

**ECDC Advisory Forum**

**AF20/Minutes**



**Minutes of the 20<sup>th</sup> Meeting of the Advisory Forum  
Stockholm, 8-9 December 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 twentieth meeting. She presented Natalia Kerbo, newly appointed Alternate from Estonia and Doina Azoicai, newly appointed Alternate from Romania and Miora Matei, Adviser from Romania, all three of which were attending the AF meeting for the first time. She relayed apologies from several countries, namely, Belgium, Cyprus, Iceland, Italy, Liechtenstein, Lithuania, Luxembourg and Malta. Also, the European Patient Forum could not be represented at this meeting.
2. The Director informed the Members of the AF that this would be her last meeting with them, as she has been appointed as the new WHO Regional Director for Europe and will take up her post on 1 February 2010. She explained her intentions to maintain close ties with ECDC and to develop a solid partnership between WHO/Europe and ECDC. She also requested support from the AF Members to the new ECDC Director, who will be most likely nominated in January.
3. The Director welcomed Nabil Safrany, DG SANCO, European Commission, who participated in the meeting via the videoconferencing system. She announced that individual photographs would be taken of AF delegates during the coffee breaks and that a group photograph would be taken prior to lunch. She also informed that, due to schedule constraints, she would be only chairing the meeting until 11:00 a.m., after which time the Centre's Chief Scientist, Johan Giesecke, would take over.

## Adoption of the Draft Agenda *(Document AF20/2 Rev.1)*

4. The draft agenda was adopted without change.
5. The Director called for the submission of Declarations of Interest Forms to the Secretariat in respect of the agenda items. In terms of agenda item 5 (influenza), Gérard Krause, Germany, remarked that, as a federal employee, his possibility to describe the process in his country would be somewhat limited and that his viewpoint could be biased.

## Adoption of the draft minutes of the 19<sup>th</sup> meeting of the Advisory Forum held in Stockholm (22–23 September 2009) *(Document AF20/4)*

6. The AF Member from France requested deletion of a sentence in paragraph 26: "As to risk factors, he said that 90% of all hospitalised cases in France had no risk factors." The AF Member from Ireland requested paragraph 36 to be rephrased, if possible, but she would also be happy to leave it as it is.
7. Following the aforementioned amendments, the draft minutes were adopted.

## **Update on main activities since last AF meeting**

### **a) Director's briefing, Head of Cabinet and Heads of Units' updates on ECDC**

8. The Director updated the AF on ECDC's general activities since the last meeting, including the Competent Bodies meeting in Uppsala in October, the 3<sup>rd</sup> ESCAIDE, the Management Board (MB) meeting in November, the activities related to the European Antibiotic Awareness Day (EAAD) in November, the meeting of the EU Health Council, including activities linked to the World AIDS Day in early December. Regarding the latest MB meeting, the Director reported that ECDC's Work Plan for 2010 and the Centre's communication strategy have been approved and Disease Specific Programmes (DSP) strategies have been agreed upon, among other items discussed.

9. Maarit Kokki, Coordinator of the Cabinet, Adviser to Director, ECDC, highlighted activities related to the coordination of horizontal activities, network of EU agencies, steering committee for EpiSouth, collaboration with stakeholders and working with Candidate and Potential Candidate Countries.

10. Johan Giesecke, Head of the Scientific Advice Unit, reported on the latest edition of ESCAIDE, country missions to Bulgaria and Turkey (related to the pandemic), several scientific meetings that took place at ECDC, publication of two joint reports (one with EMEA on antimicrobial resistance and another with EMEA/EFSA/SENHIR on antimicrobial resistance and zoonotic infections) and other activities.

11. Andrea Ammon, Head of the Surveillance Unit, updated the AF on the latest activities related to influenza, antimicrobial resistance, tuberculosis, HIV/STI, Legionnaire's disease, vaccine-preventable diseases and general surveillance issues.

12. Denis Coulombier, Head of the Preparedness and Response Unit, reported on recent epidemic intelligence, outbreak response, preparedness and crisis management, and training activities.

13. Karl Ekdahl, Head of the Health Communications Unit, presented an update on ECDC's new health communication strategy, the definition of key target audiences and communication objectives, the high number of influenza-related activities (media calls, publications), communication activities associated with World AIDS Day, plus activities of the recently created Knowledge and Resource Centre (KRC) and *Eurosurveillance*.

14. Anni Hellman, Head of the Administration Unit, reported on two main issues: the status of recruitment and financial matters for 2009.

