2008 and the scientific content will be discussed with the AF at a future session.