

ECDC Advisory Forum



AF19/Minutes

**Minutes of the 19th Meeting of the Advisory Forum
Stockholm, 22-23 September 2009**

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Opening and welcome

1. Zsuzsanna Jakab, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) Members and Alternates to the nineteenth meeting. She explained her latest career developments, including her appointment on September 15 as the new WHO Regional Director for Europe at the annual meeting of the WHO European Region's governing body held in Copenhagen, Denmark. ECDC's Director is scheduled to take up her new post on 1 February 2010. She then excused herself and asked Johan Giesecke, Head of the Scientific Advice Unit, to chair the meeting.
2. The chair relayed apologies from Cyprus, Estonia, Italy, Liechtenstein, Slovenia and the European Public Health Association, who could not be represented at the meeting. The Director welcomed Pedro Arias Bohigas from Spain, newly appointed Member who was attending the Advisory Forum meeting for the first time. He also welcomed Matti Rajala, the representative of the European Commission. He also introduced Fernand Sauer and Pat Troop, who would later present the results of a working group entitled 'Working with Member States: Needs, expectations and capacities'. As well, the Head of the ECDC Scientific Unit introduced Donato Greco, expert who would present the Evaluation of ECDC's response to the Influenza A(H1N1) crisis during this morning's plenary session.
3. The chair invited all interested AF members to the peer review meetings for ECDC's 2010 Work Programme, scheduled for the afternoon of 23 September. He also extended his invitation to ECDC's Competent Bodies meeting in Uppsala from 12 to 14 October 2009.

Adoption of the Draft Agenda and noting the Declarations of Interest *(Document AF19/2 Rev.1)*

4. The draft agenda was adopted without change.
5. The chair called for the submission of Declaration of Interest forms to the secretariat in respect of the agenda items. Under agenda item 11 (EpiSouth Project Evaluation), Florin Popovici (Romania) declared that he is a member of the Romanian Coordination Team. Jean-Claude Desenclos (France) declared that the International Department of the National Institute for Surveillance coordinates one work package vis-à-vis EpiSouth epidemic intelligence. Pedro Arias Bohigas (Spain) declared that while Spain is leading one of the work packages, to his knowledge, there is no relation between himself and the EpiNorth Project Evaluation. Under agenda item 1, Darina O'Flanagan (Ireland) stated that she is a Member of the Venice Project (Childhood Immunisation schedule).

Adoption of the Draft Minutes of the 18th meeting of the Advisory Forum held in Stockholm, 12-13 May 2009 *(Document AF19/4 Rev.1)*

6. The draft minutes were adopted without amendment.

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

7. The chair updated the AF on ECDC's general activities since the last meeting, including the Management Board meeting on 23-24 June 2009 in Poland, activities planned and conducted in conjunction with the Swedish EU Presidency, and several visits to candidate and potential candidate countries (additional funds to work with this group of countries made available by Directorate-General for External Relations).¹

8. Maarit Kokki, Coordinator of the Cabinet, Advisor to the Director, ECDC, presented an 'Update from the Cabinet'² and relayed some personnel changes and reiterated the chairs' invitation to the Competent Bodies meeting in Uppsala.

9. Updates from the Heads of Unit followed: Johan Giesecke (Scientific Advice),³ Andrea Ammon (Surveillance),⁴ Denis Coulombier (Preparedness and Response),⁵ Karl Ekdahl (Health Communication)⁶ and Anni Hellman (Administration)⁷ presented their updates as PowerPoint slides.

Discussion

10. One representative asked for additional information on funding sources for the I-Move project. Another representative noted that further information on the EPIS project would be appreciated. The chair promised to address these issues later in the meeting.

11. In reply to the above question on EPIS, Denis Coulombier replied that EPIS was still in a pilot stage. He also apologised for communication problems with the working group on EPIS development.