### **b) Update from the European Commission (via videoconference)**

15. Nabil Safrany, DG SANCO, presented updates from the European Commission on a variety of issues including: changes in DG SANCO, recent meetings regarding the influenza pandemic, communication activities (workshops, surveys), health security, plus Commission activities related to antimicrobial resistance and seasonal influenza vaccination. He also remarked upon the Commission's priorities for 2010, namely

pandemic influenza preparedness, revision of the EU legislation on communicable diseases and childhood vaccination.

**Surveillance issue: Behavioural surveillance related to HIV and STI:  
Next steps** (*Document AF20/5*)

16. Marita van de Laar, Senior Expert, Surveillance Unit, briefed the AF Members on behavioural surveillance related to HIV and STI issues. She introduced the conclusions of a report published by ECDC in September that mapped this type of surveillance in Europe and explained that further steps are needed to improve data collection and the analysis of this data. The harmonisation of indicators and the definition of a key set of core indicators are necessary for the project, and she presented a suggested general framework for 2010–2013, which would guide and coordinate the existing and future behavioural surveillance systems. She explained that the framework is not intended to be compulsory for all Member States, but rather that it would be to their advantage to use the toolkit in order to share experiences with other countries.

17. Several representatives complimented the first-rate quality of the report delivered by ECDC on behavioural surveillance related to HIV and STI. It was considered to be excellent, with feasible and sound conclusions. Representatives from Slovenia, France and Denmark briefly described the experience of their countries in this area. The AF Member from Slovenia suggested that ECDC could benefit from information available from the WHO/Euro (study on health-related behaviour of young people) and Eurostat (Eurostat/EHIS: European Health Interview Survey).

18. The WHO representative stated that WHO/Europe is highly interested in behavioural surveillance in HIV and STI and the project could also be useful for non-EU countries – WHO has translated the summary of ECDC’s report into Russian and the translation of the whole report is to follow.

19. Marita van de Laar thanked the representatives for their complimentary feedback in relation to the report. In response to a suggestion to prioritise MSM, she agreed that this is an important group that requires attention, but added that in Eastern Europe the situation might be different since the data is scarce. The suggestion of working with Eurostat was considered a good idea that could be explored in the future. In the upcoming HIV/STI Annual Meeting, which will be held at ECDC in December, the issue of co-infection and behavioural indicators will be addressed. She also explained that ECDC is working with a contractor on HIV testing guidelines for the following year.

20. One AF representative pointed out the difference between survey and surveillance and Marita van de Laar explained that the ECDC report makes reference to both survey and surveillance. Primary indicators would apply to all populations and secondary indicators would be used for specific populations and/or conditions. She called for a harmonised set of questions for all surveys, varying in level of detail.

21. Just before the break, Preben Aavitsland, Norway, speaking on behalf of the entire Advisory Forum, expressed his wholehearted thanks and appreciation to Zsuzsanna Jakab for her consistent hard work, dedication, commitment and solid leadership in contributing to ECDC and public health throughout Europe. He also presented his

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compliments to the Director for the solid foundation that she has built up throughout the years.

22. ECDC's Director thanked the Advisory Forum for their positive feedback and informed that "ECDC will always remain my 'baby'" and that "the Centre is on the right track with strong support from the Member States and the European Commission." She stated that her new post as WHO Regional Director for Europe will be a challenge wherein "leadership has to be earned". The Director affirmed that "ECDC will ensure that strong partnerships are formed and maintained between WHO/Europe and ECDC."

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

#### **a) Current ECDC Risk Assessment and forward look**

23. Angus Nicoll, Head of the ECDC Influenza Programme, gave a presentation entitled "Current ECDC Risk Assessment and forward look".<sup>1</sup> He presented the current situation and possible future scenarios in Europe related to the 2009 pandemic influenza A(H1N1). Referring to influenza surveillance output, he thanked Member States for submitting data on influenza activity in their countries and stressed the importance of transmitting data on time. Several countries could not be reported in his presentation of the most current reports due to delay in submitting their data. He asked AF Members for further suggestions and comments with regards to the 2009 pandemic influenza A(H1N1) 2009 Risk Assessment Update and encouraged participants to disseminate ECDC's Director's update on the state of the A(H1N1) influenza pandemic in the European Union, which was presented during the EPSCO Council in Brussels. He subsequently asked AF Members to send updates and publications that could be included in the PHE Update. Following Angus Nicoll's presentation, the AF Member from Denmark referred to the number of fatal cases in his country caused by the 2009 pandemic influenza A(H1N1). He noted that so far no excess mortality had been detected at a population level. In numbers, there are less fatal cases caused by pandemic influenza than there was for seasonal influenza during 2008-2009. He stressed that the western part of Europe has already passed the peak. The AF Member then recalled the project on monitoring of excess mortality "Euro MOMO" and mentioned that 10 new EU countries were joining the project.

