Minutes of the 27th Meeting of the Advisory Forum

Stockholm, 28-29 September 2011

Contents

Plenary session 2 of the Joint session between the National Microbiology Focal Points and the Advisory Forum: Report from Working Groups and conclusions

1. The four Working Groups presented their feedback from the morning breakout sessions.[1]

2. Working Group 1, presented by Jaana Vuopio, NMFP for Finland, commented on Strategy 1: To consolidate the capacity of the EU public health microbiology. Marianne van der Sande, commenting on the question of EQA schemes for clinical work, pointed out that these already existed and suggested that this might be a duplication of work.

3. Working Group 2, presented by Darina O'Flanagan, Member of the Advisory Forum, commented on Strategy 2: To develop and implement a system for monitoring microbiology laboratory capabilities for European surveillance of infection diseases and epidemic preparedness. One meeting participant commented that a laboratory assessment tool developed by WHO was currently being modified in Turkey to meet specific needs and suggested that this tool could be a good starting point for the monitoring system. Another comment was made on the fact that two very extensive questionnaires had been developed to address this issue and it was pointed out that the mapping questionnaire contained a great deal of useful information. It would therefore be expedient to investigate this thoroughly before launching a new initiative. Darina O'Flanagan noted that the general feeling within Working Group 2 was that it was not a question of documenting what was available but rather the direction to be taken in the future.

4. In referring to the assessment tool developed in Turkey through a grant by DG ELARG to WHO, Frank Van Loock, European Commission, pointed out that as this is being developed for WHO, the Commission has insisted on ECDC participation in this development to include the wider EU remit (e.g. Member State laboratory capacity requirements).

5. There was a request for information on the basis for the minimum standards. Darina O'Flanagan replied that the basic requirements differed according to the various diseases so this question could not be answered specifically.

6. Working Group 3, presented by Christopher Barbara, NMFP for Malta, commented on Strategy 3: To develop a roadmap for integration of molecular typing into European surveillance and epidemic preparedness. Herman Van Oyen, Member of the Advisory Forum, pointed out that the Working Group had highlighted the importance of the making molecular typing more efficient but had not explained the utility for epidemiologists. Christopher Barbara replied that the Working Group had not only been thinking in terms of cost but also about what actions would bring about improvements in public health, both nationally and internationally. By integrating molecular typing at both the national and international level it would become more efficient.

7. Jean-Claude Desenclos, Member of the Advisory Forum, pointed out that there was already a great deal of information available in TESSy. The strategy should reflect the need to reach agreement on what should be in the database, the tools required for analysis and any legal implications which might arise.

8. Petri Ruutu, Member of the Advisory Forum, noted that Working Group 3 had not tackled the question of national strain populations. He suggested that they could be collected under the auspices of ECDC and recommended that this should be addressed in the strategy.

9. A comment was made that discussions should take into account the cost benefit and effectiveness of public health (e.g. parameters such as the cost of running typing methods, time

[1] NMFP8 and AF27 Report Back Session

spent, discriminatory power, comparability of data between laboratories and burden of disease). It was important to specify the type of action to be taken when analysing data and to ask whether the analysis was effective in terms of outbreak prevention and improved surveillance. Darina O'Flanagan added that it was also important to take public perception into consideration.

10. Working Group 4, presented by Alkis Vatopoulos, NMFP for Greece, commented on Strategy 4: To further develop integrated surveillance and epidemic intelligence of antimicrobial resistance in human and zoonotic pathogens.

11. Jean-Claude Desenclos, referring to European added value, felt that it was more important to have timely and appropriate information than to identify clones. A participant, commenting on the difficulty of establishing incidence, said that the Member States provided a great deal of data to TESSy which could be used for this purpose. It was suggested that linking typing data and microbiology data would make it easier to follow clones in the system.

12. Alkis Vatopoulos suggested that it might be useful for Member States to share some of their repositories. Strains coming from animals, humans and food collected in one Member State could be very useful for other Member States, particularly in advance of a potential pandemic situation.

13. Johan Giesecke, Chief Scientist and Chair of the meeting, thanked all the Working Groups for their feedback and input on the ECDC Public Health Microbiology Strategy and 2012–2016 Work Plan.

14. Marc Struelens, Head of Microbiology Coordination Section, Resource Management and Coordination Unit, ECDC, thanked the participants for their valuable input. He said that the discussions had helped to clarify some of the objectives and also highlighted the need to move forward with the strategy. The Working Groups' comments would be incorporated and there would be a period of consultation in the coming weeks.

