

**ECDC Advisory Forum**

**AF17/Minutes**



**Minutes of the 17<sup>th</sup> Meeting of the Advisory Forum  
Stockholm, 18-19 February 2009**

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## Opening and welcome

1. The Chair, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates to the AF's seventeenth meeting. She relayed apologies from Gauci Charmaine, Malta, and Erne Sabine, Liechtenstein.
2. The Director also welcomed Sotirios Tsiodras (Substitute, Greece), Barry Evans (Substitute, United Kingdom), and Thomas Hofmann of the World Health Organization's Regional Office for Europe.
3. The Director informed that she would be unavailable for some parts of the meeting since the Chairman of ECDC's Management Board, Dr Prof Hubert Hrabcik, was scheduled to meet with her that day. Accordingly, ECDC's Chief Scientist, Johan Giesecke, would chair the AF meeting whenever she was not available.

## Adoption of the draft agenda and noting the declarations of interest (AF17/2 Rev. 2)

4. The Director accommodated requests by AF members that had asked to discuss 'ESANReP: EU system for Epidemiological Surveillance, Alert Notifications and Response Preparation in the field of Human Health' and to promote 'EUROEPI 2009'<sup>1</sup> (International Epidemiological Association/European Epidemiology Association Scientific Meeting), an event taking place on 26-29 August 2009 in Warsaw, Poland.
5. Since the two above items could be covered by existing items on the agenda, the agenda was adopted without any changes.
6. The Director called for the submission of declaration of interest forms in respect of the agenda items. Franz Allerberger (Austria) declared that his employer, the Austrian Agency for Health and Food Safety (AGES) is affiliated with the CIAS Project (Item 10); Kåre Mølbak (Denmark) declared that he is Project Leader for the EURO MOMO Project funded by DG SANCO (Item 11); Gérard Krause (Germany) declared that the RAGIDA Tender was carried out by his employer, the Robert Koch Institute (Item 11); Darina O'Flanagan (Ireland) declared that she is a Project Leader for the Venice Project concerning influenza vaccine coverage (Item 7); and Robert Hemmer (Luxembourg) declared that he is National Coordinator for EARSS in Luxembourg (Item 12c).

## Adoption of the draft minutes of the 16th meeting of the Advisory Forum held in Stockholm, 9–10 December 2008 (Document AF17/4)

7. The minutes were proposed for adoption.
8. One AF member requested to delete the list of pathogens in Item 63, as the actual discussion was not as specific as it appeared in the draft version of the minutes. He also mentioned that he had previously requested to add the childhood immunisation schedule

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<sup>1</sup> See EURO EPI 2009 PowerPoint presentation. See also [www.euroepi2009.org](http://www.euroepi2009.org).

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to the agenda of the next AF meeting. The representative of the European Commission promised to hold this discussion as soon as possible, together with ECDC experts.

9. The minutes were then adopted.

### **Update on main activities of ECDC since the last meeting of the Advisory Forum:**

#### **a) Director's briefing and Heads of Units' updates on the main activities**

10. The Director updated the AF on ECDC's general activities since the last meeting, including approval of the 2009 budget and ongoing efforts to implement ECDC's highly ambitious Work Programme. The finalised list of meetings, calls for tender, publications and country visits will be shared with the AF as soon as they become available.

11. On 5-6 February 2009, ECDC's entire staff participated in a two-day retreat during which ECDC's goals were discussed and agreed upon.

12. Updates from the Heads of Unit followed: Johan Giesecke (Scientific Advice), Andrea Ammon (Surveillance) and Karl Ekdahl (Health Communication) who presented their updates as PowerPoint slides.<sup>2</sup>

13. Denis Coulombier, Head of the Preparedness and Response Unit, briefly outlined his Unit's activities, including participation in the International Meeting on Emerging Diseases and Surveillance (IMED 2009) in Vienna, Austria, which took place during 13-16 February 2009. He also remarked on a meeting held with Europol, including a change in recruitment policies for EPIET.

#### **b) Update from the European Commission**

14. Paolo Guglielmetti, the representative of the European Commission, outlined the Commission's efforts in regard to seasonal influenza vaccination, pandemic influenza preparedness, childhood vaccination, healthcare-associated infections, antimicrobial resistance, simulation exercises, health security and upcoming meetings. Details can be found in his presentation.<sup>3</sup>

15. Following Paolo Guglielmetti's presentation, the Director noted that there was a time conflict between the upcoming EU-wide exercise on pandemic influenza ('Thor'), currently planned for 18-19 November 2009, and the second European Antibiotic Awareness Day, which will convene on 18 November 2009.