24. The AF Member from Ireland referred to the recent recommendation that assumes reducing to a single dose the number of injections required to immunise adults and children aged above 10 against the pandemic strain. She remarked that the H1N1 adjuvant vaccine produced by GSK, administered in one dose, can provide a strong immune response. This new recommendation differs from that which has been previously announced, namely, the assumed administration of two doses of vaccines that have been licensed by EMEA. Referring to the safety of vaccines, the Member from Ireland mentioned Guillain-Barre syndrome as one of the possible side effects of influenza but less so of flu vaccination. She subsequently pointed out that a possible redistribution of pandemic vaccines could occur between EU Member States to balance out shortages in some countries and excesses in others.

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<sup>1</sup> PowerPoint presentation (A Nicoll).

25. The AF Member from the Netherlands stressed the importance of close collaboration between ECDC and laboratories on the issue of A(H1N1) resistance to antivirals and a need for more relevant data collection. Referring to the issue of the H1N1 virulence, he asked ECDC for greater support in data collection and increased collaboration with the European networks of virologists.

26. Responding to these comments and specifically the mortality attributable to the pandemic, Angus Nicoll underlined the complexity of this issue. He explained that in absolute numbers, there could be less fatal cases caused by the 2009 pandemic influenza A(H1N1) than would be in the case of seasonal flu. However, the deaths that are occurring and are directly attributable are in different age groups than usual (young adults and middle aged people) including entirely healthy people. In the U.S.A., deaths attributed to pneumonia and influenza have risen well above the epidemic threshold. The majority of such deaths occur among people with laboratory confirmed H1N1. Referring to the Euro MOMO project, he emphasised its potential added value as a uniform data tool in which to map the impact of a number of health threats on mortality across different countries in a timely manner. In the light of another possible wave in the spring, Angus Nicoll indicated the crucial importance of seroepidemiological data and that there is need to further develop links with relevant experts and organisations. ECDC is now attempting to coordinate such work between the EU Member States and linking up with the WHO in Geneva which is also looking elsewhere such as in Canada and the U.S.A.

27. Further in the discussion, the AF Member from Ireland referred to underreporting of hospitalisations and deaths attributable to influenza-related causes. She pointed out the need for improved monitoring and possibly a more standardised approach towards reporting deaths involving laboratory-confirmed cases of the 2009 pandemic influenza A(H1N1) virus infection.

28. The AF Member from the UK referred to influenza morbidity and mortality and noted that the 2009 pandemic influenza A(H1N1) virus and other influenza were not always recognised as an underlying cause of death.

29. In referring to the earlier comment from Ireland, Andrea Ammon, Head of the ECDC Surveillance Unit, confirmed the need for a more standardised approach towards “confirmed deaths” incurred by the 2009 pandemic influenza A(H1N1) virus.

30. The AF Member from France remarked that anxieties around the second wave of the 2009 pandemic influenza A(H1N1) were in fact not very high. However, work by ECDC on a standardised approach to this issue would be helpful as well as ECDC examining influenza activity in each country.

31. The AF Member from Germany requested a more uniform European-wide approach and suggested ECDC guidance on causes of death among people who have received the H1N1 vaccine and generally on laboratory-confirmed infections.

32. In a response to queries regarding the likelihood of a spring wave of 2009 pandemic influenza A(H1N1) in Europe, Angus Nicoll explained that ECDC will be building on its work with the Advisory Forum on planning assumptions by reconvening the group before Christmas.

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33. In terms of the reporting of pandemic influenza related deaths, Andrea Ammon remarked that the deaths of people with laboratory-confirmed 2009 pandemic influenza A(H1N1) virus should be reported as deaths caused by pandemic influenza.