12. The unexpected discontinuation of regular teleconferences on the pandemic was noted by one of the AF participants. He said that teleconferences were an adequate form of communication, but the way in which earlier conferences were conducted had made it difficult to maintain meaningful discussions. The chair replied that he was not quite sure what led to the cancellation of scheduled teleconferences, but that he would inquire about the details.

b) Update from the European Commission

¹ ECDC Director's Update (Z Jakab).ppt

² *Ibid.*, CAB Update (M Kokki).ppt

³ *Ibid.*, SAU Update (J Giesecke).ppt

⁴ *Ibid.*, SUN Update (A Ammon).ppt

⁵ *Ibid.*, PRU Update (D Coulombier).ppt

⁶ *Ibid.*, HCU Update (K Ekdahl).ppt

⁷ *Ibid.*, ADM Update (A Hellman).ppt

13. Matti Rajala, the representative of the European Commission, briefly introduced himself and then proceeded to brief the AF on a variety of issues currently of importance for the Directorate-General for Health and Consumers, including childhood vaccination, health security and antimicrobial resistance. Details are available in his presentation file.⁸

14. Following Matti Rajala's presentation, one AF member commented that the proposal for a Council Recommendation on cross-border aspects of childhood immunisation had caused a considerable debate about harmonisation of vaccination issues, due to a 'failure to understand national issues'.

15. One AF representative commented that it would be a good idea to consider an orchestrated effort against anti-vaccination tendencies.

Influenza (seasonal and pandemic) issues

16. Pasi Penttinen, ECDC's internal Crisis Manager for Pandemic Response, updated the AF on ECDC's approach to pandemic response as formulated in its Public Health Event Plan.⁹

17. Angus Nicoll, Head of ECDC's Influenza Programme, gave a short presentation entitled 'The evidence to date: risk assessment and forward look — A(H1N1) 2009'.¹⁰

Discussion

18. In response to Angus Nicoll's presentation, one representative of the AF pointed out that Australia and New Zealand seemed to have experienced problems with overtaxed intensive care units. On the other hand, this pandemic was the first that was combated with effective antivirals. The bottom line, however, was that it was still extremely difficult to make predictions but that planning assumptions (reasonable worse case scenarios can be done). More modelling would help but had to be checked against surveillance data. This was seconded by another AF representative who remarked that correlating figures, e.g. ICU admissions and deaths, were rather difficult and that meaningful figures could not easily be found.

19. One AF representative doubted whether it was still necessary for ECDC to publish a daily situation update on the pandemic. What was needed was a 'sound synthesis of figures and analytical judgement'. Another AF representative seconded this and added that more analytical figures (e.g. on proportion of hospitalised cases or the clinical attack rate) would be helpful when producing national risk assessments.

20. With Egypt started culling pigs and tabloids began portraying WHO as being lobbied by big pharmaceutical corporations, having a rational discussion on pandemic A(H1N1) was becoming increasingly difficult, one AF representative said. Another AF representative added that conspiracy theories compounded the communication problem and made it difficult to convince people that getting vaccinated was a good idea.

⁸ Update from the European Commission (M Rajala).ppt

⁹ Pandemic response in PHE Plan (P Penttinen).ppt

¹⁰ Influenza Pandemic (A Nicoll).ppt

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21. Another problem that was pointed out referred to the mix of risk assessment and risk management during the EWRS teleconferences, which had proved to be not very productive.

22. One AF representative noted that the 2010 Work Programme did not refer to 23-valent pneumococcal polysaccharide vaccine during novel influenza (H1N1) 2009 outbreak. This had been flagged as a priority, but did not appear as such in the Work Programme.

23. Pasi Penttinen replied that ECDC's daily updates stopped reporting case numbers for non-EU countries and that case number reporting would be discontinued next week and instead more analytic outputs would be undertaken. For management reasons, he expressed his preference to maintain the daily update schedule but during weekdays only.

Country updates from France, Spain and the United Kingdom

24. Jean-Claude Desenclos (Institut de Veille Sanitaire) reported on the 'Nouvelle grippe A(H1N1)2009' in France.¹¹ The Spanish Member, Pedro Arias Bohigas (Ministry of Health and Social Policy, Spain) gave a presentation on 'Description of confirmed pandemic (H1N1) 2009 Severe Acute Respiratory Infection (SARI) in Spain'.¹² Mike Catchpole (Health Protection Agency, UK) presented a series of slides on 'The epidemiology of influenza A(H1N1)v in the UK: an update'.¹³

25. In conclusion, pandemic influenza (H1N1) 2009 was characterised as a generally mild disease, but severe disease in risk groups. The clinical and epidemiological picture was similar to seasonal influenza. It remains uncertain when and if a resurgence will occur.

Discussion

26. Upon being asked, Jean-Claude Desenclos said that for the French territories of the southern hemisphere that have been through the first wave, the clinical attack rate was much lower than the expected 25% to 30% of the pessimistic scenarios used for planning assumption prior to the A(H1N1)v pandemic. Also, the case-fatality ratio was extremely low. He also agreed that excess mortality would be a good indicator of the severity of the disease. As to risk factors, he stated that about 80% of all hospitalised cases in metropolitan France and in the French territories of the southern hemisphere had risk factors. Further questions on this topic were referred to the working group scheduled for the afternoon.