16. One representative commented on the division between the veterinary and human aspects in antimicrobial resistance. The representative of the European Commission replied that an inter-service group was following up on the veterinary implications of antimicrobial resistance. He also noted how challenging it was to find a common approach for both fields. One member of the AF emphasised the gravity of this problem

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<sup>2</sup> SAU Update (J Giesecke).ppt; SUN Update (A Ammon).ppt; HCU Update (K Ekdahl).ppt.

<sup>3</sup> Update from the European Commission (P Guglielmetti).ppt.

by noting that in his country, farm animals are fed 500 tonnes of antibiotics a year, while total human consumption of antibiotics is 50 tonnes.

17. The Director stated that ECDC and EFSA should consider working together on this topic.

18. Paolo Guglielmetti responded to a question regarding eradication targets for rubella and measles. In referring to WHO, he stated that the Commission will follow the overall direction as outlined by WHO. However, as WHO is currently in the process of revising its eradication targets, there will be no definite answer on this question until spring or summer this year. The WHO representative said that the new WHO Agenda should be finalised by March 2009.

19. One member of the AF pointed out that there was concern about incomplete vaccinations and that there should be more pressure from WHO/EURO in this area. The representative of the European Commission responded that childhood vaccination is an area where several political considerations come into play. The planned Council Recommendation on Childhood Vaccination would have to be agreed on by 27 Member States — a lengthy and time-consuming process.

20. One AF member remarked that the scope of the planned Council Recommendation was too broad. Rather than diluting its effectiveness by covering nine diseases, the Commission should concentrate on measles, mumps and rubella instead.

### **Influenza (seasonal and pandemic issues):**

#### **a) Influenza and flu immunisation update, including SIIP portfolio**

21. Angus Nicoll, Coordinator of ECDC's Influenza Programme, gave a short presentation entitled 'Influenza and Flu Immunisation: Major Developments in 2009.'<sup>4</sup>

22. One AF member asked Angus Nicoll whether his team was in contact with WHO's group on monitoring the adverse effects of influenza vaccination. Angus Nicoll confirmed there were such contacts through Kari Johansen and he also pointed out that a call for tender was being launched by ECDC to strengthen EU capacity in this area, working with WHO and EMEA.

23. In response to a question on pandemic preparedness fatigue, Angus Nicoll responded that preparing for a pandemic remained a high priority, but that it should not be assumed that the only threat was from A(H5N1). That virus has remained a real threat, and although information from Asia on the human side was sufficient from some countries (isolated cases were reported from China and Vietnam), there was no information from Indonesia and little on the veterinary side in general. He advised Member States to prepare for and remain prepared for a pandemic.

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<sup>4</sup> Agenda Item 7a - Influenza and Flu Immunisation Update including SIIP Portfolio (A Nicoll).ppt.

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#### **b) 2008/2009 winter experience with influenza**

*(Document AF17/6)*

24. Andrea Ammon reported on the '2008/2009 Winter Experience with Influenza.'<sup>5</sup> Controversial discussions ensued when it was pointed out that ECDC had issued a press release on seasonal influenza on 8 January 2009. Member States concurred that the press release caused an increase in vaccinations, albeit disagreed whether the point in time was well chosen. Some Member States argued that January was too late to issue a press release on seasonal flu and even considered ECDC's press release an interference with national guidelines which called for much earlier vaccination dates, while other Member States maintained that 'it is never too late to get vaccinated.'

25. Another topic of discussion was the marked difference this season between the US and the European virus types/subtypes. Many European physicians had incorrectly assumed that the virus types in the US and Europe were identical. ECDC's activities helped to correct this erroneous assumption.

26. Also discussed were mortality rates among the very old. The significant statistical increase in mortality among the age group 95 and above in one Member State could be easily explained by the fact that the age group of 95 and above has doubled over the last few years in this particular country.

27. Another topic was influenza as a promoter of (unjustified) antibiotics usage. By vaccinating more people, one could also indirectly reduce the use of antibiotics. This would clearly qualify as a fringe benefit of vaccination.

#### **c) Preparations for pandemic flu exercise in November 2009**

28. Massimo Ciotti, Deputy Head, Preparedness and Response Unit, briefly summarised the efforts made in conjunction with a pandemic flu exercise ('Thor') scheduled for 18-19 November 2009. One AF member doubted that a second major simulation exercise would be very helpful. Massimo Ciotti cited political reasons for this exercise, but also practical ones. This was seconded by the representative of the European Commission who claimed that new studies make it necessary to conduct another major simulation exercise. Also, the previous exercise ('Common Threat') left too many open questions that need to be answered by a new exercise.