### **b) Country experiences: Presentations from Bulgaria, Germany, Hungary, Norway, Ukraine and the United Kingdom**

34. The AF Member from Bulgaria updated participants on the epidemiological situation due to the 2009 pandemic in his country. In his presentation, he referred to and welcomed the visit of ECDC experts in Bulgaria.<sup>2</sup>

35. During the preliminary stage of his presentation, the Member from Germany cautioned against disseminating his PowerPoint slides further as they included sensitive data. He stressed the complexity of the process and procedures for purchasing vaccines in Germany, for instance, in acquiring agreement from 16 regional authorities (the Lander). He also referred to the German Government's vaccine order that has resulted in the purchase of two different pandemic vaccines, one for the government and the army, and the other one for the general public. The two manufacturers that provide vaccines for the general public are not the same as the manufacturer that held the contract for the vaccine provided to the federal employees. The fact that there exist two different vaccines --- one for the public and another for federal employees --- remains a contentious issue. Since the vaccine for federal employees does not contain an adjuvant, some people have suggested that it has potentially less side effects than the vaccine available to the public. He later referred to the importance of the German National Standing Committee for Immunisations and their recommendations concerning the vaccination of pregnant women. Gérard Krause also referred to the positive work of the Field Epidemiological Program in undertaking standard investigations throughout the country.

36. The AF Member from Denmark referred to media queries and the extent to which EWRS can be used as an efficient source of background information for risk assessment and management.

37. The AF Member from Finland referred to ethical issues related to nominating risk groups at the country level.

38. In response to a question from Denmark, Angus Nicoll returned to the need to have further input from the Advisory Forum members concerning what is likely to happen next with pandemic and seasonal vaccine and to also share these discussions with WHO and other stakeholders. The intention was that the ECDC document will provide background information to inform predictions on what is likely to happen both with pandemic and the inter-pandemic (seasonal) influenza that follows.

39. The AF Member from France referred to the issue of the use of an adjuvant-free vaccine by pregnant women as there are insufficient data regarding any side effects the additive can have on a pregnancy. He stressed controversies surrounding compulsory vaccination of medical personnel (e.g. nurses) in hospitals and mentioned the rejection of any suggestion of compulsory pandemic vaccination by the Union of Nurses in France. He subsequently pointed out vaccination campaigns addressed to young people that were ineffective and that maybe there should be further discussion regarding what

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<sup>2</sup> PowerPoint presentation (Bulgaria).



had gone wrong with vaccination campaigns in some countries. He pointed out how lessons could be learnt between EU countries on this issue.

40. Further to this topic, the AF Member from Austria remarked on the need to know the percentage of people who have been vaccinated in order to gain a broader view on how the vaccine may have impacted on the spread of the virus.

41. The AF Member from Ireland stressed the need for the prioritisation of risk groups and to find a proper context for it.

42. Johan Giesecke, Chief Scientist and Head of ECDC Scientific Advice Unit, informed AF Members that ECDC was keeping a broad overview of presented topics and will discuss them with the EC Health Security Committee as well as the AF members themselves.

43. The AF Member from Hungary gave a brief overview of vaccine-related topics. He informed that his country possesses the capacity and knowledge to produce vaccines, albeit increased investments had been required in order to do so. He noted the major national vaccine manufacturer and steps preceding the launch of the Hungarian pandemic H1N1 vaccine to the market. He referred to the initial aim of the vaccination plans to eventually achieve 50% coverage of the population (actual coverage so far of <20%) and pointed out local constraints, such as, the need for payments for the vaccines by patients, the lack of support from some medical organisations in Hungary in supporting and promoting vaccinations.<sup>3</sup>

44. In response to the query from the NGO representative, the Member from Hungary confirmed that only citizens that do not belong to a priority risk group in Hungary require prescriptions in order to purchase the influenza vaccine. As a matter of fact, 22% of the population was vaccinated free of charge in Hungary.

45. The AF Member from Norway gave a brief overview of the 2009 pandemic experiences from his country.<sup>4</sup> Referring to specific mutations (D222G; D222D/D222G) of influenza virus, he referred to three fatal cases that were reported in Norway, but had in fact been infected some time back and perhaps outside of the country.

46. Following the presentation from Norway, the AF Member from the Netherlands inquired about reports of over-the-counter sales of oseltamivir in Norway and the spread of pandemic virus among pigs. In referring to the D222G mutations of the virus, he noted the lack of actual evidence of their spread.

47. The AF Member from Denmark commented that the pandemic virus may be less transmittable if it particularly favours the lower respiratory tract. There is a need for more clinical data regarding this matter and focusing too much on the severe and fatal cases can be misleading.

48. The AF Member from Greece asked Norway about resistance of virus mutations to oseltamivir. She also inquired if adjuvant vaccines are more effective against mutating strains and about the number of doses for children under the age of 10.

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<sup>3</sup> PowerPoint presentation (Hungary).

<sup>4</sup> PowerPoint presentation (Norway).

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49. The Representative from Ireland remarked on the limited number of reports of fatal cases reported among people who were vaccinated, but that some were expected by coincidence alone.