Seroepidemiological studies project

27. Mika Salminen, Senior Expert, HIV/STI, ECDC, reported on a project on seroepidemiological studies intended to inform public health measures, particularly in reference to planning for resource allocation.

¹¹ France.ppt

¹² Spain.ppt

¹³ United Kingdom.ppt

28. Several AF representatives welcomed this initiative. One AF representative suggested that it would be helpful if these studies could use leftover samples without expressed individual consent. This would require clearance at the Commission level.

Evaluation of the ECDC response to the Influenza A(H1N1) crisis and the subsequent Action Plan (*Document AF19/5*)

29. Donato Greco, independent expert, presented ten slides entitled 'Influenza A(H1N1) Flu 2009 - ECDC PHE evaluation'.¹⁴ He commended the creation of an Executive Influenza Team within the PHE Response Team, which had improved the EOC's capacity to respond to the current epidemic. He also said that the ongoing publication of technical and managerial tools would benefit the Member States and help them to cope better with the ongoing epidemic.

Action plan for strengthening ECDC support to response

30. Denis Coulombier, Head of Preparedness and Response, ECDC, gave a brief overview of his unit's 'Action plan for strengthening ECDC support to response.'¹⁵ He also pointed out that during the last simulation exercise, which included international players, the ECDC PHE Team demonstrated that it was able to simultaneously handle two scientific teams; each team was responsible for one distinct outbreak.

Latest influenza pandemic issues A(H1N1)

31. Referring to ECDC pandemic influenza surveillance work and WHO guidance on global surveillance, Andrea Ammon, Head of ECDC Surveillance Unit, presented five components of monitoring and surveillance of the disease. In her presentation 'Pandemic surveillance', she recalled the ECDC Workshop, 'Surveillance and studies in a pandemic', which aimed at identifying strategic parameters related to actions towards influenza A(H1N1), and the agreement on the minimum that EU Member States can monitor and deliver in a pandemic. She stressed difficulties in obtaining accurate clinical and epidemiological data from some Member States, which is often the result of a lack of basic information from national health care units and physicians. She referred to ECDC documents that facilitate continuous analysis, interpretation, and feedback of collected data. Thanking countries for their continuous input, she informed about the National Microbiology Focal Points meeting, which will convene during 1-2 October 2009.

32. The AF Member from Poland raised the issue of the relevance of certain components, for instance, components which refer to monitoring of cases of deaths and causes of mortality in countries which do not yet have confirmed fatal cases caused by Pandemic (H1N1) 2009 influenza (e.g. Poland). He recalled the surveillance system in Poland which is based on sentinel for virology diagnosis of influenza infections including A(H1N1)v among people with influenza-like symptoms.

33. The AF Member from Norway complained that there had not been more teleconferences between ECDC and the AF over specific pandemic issues. Angus Nicoll

¹⁴ Item 4(b) - Evaluation of ECDC's response to the Influenza A(H1N1) (D Greco).ppt

¹⁵ *Ibid.*, final three slides.

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conceded and affirmed that ECDC would rectify where there would be mutual advantage and not put further demands on extremely busy people or duplicate work carried out by the HSC, for instance.

34. In his presentation, 'Update on pandemic vaccines in the EU', Piotr Kramarz, Deputy Head of ECDC Scientific Advice Unit, updated AF members on issues related to pandemic vaccines in the EU. He briefly recalled there are a number of vaccine manufacturers in Europe that intend to market their products and relevant legal procedures that have to be fulfilled to introduce the vaccine to a market. By the end of week 39, it is expected that the European Medicines Agency (EMA) will announce their decision on the authorisation of H1N1 pandemic vaccines. At least two countries are expected to authorise locally produced pandemic vaccines. Due to timelines of the national authorisation process, they may have the vaccines on the market relatively soon. He later referred to the VAESCO project, which aims at monitoring the safety of vaccines (e.g. the analysis of the observed to expected event rate ratio (O/E) which allows the rapid address of potential safety signals during mass vaccination). The project assumes the development of a 'databank' of estimates of background rates of events which are of special interest (e.g. Guillain-Barre syndrome, encephalitis, transverse myelitis, Bell's palsy, sudden death, spontaneous abortion, etc.) in eight countries by age, gender and calendar time. At the end of his presentation, Piotr Kramarz brought up issues related to monitoring of the vaccine effectiveness (e.g. through I-MOVE study).