#### **Priorities for Scientific Advice**

*(Document AF17/5)*

29. Johan Giesecke, Head, Scientific Advice, informed the AF on 'Priorities for Scientific Advice'.<sup>6</sup> He summarised the proposed process of identifying priority topics for scientific advice work for potential inclusion in ECDC's Work Programme 2010. It includes identifying the initial list of priority topics, scoring the topics in the order of importance, including presentation and discussion of the resulting final list at the AF meeting in May. This final list will be used to inform about the Work Programme 2010. Johan Giesecke clarified that, "We are not at the stage of identifying the initial list of priorities and the three priority topics offered in each section of the document on 'Priorities for Scientific Advice' were merely intended as a starting point and did not

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<sup>5</sup> Agenda Item 7b - Influenza Season Update (A Ammon).ppt.

<sup>6</sup> Agenda Item 4 - Priorities for Scientific Advice (J Giesecke).ppt.

represent a pre-selection on the part of my Unit.” He also mentioned that his Unit’s manpower was limited and that he and his team could only take on a limited number of different topics. He acknowledged that the choice of particular topics should be done based on various other criteria in addition to the scoring exercise results.

30. AF members expressed a need for more explanations about each proposed topic. One AF member acknowledged that this activity represents a satisfactory development following discussions with the AF in 2008. One AF member advised to prudently select diseases. Other topics, such as antibiotics use in animals, mark an area where ECDC could indeed succeed.

31. Johan Giesecke declared that more explanations will be provided for each topic before scoring them by AF members, that he would extend the deadline for submissions, and that the final discussion on topics would take place in May 2009.

### **Update on Annual Epidemiological Report (AER)**

32. Andrea Ammon gave an update on the Annual Epidemiological Report.<sup>7</sup> The 2008 AER (2007 data) will be published in June 2009. During the discussion, it was reiterated that AER surveillance data will be sent to the countries’ Chief Medical Officers (CMOs) for approval prior to publication. Some AF members thought that these data should be sent to the respective Competent Bodies. In the end, it was agreed that the AF was not the appropriate body to make a decision on this issue, and if rules were to be changed, only the Management Board could make these decisions. For the time being, ECDC will continue to send its AER data to the CMOs.

### **Update on ECDC Country Missions for 2009**

*(Document AF17/10 Rev.1)*

33. John O’Toole, External Relations, Partnerships and Country Co-operation, gave an update on Country Missions<sup>8</sup> and outlined the activities of his section. Following the presentation, one AF member requested a list of country visits that indicated the reasons why Member States requested a country visit. Two AF members asked John O’Toole to provide countries that are scheduled for a country visit with a detailed list of ECDC’s expectations in order that the counterparts in the host countries could properly prepare for the visit.

34. One AF member asked ECDC to keep in mind that the date on which Easter is celebrated deviates among the Member States as some countries are using the Julian calendar when determining the Easter holidays. This should be taken into account when planning meetings, visits and other activities.

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<sup>7</sup> Agenda Item 6 - AER 2008 Update (A Ammon).ppt.

<sup>8</sup> Agenda Item 13 - Update on Country Missions 2009 (J O’Toole).ppt.

## **Update on the external evaluation of EPIET**

35. Viviane Bremer, Chief Coordinator of the EPIET Programme, updated the AF on recent EPIET activities and the upcoming external evaluation of EPIET. Details can be found in her presentation.<sup>9</sup>

## **Epidemic Intelligence: Update on recent threats in the EU**

### **a) Vaccine-derived polioviruses in Finland**

36. Petri Ruutu, Finland, reported on the Finnish response to the isolation of vaccine-derived polioviruses (VDPV). ECDC's risk assessment, presented by Kari Johansen, reported several cases of VDPV and no cases of vaccine-derived paralytic poliomyelitis since Europe was declared polio-free in 2002, a fact that can probably be attributed to the very high vaccine coverage in the EU. In the ensuing discussion, one AF member raised the question of immunisation strategies, particularly for his country whose neighbours to the east entirely rely upon oral polio vaccine (OPV), while his country utilises inactivate polio vaccine (IPV) plus one dose of OPV.

37. With respect to the public health aspects of VDPV, most AF members only expected sporadic cases. However, one AF member warned of the potentially disastrous results in unvaccinated communities (some religious communities staunchly oppose the use of vaccines).

### **b) Cowpox in France and Germany**

38. Jean-Claude Desenclos, France, reported on recent cowpox cases in France. The sequence data analysis of cowpox isolates from several cowpox cases in Germany in 2008 and recent cowpox cases in France and the trace-back investigations of pet rats to which the cases were exposed, suggested a common source of infection related to international trade of pet rats by a Czech rat breeder. However, an on-site inspection in the Czech Republic could find no evidence that the rats were actually infected at the rat breeder's premises.

### **c) Adverse reactions to HPV vaccine**

39. Helena de Carvalho Gomes, ECDC, reported on the recall of a batch of Gardasil vaccine in Spain following serious adverse reactions. A final assessment of these cases was not possible since the investigations by the Spanish authorities were still ongoing.