50. The Representative from the United Kingdom remarked on the impression that infected people were not consulting their healthcare workers sufficiently quickly to receive treatment.

51. In response to the questions, the AF Member from Norway indicated that his country permits over-the-counter sales of oseltamivir without prescription in order to make it easier for those who are ill to rapidly access the medicine and to ease the workload for doctors. Those who buy the antiviral drug are registered via their Personal Number. There is no evidence that adjuvant vaccines are any more or less effective against mutated strains. He also noted the initial recommendation of two doses of influenza vaccine for children who are under the age of 10. Referring to the investigation of the outbreak of influenza in the country's pig herds, he mentioned that Norway has been running the serological surveillance programme among swine for many years and the data indicate that the herds are seemingly free of pandemic influenza.

52. The AF Member from the UK gave a presentation entitled "Outbreak of Oseltamivir Resistant H1N1v Influenza A in Cardiff, Wales". In response to a query raised by the AF Member from the Netherlands, he said that he did not have data on the actual underlying conditions of the infected patients.<sup>5</sup>

53. Bogusław Suski presented an overview of the Influenza pandemic in Ukraine, reporting on his mission to Ukraine organised by the ECDC in the framework of country assistance. He also referred to international assistance provided to the country by the European Commission through the Civil Protections Mechanism, by the WHO/Europe Office, as well as the support from EU Member States. He stressed the country's constraints related to pandemic preparedness and response.<sup>6</sup>

54. The AF Member from Bulgaria detailed the assistance provided by his country, confirming deficiencies in preparedness and response (e.g. shortage of all kinds of medications including antivirals). He also commented that there may have been some mention of the use of influenza pandemics in a political context (associated with approaching presidential elections in Ukraine).

55. Further to this topic, the AF Member from the Netherlands inquired about reports of an exceedingly high number of hospitalised people in Ukraine during the pandemic.

56. Bogusław Suski indicated the high number of hospitalisations derives from an historical system (open hospitals and free treatment for all) and the customs of the Ukrainian society. The country faced a problem of over hospitalisation compounded by late admittance to hospitals of some very sick patients.

57. Referring to the presentation on the epidemiological situation in Ukraine, the AF Member from Austria inquired about the monitoring of fatal cases as to whether they were actually infected.

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<sup>5</sup> PowerPoint presentation (United Kingdom).

<sup>6</sup> PowerPoint presentation (Ukraine).

58. Bogusław Suski referred to 636 tested samples among which 324 have been diagnosed as the 2009 pandemic influenza A(H1N1). Furthermore, among confirmed H1N1 cases, 41 were reported as having a fatal outcome.

### **c) Update: Pandemic vaccines in the European Union**

59. Kari Johansen, Expert, Vaccine Preventable Diseases, ECDC Scientific Advice Unit, gave a brief presentation on “Pandemic vaccines in the EU”.<sup>7</sup> No severe adverse events have been reported thus far that were considered to be attributable to vaccine with the exception of a few cases of anaphylaxis. However, increased reactogenicity was being observed after adjuvanted vaccines and especially increased fever in children following the second dose of these vaccines. Public reports on Adverse Events Following Immunisation (AEFIs) are available on the websites of National Regulatory Agencies and the European Medicines Agency (EMA) websites. Vaccination coverage is difficult to assess as yet. ECDC, the Commission and the EMA need this as a denominator for adverse events. ECDC and its partners are providing estimates of the background rates of certain adverse events through the VAESCO project and estimates of effectiveness from the ECDC Epiconcept I-Move projects are expected in early 2010.

60. The AF Member from Germany pointed out the importance of appropriate and more specific terminology (e.g. what is precisely meant by “side effects” in relation to vaccinations). This issue becomes particularly relevant for parents who plan to vaccinate their children.

### **d) Reporting of Influenza to ECDC and WHO/Europe**

61. Andrea Ammon, Head of the ECDC Surveillance Unit, discussed the reporting of Influenza to ECDC and WHO/Europe.<sup>8</sup>

62. In quick reply, Andrea Ammon identified ECDC’s website as an additional tool to publish more in-depth information about the pandemic influenza, including Tuberculosis and HIV/AIDS.

63. The AF Member from Denmark referred to ECDC Influenza Daily Update and stressed discrepancies between information about fatal cases and hospitalisations provided by TESSy and information published on the websites of the Ministries of Health of EU Member States.