35. Further to this topic, Johan Giesecke, Chef Scientist and Head of ECDC Scientific Advice Unit, stated that EMA Risk Management Plan guidance encourages vaccine manufacturers to use ECDC protocols for vaccine effectiveness studies. Within the I-MOVE project, several applicants submitted their study protocols which, due to limited budget availability, could not be funded by ECDC. A possible solution could be that EVM (European Vaccine Manufacturers) establish a joint umbrella fund where single vaccine manufacturers could contribute funds towards studies of pandemic influenza vaccine effectiveness. Such a fund would then be available for EpiConcept (commercial organisation which manages the I-MOVE study) to fund the studies which could not be funded by ECDC. Every study centre, regardless of the source of funding, would adhere to the same code of conduct and the overall standards of the quality of study design and transparency. There would be no mixing of funds from ECDC and private sources.

36. The AF Member from Ireland remarked that financing of studies on pandemic influenza vaccine effectiveness by vaccine manufacturers may become a strong argument against vaccination for the anti-vaccine lobby, and in addition, can further undermine public trust in safety of vaccination.

37. In a direct reply, the AF member from Poland recalled that building trust around pandemic vaccination and safety of populations is the key responsibility of national institutions which are represented during AF meeting. While making reference to the presentation of the Deputy Head of ECDC Scientific Advice Unit, he remarked that it is possible that the rates of adverse events following pandemic vaccine immunisations (AEFIs) may be elevated due to increased awareness of vaccine recipients and/or healthcare providers alerted to the potential safety issues of the new vaccines. From this perspective, comparison to background rates of events estimated during an inter-pandemic period may be biased.

38. In a direct reply, Piotr Kramarz stressed: “We must act proactively and collect as much information as possible in advance.” He also observed that while there may be increased reporting of some adverse events due to publicity, AEFIs are usually underreported.

39. Further to the topic of potential co-funding the studies on pandemic influenza vaccine effectiveness by vaccine manufacturers, the AF Alternate from Austria advised ECDC to avoid their financial involvement in the I-MOVE study. Mixing ECDC funds and private sources might be perceived in a negative light, for instance, raise suspicion of being biased towards the pharmaceutical industry and thus become another argument for the anti-vaccine movement. The Alternate from Austria stated that clarification of these issues remains the responsibility of the Competent Bodies.

40. The AF Member from France also agreed that ECDC should refrain from mixing funds with private sources due to e.g. fewer funds for public institutes and hit ECDC in the first place. An alternative solution must be found and the entire issue needs to be presented to the Management Board.

41. Piotr Kramarz maintained there is no mixing of funds from ECDC and private sources are envisioned with regard to funding the studies on pandemic influenza vaccine effectiveness.

42. In referring to the earlier comment from France, the representative from Germany added that it is not necessarily the issue of funds (to be received or not) by public institutes, but rather a matter of their future credibility.

43. Following the topic of pandemic influenza vaccines, Angus Nicoll, ECDC Influenza Programme Coordinator, recalled the role of the European Medicines Agency (EMA), which is to authorise a vaccine for marketing based on the positive result of its risk-benefit evaluation. He emphasised the significant role of both pre- and post-marketing processes when introducing vaccines to a market.

44. In concurring with other AF delegates, the representative from Belgium disagreed on mixing ECDC and private sector resources to finance studies on pandemic influenza vaccine effectiveness.

Epidemic intelligence: Update on recent threats in the EU

45. In his presentation, Denis Coulombier, Head of the Preparedness and Response Unit, gave a brief overview of the emerging threats in the EU at the time of pandemic. He referred to the threat of Pandemic (H1N1) 2009 influenza as well as emerging threats such as: legionellosis and West Nile Fever. He acquainted AF members with ECDC Threat Assessment on the outbreak of West Nile Virus in Italy. During the absence of Stefania Salmaso from the Italian Istituto Superiore di Sanita, the Head of PRU updated AF members on WNV outbreaks in several regions of Italy – Veneto, Emilia Romagna, and Lombardia.