40. One AF member raised the question whether adverse effects of vaccination were part of ECDC's mandate. Two AF members replied that this area was clearly a part of ECDC's role in public health due to the negative impact that reports on potential adverse events following immunisation could have on ongoing vaccination programmes, while product safety as such was EMEA's responsibility.

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<sup>9</sup> Agenda Item 5 - Update on EPIET (V Bremer).ppt.

## **The role of ECDC in incidents of intentional release of biological agents** (*Document AF17/7*)

41. Massimo Ciotti reported on progress made in the preparation of a paper entitled 'The role of ECDC in Incidents of Intentional Release of Biological Agents.' The project received new impulses during a recent visit to Europol. In the area of intentional release of biological agents, Europol lacks assessment capacity and welcomed ECDC's offer to provide expertise. This cooperation will eventually be expounded by an official strategic agreement between ECDC and Europol.

42. One AF member mentioned that the paper should address how ECDC could aid Member States in securing access to Bio Safety Lab (BSL)-3 or -4 laboratories. Transportation of samples to BSL labs is a particularly problematic issue as it frequently involves moving samples across national borders.

43. Another comment by an AF member focussed on ECDC's mandate. Do terrorist attacks with biological agents really fall under ECDC's mandate? He also noted that the paper in its current form did not provide sufficient structured advice to be useful. He therefore recommended that the text should be reworked and a new format be used that makes use of clear and instructive action items.

44. Massimo Ciotti responded that this entire area is highly sensitive and controversial. The paper in its current form reflects an attempt by ECDC to establish an entirely new field and outlines a new scope of activities. In short, this is a strategic paper, not a manual. He was aware that concrete instructions in the case of terrorist attacks were missing, but these could only be established at a much later stage.

## **Discussion and Feedback from the AF Working Groups**

### **a) Working Group A: Transmission of Communicable Diseases on Board Aircrafts: Priorities for EU Guidance**

45. The Chair of Working Group A, Darina O'Flanagan, presented the findings of her group.<sup>10</sup> She explained that the best way to proceed with the discussion was to propose and to agree upon a list of priority diseases for which to develop EU guidance for risk assessment related to aircraft exposures. That being said, it was difficult to make recommendations, which most probably need to be reviewed in their own right in order to ascertain if people can actually run with it.

46. Following remarks from Ragnar Norrby, Sweden, Darina O'Flanagan responded that in the event of routine vaccinations on people, there may be a case for making a greater intervention.

47. Andrzej Zielinski, Poland, inquired why anthrax was included in the list of priority diseases.

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<sup>10</sup> See Working Group A ppt.

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48. Preben Aavitsland, Norway, cautioned that sometimes too much emphasis is placed on being exposed to diseases onboard aircraft per se when diseases are rampant in all sorts of places.

49. Gérard Krause, Germany, maintained that it is the task of the Member States (and not the tenderer) to make recommendations. He added that in the future, the AF needs to be careful with respect to the meaning of tenders, and more importantly, that tenderers are tasked with collecting scientific evidence, but not making recommendations.

50. Stefania Salmaso, Italy, remarked on the enormous undertaking of tracing back all individuals and that it should really be limited to severe uncommon diseases. In concurring with Germany and Norway, Stefania Salmaso proposed that the call for tender could provide evidence of a type of proposal that definitely cannot be issued by tenders to the general community.

51. The representative from the European Commission inquired whether Working Group A had considered the air company aspect. He remarked that the prioritisation of diseases is usually linked to impact events and that unanticipated extraordinary events cannot fit easily into the list (but could be integrated into part of the list).

52. Sotirios Tsiodras, Greece, proposed that anthrax be placed on the list due its public health significance. He added that the legal framework for contacting air companies should remain local as is the case in Greece with past regulations.

53. In response to the representative of the Commission, Darina O'Flanagan concurred that the interface with air companies is more suited to the work of the Commission. She also conveyed that a generic approach for diseases that are specific to unanticipated individual events should ideally be established.

54. Gérard Krause, Germany, remarked that the Robert Koch Institute is planning to approach it in a generic way in order to identify pathogen characteristics that may be relevant to the incubation of diseases. He proposed a generic check list applicable to any diseases --- even unknowns --- in order to provide guidance in the event of a new outbreak, such as SARS. The representative of the European Commission recalled the lassa fever virus event in which people were exposed to biological liquid on board. He conceded that some guidance would be instrumental in dealing with unanticipated events. Stefania Salmaso, Italy, also agreed upon the utility of a guiding document and suggested that a consensus is needed with respect to an EU shared code of conduct in identifying responsibilities. She added that it is imperative that a European authority, e.g. DG SANCO, define a code of conduct that will apply to all Member States.