### **e) ECDC’s response to date regarding the Influenza A(H1N1) crisis and the subsequent Action Plan**

64. Pasi Penttinen, ECDC’s Internal Crisis Manager for Pandemic Response, updated the AF on a possible increase of ECDC’s activities related to the 2009 pandemic influenza A(H1N1) in Ukraine and a possible spread in other Eastern European Countries. ECDC’s missions in Bulgaria, Turkey and Ukraine indicate an increasing need for further technical support in these countries and perhaps others in the region. He informed that an ECDC workshop, organised in collaboration with WHO/Europe, will

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<sup>7</sup> PowerPoint presentation (K Johansen).

<sup>8</sup> PowerPoint presentation (A Ammon).

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be organised in Romania for Candidate and Potential Candidate Countries. In this meeting, several aspects on influenza preparedness and response will be discussed, as well as current experience gained during the 2009 pandemic influenza A(H1N1). He later informed the AF about the ECDC publication plan during the Christmas Holidays and assured that Crisis Management will remain alert during this time.

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

65. Céline Gossner, ECDC Preparedness and Response Unit, updated the AF delegates on the recent outbreak of *Salmonella* Goldcoast in four European countries. In her presentation, “Multi-country outbreak of *Salmonella* Goldcoast”, she presented an overview of the current situation as well as an action plan and the next steps.<sup>9</sup>

66. Following Céline Gossner’s presentation, the AF Member from the UK expressed his concern about the late detection of information regarding the *Salmonella* outbreak. There may be some need to improve interaction between EPIS and EWRS in the future.

67. The AF Member from France offered to share *Salmonella* studies carried out in the past in his country.

68. Denis Coulombier, Head of the Preparedness and Response Unit, ECDC, admitted that the late detection of the *Salmonella* Goldcoast outbreak has been caused by overwhelming activities related to 2009 pandemic influenza A(H1N1) activities. He conveyed that the alert regarding the *Salmonella* outbreak emanated from Hungary.

## **Results of the Working Group Sessions**

### **Working Group A: New ECDC Project: Evidence-based medicine (EBM) for Public Health**

69. Ruth Gelletlie, representative of the European Public Health Association, reported on the results of Working Group A. The main issue identified by the group was how to use EBM for public health in real time in an environment with a lack of sound evidence, since public health issues often require rapid decision and EBM reviews often take time. Based on a wide range of experience in the use of evidence-based approaches in the Member States, the group concluded public health must react to evolving evidence and that classical EBM methods need to be adapted to public health issues in order to evaluate weak evidence and support rapid outputs.

70. One representative pointed out that strategies should be different for situations when action is temporary and those that require more permanent decisions. The AF Member from France suggested that the term EBM not be used when applied to public health. His reasoning was that EBM is focused on the benefit of the individual patient while evidence-based public health is a collective output, at community level. He believes that ECDC is well situated to push this issue further, but sees evidence-based public health methods as more useful for long-term issues than urgent matters (like a pandemic). Other representatives also presented similar opinions on the issue of EBM methods applied to urgent versus long-term decisions in public health.

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<sup>9</sup> PowerPoint presentation (C Gossner).

71. The Chair informed the AF Members that a project on EBM for public health has been established. A Methods Working Group will start its work in January and provide feedback to the AF at a later stage. ECDC will also develop a training programme for the Member States and ECDC staff. He also stated that ECDC's pandemic influenza risk assessments are now better structured, keeping the same headlines in every update. He also added that the problem of applying EBM methods during a pandemic is that the majority of available evidence is weak, often considered either 0 or 1 in the Cochrane quality of the evidence scale.

### **Working Group B: Case study: Guiding principles on framework for coordination of outbreak investigation of food- and waterborne diseases**

72. Ian Fisher, UK Health Protection Agency, presented the conclusions of Working Group B. He pointed out the benefits for Member States in implementing a system like EPIS and some issues related to the new system. It was considered that the European Commission should have access to EPIS, but not to interfere, and that general practitioners (GPs) should be involved, but it is up to the Member States to decide who is involved in the investigations. A direct link between EPIS and EWRS was also supported, as well as links to other alert systems. A protocol for the management of international outbreaks was deemed necessary and ECDC will prepare a check list for this. EPIS should proceed to internal testing in January 2010 and go live in February 2010. The protocol and a letter will be circulated among the Competent Bodies requesting nomination of delegates to use the system.

73. There was a general consensus among AF Members that EPIS would be a useful tool and an improvement to EWRS, considered too formal and somewhat chaotic at times. In response to a query from the floor, Denis Coulombier, Head of the Preparedness and Response Unit, confirmed that EPIS will be lightly moderated by ECDC to ensure that threads are followed and accessible.