Surveillance issue: Assessing the impact of the vaccination with conjugate vaccines on pneumococcal disease in EU (*Document AF19/6 Rev.1*)

46. Lucia Pastore Celentano, ECDC VPD Senior Expert, briefly discussed the current situation, emerging questions and constraints associated with invasive pneumococcal disease (IPD) surveillance in the EU. She presented the ECDC project aimed at evaluating the impact of current and new pneumococcal conjugate vaccines on disease burden and focused on its specific objectives, methods and expected outcomes. The project assumes estimating the incidence, hospitalisation rate, and mortality due to IPD by age group; monitoring circulating serotypes in order to detect emerging strains and serotype replacement; monitoring antimicrobial resistance in pneumococcal isolates; collecting vaccine coverage data by age groups; calculating the vaccine effectiveness as well as quantifying the number of vaccine failures.

47. Following the VPD Senior Expert's presentation, the AF Member from Greece remarked upon the difficulty to fulfil specific goals of the project and to secure the accuracy of data. The proposal should specify exact groups which are to be monitored (e.g. children, group of risks) and refer to other issues such as development of antibodies in blood serum as the result of infection or immunisation - seroconversion.

48. The AF Alternate from Germany remarked that ECDC should not become overwhelmed by the project as countries have different vaccination policies and national goals in this matter. The 'small steps' approach, as well as presenting partial results, would be recommended.

49. Doubts were voiced by the AF Member from France. He pointed out gaps in the project which have to be further discussed. Direct and indirect effects of PCV vaccines should be monitored. Monitoring of the burden of IPD is needed to assess the effectiveness of the PCV vaccines as well as the efficacy of newer, more extensive valent PCV. The cases of pneumococcal disease caused by strains not targeted by the vaccine should be monitored as well as shifts in strains of invasive pneumococci bacteria and the resistance to the treatment with antibiotics. He added the need to observe the impact of PCV in children. This particular project should be considered as a research project and run by the network of institutions (and not solely by ECDC).

50. In concurring with France, the AF Alternate from Sweden agreed that the ECDC project should be considered as the research project.

51. In referring to earlier comments by AF members, the representative from Finland recommended to focus on a simple laboratory-based surveillance system as the starting point for a larger project.

52. In a quick reply to the AF Member from Finland, the Member from Belgium expressed concern that focusing solely on laboratories will not be sufficient – clinics should be included as well. He raised the potential undesirable competition between manufacturers who offer different vaccines, for instance, PCV-7, PCV-10, or PCV-13.

53. In reply to AF delegates, the ECDC VPD Senior Expert underlined that the borderline character of the project is not research. She stressed the difficulty in obtaining accurate data and quality difference between IPD surveillance systems of the

Member States. Many countries lack national data on disease burden – only estimates on morbidity and mortality are available. There is no enhanced EU surveillance of IPD and common EU database with number of cases and circulating strains available. The most effective IPD surveillance systems exist in 11-12 Member States. Certain data, such as the incidence and information about circulating serotypes, is available and can be shared between countries.

54. In referring to an earlier comment, Andrea Ammon, Head of ECDC Surveillance Unit, recalled the study ‘Inventory of current surveillance systems for invasive pneumococcal disease and vaccination policy in the EU’, that was carried out during the second and third quarters of 2008. Its results were presented during the 16th Advisory Forum meeting in December 2008. She added that post-marketing studies for IPD can take advantage of the similar studies already done for influenza.

55. The AF Member from the United Kingdom, Mike Catchpole, added that Member States already maintain their national policy and regulations with regard to IPD vaccination. While dialogue should be continued, the recommendations should remain the responsibility of the European Commission.

56. ECDC’s VPD Senior Expert responded that although the quality of data and efficiency of the surveillance systems vary between countries, certain data already exist and can be shared. The question on how to do it should be rather addressed to the Management Board and not to the European Commission.

57. The Head of ECDC Surveillance Unit added that the proposal for the project will be further discussed with the Management Board. Member States should decide about their participation in the project.

ECDC Work Programme 2010 Priorities (*Document AF19/7*)

58. Philippe Harant, ECDC Planning and Monitoring Officer, gave a presentation on ECDC Work Programme priorities in 2010. He emphasised priorities and key elements of the programme with particular focus on Disease Specific Programmes (DSPs) and Public Health functions. He briefly informed AF members about the application the Management Information System (MIS) that gives an overview of ECDC activities as described in its Annual Work Programme, in compliance with ECDC Multi-annual Strategy. The implementation of the new application took place on 1 September 2009. As the Work Programme is still in the planning process, the ECDC Planning and Monitoring Officer has sought input from the AF members.