55. Andrzej Zielinski, Poland, remarked that the lassa fever and haemorrhage fevers can be transmitted via human-to-human contact.

56. Haraldur Briem, Iceland, cautioned about being too focused on airplanes that are generally quite safe with air conditioning on board. He recalled a practical example of this complexity and referred to being stuck in transit with tuberculosis cases on relatively short flights. He added that it is virtually an impossible task to resolve.

57. Denis Coulombier, Head of Preparedness and Response Unit, informed that contact tracing is currently being developed by the Health Security Committee (HSC).

58. In response to a previous statement of Greece, Denis Coulombier stated that the next step regarding Horizontal Disease Specific Programmes will be to designate the best experts (ideally epidemic and health experts) as well to ensure highly operational guidance. He also informed that the Horizontal Disease Programme will be revisited during the next few months and that feedback and progress would be provided at the next AF in May.

### **b) Working Group B: The Role of the Advisory Forum following Designation of the Competent Bodies** (*Document AF17/10 Rev.1*)

59. The Chair of Working Group B, Maria-Teresa d’Avillez Paixão, Portugal, presented the findings of her working group.<sup>11</sup>

60. Gérard Krause, Germany, gave a brief summary of the discussion notes stemming from an AF member’s perspective. He stated that the group identified that for many members, the AF provides a useful forum in which to get information back into the periphery and to return more information back to the home country. He remarked that the opinions of individuals collected by the AF as a group has never come up with recommendations or taken a vote. He suggested that perhaps a joint opinion of the entire group would be useful to ECDC vis-à-vis advice and/or approval of certain definitions. He informed that, to date, the AF has neither been very active in monitoring the activities of ECDC nor has it been very strong in setting priorities for ECDC’s work.

61. While there were several ‘pros’ in terms of the creation of a possible Steering Group / Scientific Committee within the AF, Gérard Krause warned about the fear of unequal access and “power” especially for AF members of certain countries. In referring to the creation of inner groups of people, he suggested the frequent rotation of group members in order to ensure that inactive members are able to increase their participation within the group.

62. Throughout the discussion of the Working Group, the participants fully agreed that: i) the AF has come to a crossroad; ii) currently, a different type of AF is needed (critical friend; more content issues; less procedural issues; more priority setting); iii) clarification is needed re meaning of quality and independence; iv) there are too many meetings (4x/year); v) a link is needed between the AF and CB; vi) the AF does not always give enough advice on priorities. In terms of the latter point, it was noted that the AF should be much stronger especially with respect to the list of priorities. This task will become increasingly crucial especially with the increase in the size of ECDC. Other contentious aspects pertain to the chairmanship of the AF and the fact that impossible for an AF member to chair the meetings due to ECDC’s Founding Regulation.

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<sup>11</sup> See Working Group B ppt.

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63. Maria-Teresa d’Avillez Paixão reinforced the above-noted comment by maintaining that “We need to look forward to the role of the AF in order to ensure that no one is left out. In this way, the AF will be more efficient and contribute to ECDC’s smooth functioning in terms of priority setting and better results.”

64. Some members of the AF expressed their concern about the way in which AF members are selected.

65. In referring to Germany’s remarks above, Robert Hemmer, Luxembourg, proposed that the use of the term ‘rotating’ should be integrated into the presentation.

66. While noting the highly complex nature of the above-noted topic, Kåre Mølbak, Denmark, argued that the AF should focus more strongly on prioritising issues for ECDC. He also proposed that the AF and ECDC should carry out a survey. He recalled that the role of the AF is to provide advice to ECDC, and subsequently inquired whether the latter is receiving sufficient advice from the AF. He also recommended that the AF meet externally (without ECDC representatives) in order to have internal, transparent discussions regarding priorities in order to achieve consensus.

67. Herman van Oyen, Belgium, spoke about differences between strategic discussions versus specific scientific discussions. He affirmed that the role of the AF should be to ensure that work is carried out at a higher scientific level and thus a middle-of-the-road approach is preferable. He opined that an increased discussion is needed on methodological criteria of evaluating scientific work emanating from the Centre. He cautioned against creating another sub-group within the AF but instead, the AF should work from a critical review perspective and should strive to maintain a global approach in order to ensure the criteria is present for evaluating a scientific level of products.

68. Ragnar Norrby, Sweden, observed that a better balance is needed between epidemiology and microbiology. He advised Member States to strike a balance between Alternates and Members in order that both sides can be represented impartially.

69. Preben Aavitsland, Norway, expressed his pride and honour in being part of the AF since its inception. He recalled the permanent working groups that were initially and several instances when ECDC’s Director had appointed a working group for a specific task. He suggested assessing that experience at the next AF and appointing a group (or simply one member) to prepare certain items on the agenda, including a document rather than the ECDC preparing such a document.