74. Another concern of some representatives is the definition of which subjects and types of notification should be included in EPIS and which ones should be notified through EWRS. The representative from Sweden suggested that this issue be cleared between ECDC and the European Commission, before the system goes live, in order to assure Member States that their work will not need to be duplicated. Denis Coulombier explained that there will be more discussions with the Commission, but that EPIS will not dramatically change the procedures that are already in place – it will simply introduce a more structured system. There are some open issues, though, regarding when to notify EWRS and whether investigations should take place before all Member States are notified, he said, but there will be room for adjustments. Several forums will be created in EPIS and food- and waterborne diseases will be the subject of the first one. A forum on Legionnaire's disease will follow in March, followed by forums on sexually transmitted diseases and healthcare-acquired infections, which will be implemented later in 2010.

**Working Group C: *Listeria* Study Project: Joint exercise with EFSA regarding molecular typing**

75. AF Member Kåre Mølbak summarised the results of Working Group C. He briefly presented the background of the project, an EU-wide EFSA survey requested by the European Commission comparing *Listeria* contamination in ready-to-eat food, which will take place in 2010. The group agreed with the idea of a joint study in general and suggested additional objectives for the project. The group also discussed how joint activities would be best carried out and concluded that there should be a joint coordination, identified laboratories with specific tasks, funding for the activity, and training of the involved partners. Among the major identified obstacles of the project is the collection of additional data (like age, gender, date of isolation, co-morbidities, pregnancy status, etc.), which is not very realistic. The group also considered that ECDC should provide support to facilitate the development of a protocol, to identify gaps and problems to be solved, to ensure that isolates are stored before the protocol is finalised, to link up with stakeholders, to help identify laboratories for the project, and to assist in funding and training.

76. In response to a query from the floor about action points for Member States in relation to this project, Andrea Ammon, Head of the Surveillance Unit, clarified that countries should only inform experts in this area and nominate contact points.

**Disease Programmes Activities**

**a) Update on Disease-specific Programmes Strategies paper submitted to the 17<sup>th</sup> meeting of the Management Board**

77. Maarit Kokki, Coordinator of the Cabinet, Adviser to Director, presented a summary of the ECDC Disease-specific Programmes' (DSPs) strategies for the period 2010-2013. The document sets up the strategic priorities for all six DSPs and has been approved by the ECDC Management Board at its 17<sup>th</sup> meeting in November 2009.

78. The representative from France raised the issue that the DSP strategies are not ECDC strategies, and that EU strategies are coordinated by ECDC. He called for more input from Member States and national institutes. He also pointed out the programme of emerging and vector-borne diseases as "a mix of things that do not fit", and said that more links should be made evident. The representative from the United Kingdom agreed with his French colleague and added that the focus of the strategies are on major public health priorities that will be also addressed by most Member States. He questioned whether it would be more helpful if ECDC focused on gaps that are likely to be overlooked and pointed out that CBRN were not reflected in the document. He also enquired about proposals for policy re-evaluation of dedicated surveillance networks (DSNs).

79. In response to the comments, Maarit Kokki explained that the DSP strategies were assessed in-house (instead of being outsourced) and drew expertise from the Member States. The DSPs are based on the ECDC Multi-annual Strategy and indeed, their composition is debated constantly. She encouraged comments from the AF and likened the DSPs paper to a living document.

80. Denis Coulombier added that ECDC will recruit a CBRN expert next year (which is not reflected in the DSPs paper).

81. As for the re-evaluation of DSNs, Andrea Ammon agreed that they should be evaluated and ECDC will look into it.

### **b) Transfer of the Food- and waterborne diseases' urgent inquiry network to EPIS: Terms of reference, nominations, procedures and future plans**

82. Annick Lenglet, Expert in Outbreak Response, Preparedness and Response Unit, briefed the AF on the transfer of the Food- and waterborne diseases' (FWD) urgent inquiry network to EPIS. She briefly explained what EPIS is and its advantages, how EPIS is organised for the FWD network, the differences from EWRS, the process of nomination for users of the network and the terms of reference of the project.

83. Two representatives commented on the role of EWRS versus EPIS, requesting more clarification. Annick Lenglet explained that if there is no identified source of outbreak, there is no need to use EWRS.

84. Another issue raised was in regard to the nomination of users. One AF Member requested more flexibility in the system to include alternate members with access to the network. Denis Coulombier explained that ECDC will allow Member States to decide how to cover for leaves, and perhaps alternates could be nominated.