59. Following Philippe Harant’s presentation, the AF Member from the UK remarked that public health added value for European Member States (Europe) is omitted from the ECDC Work Programme for 2010. The Work Programme should contain more data about ECDC operational support (especially to countries that are less advanced). The EPIET Programme needs to be increasingly highlighted as it provides training and practical experience in intervention epidemiology at the national centres for surveillance and control of communicable diseases.

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60. Further to this topic, Philippe Harant remarked that the final document (ECDC Work Programme 2010 Priorities) should be ready by mid-October and subsequently submitted to the next Management Board meeting in November 2009.

61. Johan Giesecke, Chef Scientist and Head of ECDC Scientific Advice Unit, proposed to further discuss and review the proposal of the Work Programme during the Peer Review Exercise with the participation of ECDC Units, DSPs and AF Members.

Update on the RAGIDA project *(Document AF19/8)*

62. Katrin Leitmeyer, ECDC Senior Expert on Emerging and Vector-borne Diseases, presented an overview of the RAGIDA study, which assesses infection risk during air travel. The guiding principle behind RAGIDA ('risk assessment guidelines for infectious diseases transmitted on aircraft') was the development of algorithms to enable efficient disease control and prevention for a range of infectious diseases. She informed about the evolution of the project, and briefly presented concrete examples of diseases which can be transmitted on board aircraft.

63. Following the presentation, the AF delegates from Austria, Luxembourg and Spain expressed a very positive opinion about the project while stressing its European added value.

64. The AF Member from the United Kingdom inquired why the surgical respiratory masks are mentioned in connection with the unknown respiratory disease.¹⁶

65. The AF Member from Spain requested to sort the list of CT efforts for SARS by priorities.¹⁷

Crisis Communication for Public Health

66. In his presentation, 'Communication the risks. The challenge of addressing the Public in the Time of crisis', Karl Ekdahl, Head of ECDC Health Communication Unit, stressed that many topics discussed at the AF have a communication component. Issues that concern communication should be quickly addressed – concrete action is needed. He referred to communication guidelines, considerations, and components of communicating risk, as well as the position of risk communication in between risk assessment and risk management. He brought up the examples of communicating pandemic A(H1N1) 2009 influenza and communication issues around vaccines. He stressed the importance of ECDC collaboration with the EC Health Security Committee Communicators' Network.

67. Following Karl Ekdahl's presentation, the AF Member from Poland raised the issue of increasing anti-vaccine movements in Europe. Many of these movements benefit from rumours and inaccurate information on vaccination against pandemic influenza. ECDC as an expert organisation is expected to communicate more --- not only with health experts --- but also with the general public to clarify and explain emerging issues.

¹⁶ Doc AF19/8 Risk Assessment Guidance for Diseases Transmitted on Aircraft – RAGIDA (Katrin Leitmeyer) p. 4.

¹⁷ *Ibid.* p. 9.

Main results of 2009 surveys: Improving the work of the MB and AF

68. Maarit Kokki, Coordinator of the Cabinet, Advisor to the Director, ECDC, presented the results of two email surveys, completed in the beginning of June 2009, regarding ways in which to improve the working process within the Management Board and the Advisory Forum.¹⁸ The results were analysed separately for both groups. The main conclusions from the surveys were that the basic structures for both groups are well established, but both need a facilitating structure to improve the efficiency of the meetings. It was suggested to have an internet-based protected exchange of information and shared minutes of meetings. An annual joint meeting with the AF and MB was also considered. The results indicate the need of further clarification of the role of the ECDC Competent Bodies (CBs). The final report on surveys, together with the proposed terms of reference, composition, rotation and selection for the Executive Committee (MB) and Permanent Working Group (AF), will be presented in the MB meeting in November and the AF meeting in December.

69. Following Maarit Kokki's presentation, the AF Member from Finland remarked that when discussing the improvement of the working process, it should be considered that some Member States are represented in the AF and the MB by the same person.

70. In closing, Johan Giesecke, Chief Scientist and Head of ECDC Scientific Advice Unit, thanked the Member States for their valuable input and participation in both surveys.

Results of working group sessions

Working Group A: Working with Member States: Needs, expectations and capacities

71. Pat Troop and Fernand Sauer presented seven slides on the findings of the ECDC MB Joint Working Group entitled, 'Working with Member States: Needs, expectations and capacities'.¹⁹ They attested 'much goodwill, many bright people' at ECDC and agreed that many problems were solvable in the short run. The main outstanding issues were:

- Openness about clarity of purpose, public health problems being addressed and added value;
- Language – lack of linguistic interface; and
- Reducing complexity/improving coordination.