70. In referring to the existing Terms of Reference, Jean-Claude Desenclos, France, stated that the AF plays a key advisory role but also needs to monitor the scientific excellence of the Centre. He maintained that the AF is not well organised enough to monitor and critically review the scientific excellence of the Centre. He proposed a rotating group which could be balanced geographically by western and eastern European countries. This would allow the AF to adequately prepare and discuss issues more efficiently.

71. Maria-Teresa d’Avillez Paixão endorsed the idea of a working group and noted it will serve to open new and improved possibilities for AF members. She cautioned that some of the AF members are less vocal than others and that it is vital for them to

contribute more actively. She also agreed with France that the proposed group should not be a scientific body within the AF, but instead one in which individuals contribute to ECDC's output according to the views of the group.

72. ECDC's Director thanked the AF for their immensely useful feedback regarding the role of the AF. She then highlighted the success of the Centre during the start-up phase but also advised that ECDC is currently at a crossroads. The Competent Bodies are now in place thereby incurring changes in the role of AF. The input of the AF is crucial to the excellence and independence of ECDC. Furthermore, the AF and CB need to review jointly how the agenda of the AF is shaped. The Director proposed a survey in ascertaining how to closely link the AF and CB. She suggested the utility of back-to-back meetings between the AF and the CB. She also posed whether a small core group/committee (geographically rotated) could play a useful role to further improve preparations. ECDC's Director noted two future areas in which AF feedback and guidance would be welcomed, namely, in the area of priority setting and clarification of the meaning of quality and independence. These issues shall be discussed and reviewed in depth at the next AF meeting. ECDC's Director also informed that several written comments were received from Working Group B with respect to document AF17/9, which will be distributed to the AF in due course following this meeting. She also stated that a questionnaire regarding the survey will be circulated to the AF for feedback then consolidated into a paper for the next AF meeting. The Director proposed to take this initial discussion to the March meeting of the Management Board and then again to the MB in June and September for a final decision.

73. In order to expedite this issue, Darina O'Flanagan suggested organising additional workshops in order to ensure adequate counsel in the decision-making process.

74. ECDC's Director expressed her appreciation and thanked the entire AF for their efforts and for having invested their valuable working time. The representative of the European Commission thanked ECDC's Director and also the AF for having invited the Commission to assist in this matter.

### **c) Working Group C: Case Study: Monitoring Influenza Activity in a Pandemic: How Would Europe Do It? (Document AF17/11)**

75. The Chair of Working Group C, Paulo Guglielmetti, representative of the European Commission, presented the findings of his group.<sup>12</sup> He recalled that during recent meetings in Europe, difficulties remain in responding to and monitoring the smooth functioning of essential services and transport. He informed the Commission can offer some very good projects to the public health programme, especially the EURO MOMO Project, and possibly other activities of added value in consolidating the experiences of different Member States.

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<sup>12</sup> See Working Group C ppt.

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76. Andrzej Zielinski, Poland, noted the omission of early detection and investigation from the presentation and he also affirmed the unlikelihood that a pandemic would start in any other European countries.

77. Thomas Hofmann, WHO, expressed his deep appreciation for the workshop and cited how “it exemplified how the AF can work well in providing their input.”

78. In reference to the early detection and investigation chart on the slide, Roel A. Coutinho, Netherlands, advised it would be ideal to have a scientific project to determine whether to combine the study with virology data or to use it as a mechanism to obtain information about the types of services that suffer from it including solutions.

79. In reference to an inter-pandemic period, Sotirios Tsiodras, Greece, remarked that surveillance should be a top priority, and in terms of Phase IV periods, the focus should be on laboratory enhancement. He stressed the importance of setting priorities for therapeutic measures well ahead of time.

80. In responding to Poland, Preben Aavitsland, Norway, clarified that the purpose of the chart in the slide as presented by Angus Nicoll was to steer the discussion. He pointed out that the green area represents monitoring when a pandemic actually hits the country. The area also signifies the importance of i) keeping citizens informed; ii) planning healthcare use and following an evolution of parameters during a pandemic as the risk health groups may change; and iii) measuring the effect of interventions. He added that scientific purposes were not discussed, albeit they may be important.

81. Stefania Salmaso, Italy, opined that all pandemic issues leave a larger question mark since there is insufficient data. While the general objective of monitoring a pandemic can be agreed upon, it is vital to understand the timeframe when the assessment can be carried out. Currently, Europe needs to perform an assessment of the comparability of data from different countries well ahead of time, but it is also up to each Member State to provide data in a timely manner. She conveyed that pandemics occur in waves; thus it is necessary to collect timely data from different geographical regions including individual Member States.