15. ECDC's Director thanked the participants and was hopeful that this type of useful joint meeting format could be repeated in 2012.

Item 1: Opening and adoption of the agenda *(Documents AF27/2 Rev.1, AF27/3 Rev.1)*

16. The Director, Marc Sprenger, and the Chair, Johan Giesecke, welcomed the participants to the twenty-seventh meeting of the Advisory Forum.

17. Apologies were received from Denmark, Latvia, Liechtenstein, Portugal, Romania, the European Patients' Forum and the Standing Committee of European Doctors.

~~18.~~ The following declarations of interest were noted: Marianne van der Sande declared that RIVM was awarded the tender to coordinate the consortium that develops and pilots the BCoDE methodology/toolkit (item 5, Update on the 'Burden of Communicable Diseases in Europe' project). With regards to item 6a, The EHEC outbreak in Germany, May/June 2011, Andreas Gilsdorf stated that he was part of the outbreak team in Germany. Gérard Krause stated that he was in charge of the outbreak investigation. In reference to item 7 on the interim case definition for varicella surveillance, Darina O'Flanagan stated that she is the leader in the Venice project. With regards to item 9 (Sustainable development and implementation of the EPIET MS-track: Lessons learnt and way forward), Silvia Declich noted that a selected EPIET MS-track fellow is working in her unit. Preben Aavitsland stated that his institute has submitted an offer for ECDC's call for a framework contract for an external coordinator for EPIET. Jean-Claude Desenclos declared that InVS participates in the coordination of EPIET. He also stated that InVS is the project leader for the "Triple S" project on syndromic surveillance (agenda item 8).

19. The agenda was adopted without any changes.

Item 2: Adoption of the draft minutes of the 26th meeting of the Advisory Forum held in Stockholm (5–6 May 2011) *(Document AF27/4)*

20. Preben Aavitsland provided a more accurate rendering of his intervention regarding the marketing of drugs for Hepatitis C by the pharmaceutical industry (paragraph 25).

21. Silvia Declich, referring to Item 5c on the European Vaccine Epidemiology Resource (EVER) programme, inquired whether an opportunity would exist to discuss the guidance/leadership role of ECDC in the tender process. The Chair suggested that this item could be taken at the next meeting.

22. The draft minutes were thereafter adopted.

Item 3: Update from ECDC on the main activities since the last Advisory Forum meeting

23. The Director updated the Advisory Forum (AF) on the Centre's recent activities.[2] Highlights included the visit of the European Parliament's ENVI Committee to ECDC on 1–2 September 2011 and the Director's presentation on the 2011 EHEC/STEC outbreak in Germany at the ICAAC Conference in Chicago on 17 September 2011. He gave a short update on progress with the ECDC 2012 Work Programme and outlined ECDC priorities for 2012, which included measles elimination and efforts to strengthen ECDC visibility and credibility.

24. Preben Aavitsland suggested that, in addition to *Eurosurveillance*, journal articles authored by ECDC experts (e.g. on the flu pandemic) would certainly help to boost the credibility of the Centre.

25. Sotirios Tsiodras congratulated ECDC on its reply to criticism in *The Lancet* of the ECDC response to the STEC outbreak in May.

26. Haraldur Briem thanked the Director for bringing up this topic and pointed out that more accurate figures were needed on the burden of disease for measles in Europe.

27. Darina O'Flanagan agreed that doctors should be more supportive, but pointed out that there was also a need for governments to conduct catch-up immunisation campaigns in order to achieve eradication.

28. Ruth Gelletlie urged Advisory Forum members to interact with their counterparts in the ministries in order to follow up on discussions of this type in the Advisory Forum with their Management Board counterparts at home.

29. Johan Giesecke, Chief Scientist, updated participants on the activities of the various disease programmes and reminded them that the ESCAIDE conference would take place on 6–8 November 2011 in Stockholm and that they were welcome to attend.

30. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, gave an update on the progress in the Public Health Development, External Communication and ICT sections of his Unit and explained that there would be a separate presentation from Arnold Bosman, Head of Section, Public Health Training, Public Health Capacity and Communication Unit, during the meeting.

[2] Item 3 - Update from ECDC

31. Denis Coulombier, Head of Surveillance and Response Support Unit, gave an update on epidemic intelligence and emergency operations, response support, epidemiological methods and surveillance.