72. Both presenters stated that overall comments were highly positive regarding ECDC's scientific output which, in some countries, had served as an inspiration to install similar (surveillance) systems.

¹⁸ Please refer to Maarit Kokki's PowerPoint presentation.

¹⁹ Feedback workshop AF meeting (P Troop).ppt

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73. One representative pointed out that WHO's system of having only one focal point at the country level had proven to be highly successful. The chair replied that some countries had already assigned a single focal point for communication. One AF delegate remarked that his country had tried to establish a single focal point but that ECDC did not appear very supportive.

74. The scheduling of meetings was a source of frustration for one AF member who noted that thematically related meetings should be held back-to-back so as to reduce business travel for those participants who were likely to attend all related meetings.

75. 'Your translations sound strange to us', one AF member remarked. The rather unidiomatic tone of some of ECDC's publications could be traced back to translation providers (very often the CdT, Translation Centre for European Union Bodies), Karl Ekdahl (Unit Head, Health Communication Unit) explained. But there were pilot projects in place that were already drawing on the scientific and linguistic competence of the Competent Bodies in the Member States in order to improve the quality of ECDC's translated materials, Karl Ekdahl continued. However, it was ECDC policy that only publications intended for a broader audience would be translated into all national languages; scientific texts for the scientific community would be released only in English.

Working Group B: A(H1N1) Pandemic: Study of natural history of the disease and epidemic and particularly risk factors of severe clinical course or death

76. The chair of working group B, Franz Allerberger, summarised the results of the working group session.

77. Franz Allerberger mentioned that WHO and CDC conferences would convene in the near future, bringing together clinicians in order to discuss complications/serious clinical course in A(H1N1) pandemic infections. He also remarked that some Member States were not represented at the following website: <http://h1n1registry.com/>. Also, some of the Member States' coordinators listed at this website were unknown to national coordinators.

78. The working group discussion focussed on the definition of risk groups, predictors/treatment of severe cases, effectiveness of antivirals, and alternative treatment options. Sharing information among Member States was extremely important, Franz Allerberger said, especially when countries were at different stages of the epidemic.

79. According to one AF representative, several studies were currently underway on relevant topics, such as virus shedding and risk factors for severe course of disease. He also saw a potential role for ECDC in coordinating these research efforts. One AF delegate added that it would be helpful if ECDC could provide a summary of intelligence on ongoing research, including 'lessons learned'.

80. Angus Nicoll replied that ECDC was constantly updating publications and that a revised risk assessment document would be posted later in the week. He also pointed out that ECDC provided a 'share point', set up by Andrea Ammon that allowed representatives from the Member States to share research information.

81. In response to the question why the working group was advising against 'ecological studies',²⁰ the chair of the working group responded that it was difficult to compare figures. In Austria, for example, all pandemic A(H1N1) patients were given Tamiflu, while this drug was handled more restrictively in other countries. One AF representative opined that ecological studies might still yield helpful hypotheses.

Working Group C: 'Syndromic' surveillance

82. Anders Tegnell, Alternate, chaired Working Group C on Syndromic surveillance. His group's findings are available in a PowerPoint presentation.²¹

83. The working group's suggestion to replace the term 'Syndromic surveillance' by 'non-specific surveillance' was not met with approval from one AF representative who claimed that this was probably worse than the original term. If anything, it should be 'non-confirmatory surveillance', which, of course, would not be a very informative term either.

84. One AF representative emphasised that the main strength of Syndromic surveillance was early detection and that was exactly where the main focus should be. Andrea Ammon mentioned that the French public health project currently being developed seemed to provide potential options for ECDC collaboration, and ECDC would be open to suggestions in this area.

EpiSouth Project Evaluation

85. Maarit Kokki, ECDC, reminded all AF delegates that a document containing a description of the EpiSouth Project Evaluation process had been disseminated to them previously. ECDC was now seeking feedback from the AF, including suggestions on who should serve on the evaluation team.

86. The differences between EpiSouth One and EpiSouth Two would be discussed in depth at a meeting in November 2009. By then, an evaluation team would be in place and further details of the evaluation could subsequently be discussed. Maarit Kokki also informed that she will be the main focal point for all matters regarding the EpiSouth Project Evaluation.