82. Roel A. Coutinho, the Netherlands, affirmed the importance of the scientific side and that all sorts of mathematical models exist based on parameters that are not known and that it is crucial to validate them with reality for the future.

83. Kåre Mølbak, Denmark, informed that his institution is working on this issue with the aim of setting up real time (mortality monitoring) and for some countries, it could be regional data and for others mortality data. He clarified that the aim of this project is to develop a consensus model in order to analyse data. Further, the project should reflect the actual situation and thus Denmark is working along these lines and it is anticipated that a pilot system will be implemented in 2010 that will include a number of different countries. He stated the utility of analysing the outcome of the impact of a pandemic in order to estimate excess mortality.

84. Ágnes Csohán, Hungary, underlined the need to collect the best data during a pandemic period. She also noted that while institutions are good at collecting data, the way in which it is done needs to be more uniform (e.g. EURO MOMO project experience versus ECDC’s TESSy system) in order to work out a European way of

monitoring excess mortality in countries and to ascertain how to report best or excess mortality to ECDC to be summarised on a biweekly or monthly basis for decision makers.

85. The representative of the European Commission thanked his colleagues and addressed the questions that were raised. In response to Norway, Paolo Guglielmetti noted that product outcome should be used by the public health authority at the national level. In terms of scientific value, part of the role of the AF is to facilitate interface between microbiologists and epidemiologists. He suggested exploring viable ways in which to interlink scientific projects of the European Commission and the AF vis-à-vis academia and institutes. Paolo Guglielmetti affirmed that monitoring and managing pandemics need to be carried out during their actual occurrence.

86. ECDC's Director thanked AF members for their feedback and counsel and informed the aforementioned matters will be addressed in due course.

### Update on Internal Review of 2008 Call for Tenders

87. Philippe Harant, Monitoring and Evaluation Manager, gave a presentation<sup>13</sup> and informed about the key elements that make tenders successful including their challenges. In order to review and improve the process of tenders, he advised that an email will be dispatched to the AF for their comments regarding a proposal to establish an internal working group to review the current difficulties and to propose some internal guidelines on good practices for procurement. Following feedback from the AF, the document will subsequently be circulated within ECDC and the project should be finalised by May or June 2009.

88. Stefania Salmaso, Italy, sought clarification with respect to the call for tender and whether it represents a way in which ECDC can outsource work that cannot be done internally while retaining same under ECDC's mandate. She likened the call for tender process as ambiguous and noted that when an external entity is requested to conduct a survey on behalf of ECDC, the activity cannot be implemented in a practical manner without the full (formal) agreement and participation of all Member States. Stefania Salmaso proposed that ECDC clarify its general concept of working arrangements in order to ensure the same rules apply and that Member States' contributions are recognised even if the tendering activities are run directly by ECDC or outsourced.

89. Jean-Claude Desenclos, France, thanked Philippe Harant for having provided a very good synthesis and emphasised the need to reflect upon the way in which calls for tenders are adapted to ECDC's mission. He queried how the Centre takes into account the burden of tenders to Member States for projects that have a scientific outcome. He suggested that in a few years' time, it would be interesting to follow up particularly on tenders with a scientific component to determine their outcome vis-à-vis ECDC's expectations.

90. In response to Jean-Claude Desenclos comments, Philippe Harant suggested applying a post tender analysis to follow up on the deliverables of the tenders. In terms

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<sup>13</sup> Philippe Harant PPT.

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of participation from Member States, this needs to be discussed further in an internal working group (as indicated above). In responding to whether tenders are appropriate, administration rules and regulations need to be considered. Philippe Harant also noted the occasional lack of sufficient resources and that these issues could certainly be reflected in the ensuing discussions of the working group.

91. ECDC's Director cautioned that the Centre should strive to be highly selective with respect to tenders that are outsourced. She also remarked on the imperativeness of finding the best way to involve Member States in the tendering process. She recalled that even if ECDC outsources a project per se, a contractor will still approach the Member State. Given that the burden on the Member States is the same, a more harmonised approach with respect to their involvement is needed in order to reduce the burden.

### Disease Programme Activities:

#### a) Emerging & Vector-borne Disease Programme (*Document AF17/8*)

92. Katrin Leitmeyer, Interim Coordinator, ECDC, provided an oral update and PPT,<sup>14</sup> and she also gave a special thanks to her team. She remarked that the list of emerging and vector-borne diseases is endless and that they need to be prioritised as much as possible, despite the obvious difficulties. In referring to future Work Programmes, Katrin Leitmeyer recommended focusing on a succinct list of diseases (to begin with), and rather than tendering the activities of vector-borne diseases, to try to find suitable partners and establish working relations for those who are more competent to do so.