### **c) Antimicrobial resistance and healthcare-associated infections: Update on European Antibiotic Awareness Day 2009 and other events**

85. Sarah Earnshaw, Information Officer, Health Communication Unit, presented the highlights of the European Antibiotic Awareness Day 2009 (EAAD). She introduced three TV spots used in the campaign and the multilingual website developed for the EAAD, and described EU and national activities and media coverage of the event. The focus in 2010 will be on hospitals.

86. In referring to the European Antibiotic Awareness Day 2009, the AF Member from Sweden stressed the importance of collaboration on this topic with the existing communication networks in the EU Member States.

### **Update from ECDC Country Relations and Coordination and External Relations and Partnerships**

87. Lucianne Licari, Senior Expert, Country Relations and Coordination, Director's Cabinet, presented the issues related particularly to country needs assessment, evaluation of country missions, priorities and work plan activities for 2010.<sup>10</sup>

88. In a reply to Ireland, Lucianne Licari explained the rules concerning invitations to country needs assessment visits and technical visits.

89. Following the presentation, the AF Member from Germany opined that country missions can be useful if the initiative comes from the country. He also suggested

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<sup>10</sup> PowerPoint presentation (L Licari).

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perceiving the country missions as complementary activities. The aim should be on the quality rather than on the quantity of the missions and the missions should essentially create “added value”.

90. Lucianne Licari informed that she would present an updated report on country cooperation missions at the next AF meeting.

91. Maarit Kokki informed that the work to improve ECDC’s collaboration with the Competent Bodies/Member States has been transferred to the ECDC MB Joint Working Group. She reiterated that it is foreseen to integrate their entire architecture into one document in order to better define working relations.

92. Alena Petrakova, Senior Expert, External Relations and Partnership, Director’s Cabinet, presented priorities and an action plan regarding external relations and partnerships with the EU Candidate and Potential Candidate Countries.<sup>11</sup>

93. The Senior Expert, External Relations and Partnership, advised she would present the status of implementation of the country visits and needs assessments, action plans and roadmaps to be completed at the next Advisory Forum meeting in February.

94. Following a question from the Chair, Maarit Kokki explained that a total of three Candidate Countries will eventually acquire observer status in ECDC’s Advisory Forum in 2010.

## **Other Matters and Closure**

### **a) Feedback regarding Advisory Forum Teleconferences**

95. The AF Member from France recommended better utilisation, planning, targeting and evaluation of teleconferences. Some topics, which are currently raised during conferences, are more related to the Competent Bodies than to the Advisory Forum. Concrete topics and queries should be elaborated prior to the meetings.

96. Further to this topic, the AF Member from Norway pointed out the low quality of EWRS teleconferences and supported the idea to improve its format and organisation. The AF Member was supported by Representatives from Germany and France.

97. The AF Member from Ireland expressed that, in the future, ECDC should be able to assess strong and weak points of its communication work in terms of the evaluation of pandemic surveillance.

98. Maarit Kokki added that evaluation of pandemic response will be further discussed during the Belgian EU Presidency (in a Presidency Conference on Pandemic in July 2010).

99. Denis Coulombier added that the topic of pandemic evaluation has been discussed with the EU Commission. The ECDC Risk Assessment (especially during pandemics) can undergo further evaluation.

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<sup>11</sup> PowerPoint presentation (A Petrakova).



## **b) Announcement: ECDC Crisis Communication Workshop**

100. Karl Ekdahl, Head of the ECDC Health Communication Unit, introduced Damian Phillips, new Head of the ECDC Media and Crisis Communication Section.

101. Damian Phillips informed AF Members about the Workshop on Crisis Communication which will take place directly following the next AF meeting in February 2010. The detailed list of topics (e.g. best practices related to vaccination) and invited experts (e.g. media representatives) is in the preparatory process.

102. Following the meeting, ECDC Governance will issue an email to the AF seeking their confirmation of participation in the workshop.

## **c) Key ECDC Meeting Dates for 2010**

103. Johan Giesecke recalled the 2010 Advisory Forum meeting dates, which were agreed upon during the previous AF meeting:<sup>12</sup>

- AF21 (17-18 February 2010)
- AF22 (5-6 May 2010)
- AF23 (29-30 September 2010)
- AF24 (8-9 December 2010)

104. The Chair extended a special thanks to all of the delegates for having provided their in-depth input and participation at the 20<sup>th</sup> AF meeting. He wished everyone a happy holiday season and a safe journey back home.

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<sup>12</sup> Document AF19/10.