Disease Programme Activities

a. Emerging and vector-borne diseases programme

87. Hervé Zeller, ECDC, reported on the networking activities of the emerging and vector-borne diseases programme. Details can be found in his presentation.²²

b. Antimicrobial resistance and healthcare-associated infections:

i. Update on European Antibiotic Awareness Day 2009

²⁰ Epidemiological studies in which the relationship between disease and behavioural/environmental determinants is studied at the population level (not the individual level).

²¹ ECDC SDR Survey.ppt

²² Item 12(a)(i)(ii) Vector Borne Diseases Programme (H Zeller).ppt

ECDC Advisory Forum Meeting

AF19/Minutes

88. Dominique Monnet, ECDC, updated the AF on the activities leading up to the second European Antibiotic Awareness Day 2009. The new website is: <http://antibiotic.ecdc.europa.eu>.

89. According to one AF representative, the Swedish Presidency strongly supports this initiative. He also said that in order to maintain the momentum of European Antibiotic Awareness Day 2009, it was necessary to focus on the political side of this campaign and lobby governments so they keep up their support.

90. Several AF delegates voiced their concern that some campaign materials could lead to a muddled message in the current pandemic A(H1N1) situation. Invasive bacterial co-infections were part of the pandemic, and did of course require antibiotics. Dominique Monnet replied that he was aware of this problem and that, because of the pandemic this year, ECDC developed specific key messages on “Antibiotics and pandemic flu” that can be found on the website. He also explained that none of the campaign materials were encroaching on physician discretion or limit physicians’ discretion to use products as they deem best for the individual patient.

ii. ECDC-EFSA-EMEA-SCENIHR Joint Assessment on AMR in zoonoses

91. In December 2008, ECDC, EFSA, EMEA and SCENIHR received a Commission ‘Request for a common short report on antimicrobial resistance (AMR) focussed on zoonotic infections based on the information currently available’.

92. The draft report presented at the AF focuses on data on public and animal health problems linked to AMR according to the source of resistance (use of antibiotics in humans, in animals and other sources). The prioritisation of zoonotic species/agent/antimicrobial combinations was of the highest concern. For each combination the report looks at:

- comparison of resistance in human and non-human isolates;
- link with use of antimicrobials in humans and animals;
- cross-resistance;
- burden of disease of resistant infections;
- exposure through food or contact with animals; and
- alternatives for prevention or treatment of animal diseases.

93. The final report will be submitted to the AF for comments via email during October 2009.

iii. ECDC-EMEA Joint Technical Report, “The bacterial challenge: time to react: A call to narrow the gap between multidrug-resistant bacteria in the EU and the development of new antibacterial agents”

94. Dominique Monnet thanked the AF for their comments, which greatly helped to improve the above-noted project. The report was published on 17 September 2009 for the conference “Innovative Incentives for Effective Antibacterials” under the auspices of the Swedish Presidency of the EU and is available at the following link: http://www.ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=444.

iv. Proposal for European Surveillance of *Clostridium difficile* infections (CDI) (Document AF19/9)

95. Carl Suetens, ECDC, outlined a proposal for European surveillance of *Clostridium difficile* infections (CDI). Details are available in his presentation.²³

96. AF participants agreed that *Clostridium difficile* infections were, previous to pandemic A(H1N1), on the very top of the political health agenda and would probably remain one of the major health topics for the coming years.

97. The discussion on the *Clostridium difficile* surveillance proposal centred around the issue of suitability: is EU-wide surveillance the proper tool to deal with this major public health issue? Another AF representative stated that perhaps more studies were needed, not surveillance/comparable data.

98. Andrea Ammon, ECDC, pointed out that one component of the proposed programme would be the strengthening of Member States' laboratories. Also included would be the development of a surveillance protocol. These activities would be very helpful for countries that do not yet engage in *Clostridium difficile* surveillance.

99. The AF agreed that ECDC should continue with this project but should add a clearer (upfront) statement to its proposal, stating how exactly this project would benefit Member States.

Other matters and closure

a. ECDC Web Portal

100. Karl Ekdahl gave a presentation on ECDC's new web portal. The new portal provides a unified access point to all ECDC networks and resources.

b. 2010 Advisory Forum Meeting Dates (Document AF19/10)

101. In 2010, the Advisory Forum will meet on 17-18 February, 5-6 May, 29-30 September, and 8-9 December.

102. The acting Chair adjourned the meeting and thanked the Advisory Forum for their meaningful contributions to the working groups and also thanked all participating ECDC staff members for their contributions.

²³ Item 12b(iv) - Proposal for European Surveillance of CDI (C Suetens).ppt