93. Sotirios Tsiodras, Greece, stated that the majority of vector-borne diseases are occurring in Southern Europe where climate change is occurring. He also expressed his appreciation for ECDC's assistance during a recent teleconference which dealt with complex diseases.

94. Herman van Oyen, Belgium, cited the importance of identifying medical entomology specialists. He also expressed his concern that it is not clear what type of training strategy is foreseen.

95. Gerard Krause stressed the importance of deliberately developing specific laboratory training modules since the majority of training programmes should be focused on public health laboratory issues and epidemiological studies.

96. Katrin Leitmeyer maintained that the list of emerging and vector-borne diseases needs to be prioritised. She conceded that tenders will aid ECDC greatly in establishing the Centre's network. She noted that entomology expertise represents a key component in dealing with vector-borne diseases. In response to Gerard Krause's earlier comment regarding training modules, Katrin Leitmeyer affirmed that microbiologists are already working on a tender (pilot basis) and a draft of the progress will be disseminated to the AF in May 2009 in order to initiate discussions.

97. ECDC's Director stated that priority setting as discussed above remains a key area of work for the AF. She also noted that priorities for 2009 are more or less fixed in

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<sup>14</sup> Karin Leitmeyer PPT.

ECDC's Work Programme, albeit the process will need to be initiated for 2010, thus this topic will be dealt with at the next AF meeting.

## **b) Update on 'ECDC Report on Migration and Infectious Diseases in the EU'**

98. David Manissero, Scientific Advice Unit, provided an update on migrant health and communicable diseases in the EU,<sup>15</sup> and he also took the opportunity to acknowledge his colleague, Teymur Noori, who had contributed greatly to the report. He recalled that the report was initially drafted in December and circulated to AF members. ECDC's Director remarked that AF members are welcome to submit their comments to Davide Manissero and that the redrafted version will be provided to the AF in the coming months.

99. Certain members of the AF opined that the report represents an important challenge and they also remarked on the lack of resources to perform risk assessments vis-à-vis the country of origin, and they suggested assessing those who are exposed to risk once they return home.

100. David Manissero thanked members of the AF for their active collaboration with ECDC.

## **c) Surveillance of AMR**

101. Andrea Ammon, Head of Surveillance Unit, gave a presentation regarding surveillance of AMR.<sup>16</sup>

## **Other matters and closure**

102. Paolo Guglielmetti briefly presented an update regarding ESANREP.<sup>17</sup> He informed that it is vital to acquire an endorsement and feedback from specific committees, e.g. Health Security Committee, which represents quite a complex process. Preben Aavitsland, Norway, stated that the document he received appears somewhat outdated, particularly since EWRS will be transferred to ECDC. The European Commission representative responded that the document would be updated in due course and welcomed feedback from the AF.

103. Denis Coulombier, Head of Preparedness and Response Unit, gave a quick update on EWRS, noting that EPIS has been developed, albeit not yet available to external partners.

104. In response to a query from ECDC's Director, Denis Coulombier affirmed that the EPISOUTH report will be forthcoming in a few weeks. In recalling a question raised by the Netherlands, Denis Coulombier responded that, at a meeting held on 6 February 2009, ECDC concluded that currently there is no real shortage of vaccines within the

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<sup>15</sup> Davide Manissero & Teymur Noori PPT.

<sup>16</sup> Andrea Ammon, Surveillance of AMR PowerPoint.

<sup>17</sup> European Commission, ESANREP PowerPoint.

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EU; however, this could change in the event that masses are affected simultaneously. He informed that in between now and 2012, laboratories will have limited availability of immunoglobulin. As such, there will need to be a prioritisation of what is available in order to ensure that immunoglobulin is used only when clearly based on available recommendations from WHO and Member States. Immunoglobulin has been overused in the past and the Netherlands has suggested exploring whether a virtual stockpile of the antibody will address the issue in the interim. While Denis Coulombier concurred that this interim solution might address a peak in the need of one of the countries, he cautioned that there would be cost issues, for instance, transferring the antibody from one origin to the other. He informed that ECDC would explore the feasibility of this idea with the AF at the next meeting in order to verify whether or not there is any rationale regarding the feasibility for such an approach.

105. Darina O'Flanagan requested that all PowerPoint presentations stemming from this meeting be dispatched to the Advisory Forum.

106. In referring to the next step for the future role of the Advisory Forum, ECDC's Director informed that, between now and the next meeting, the Centre will be in touch with the working group including the AF at large. She also remarked on the importance of determining how to make the AF even more useful and to ensure that their time is well spent at the AF meetings.

107. Finally, the Director thanked all AF members for their active contributions to the working groups and for having proposed discussion topics. She also thanked all participating ECDC staff members for their contributions.