32. Andrea Ammon, Head of Resource Management and Coordination Unit and Deputy to the Director, informed participants that the her Unit had been very busy with preparations for the National Microbiology Focal Points workshop which had taken place the day before (27 September 2011). She also noted the monitoring of the ECDC Work Programme and mentioned that ECDC has started to introduce a quality management system throughout the organisation. She also informed the AF that the Internal Communications and Knowledge Services section had recently organised a flea market/fund raising event at ECDC as a way of bringing all staff together following the reorganisation in February 2011 and in order to contribute to team-building. The Human Resources section was finalising the recruitment process for the remaining posts at ECDC and hoped to have finished by the end of 2011.

33. Participants were informed that *Eurosurveillance* had recently published a special issue on Chagas disease with a number of interesting articles and that this was now available online. Furthermore, *Eurosurveillance* would be celebrating its fifteenth anniversary at ESCAIDE and there would be an event organised at the conference. If any AF members were interested in attending they were asked to contact Ines Steffens as seating is limited.

34. Petri Ruutu, referring to the updated case definitions and list of diseases under surveillance presented to the Network Committee, pointed out that the Committee had had great difficulty approving the formal definitions and had become caught up in the detail. Denis Coulombier agreed that the discussion had been very procedural and the documents had been detailed but they were currently being revised and finalised.

35. John Watson commented on the large number of rapid risk assessments (18 published since May 2011), which appeared to be a substantial use of resources. He also inquired where he could locate them. Denis Coulombier replied that most of the assessments were available on the ECDC website, unless they contained confidential information, but that they had all been sent to the EWRS. The full list could be supplied and/or copies printed on request. He also pointed out that rapid risk assessments were usually published within 48 hours and were therefore shorter and less comprehensive than risk assessments.

36. Darina O'Flanagan, referring to the appointment of a new ICT coordinator, suggested that there should be a liaison between ICT at ECDC and IT teams in the countries. Karl Ekdahl agreed pointing out that an existing ICT network with other agencies had proved very useful. He therefore hoped that the new coordinator would be able to set up a similar network with IT specialists in the countries upon taking up her post.

Item 6: Epidemic intelligence: update on recent threats in the EU

a) The EHEC outbreak in Germany, May/June 2011

37. Gérard Krause gave a comprehensive presentation on the EHEC outbreak in Germany.[3]

38. Haraldur Briem asked whether bioterrorism had been considered. Gérard Krause replied that the German authorities had investigated early on during the crisis but there was no evidence to support this.

[3] Item 6a - EHEC-HUS outbreak May-June 2011 (G Krause)

39. Darina O'Flanagan asked how the microbiological work on STEC was coordinated in primary labs in Germany and who was responsible. Gérard Krause said there had been a great deal of discussion in Germany on the issue of federalism, reporting delays and responsibility. However, during such an outbreak the most important aspect was laboratory detection. As in all other countries, there were also financial implications with microbiological research work in the public health sector.

40. Sotirios Tsiodras asked whether there had been financial problems in providing plasmapheresis for those patients that had developed thrombosis, given that the treatment was so expensive. Gérard Krause explained that a reimbursement system had been implemented in Germany to enable hospitals to apply for recovery of the costs incurred for this treatment.

41. John Watson, referring to the development of a fully digitalised surveillance system in Germany as a result of the outbreak, asked whether this system could be used for SARS, avian flu and/or other diseases. Gérard Krause explained that the idea was to digitalise the day-to-day routine at GP and hospital level while avoiding the need to change format. Once it is up and running, it is hoped that the system will provide a new basis for assessment and surveillance.

42. Denis Coulombier thanked the Robert Koch Institute for good cooperation during the outbreak. Having a member of staff from ECDC as a liaison within the team at the Robert Koch Institute had facilitated work and communications significantly during the crisis. He also wondered if some of the lessons learned from the outbreak investigation could offer potential for guidance documents.

43. Jean-Claude Desenclos indicated that some had felt that, during the outbreak investigation, a lot of pressure was put on the Robert Koch-Institut by European Institutions, including ECDC. In these particular situations, during which all national resources are used for the investigation and the control of the outbreak, it is important to organise the interaction in an efficient and supportive way and to avoid unnecessary burden on the institution in charge at national level.

44. The Director asked Jean-Claude Desenclos to clarify his remarks on the topic made prior the coffee break. Jean-Claude Desenclos responded that he did not intend to criticise ECDC but rather to start a discussion regarding the different influences on an outbreak investigation in the field. Ongoing investigations have already been influenced by Member States, non-governmental organisations, including political pressure from different levels. In this scenario, ECDC, as a sister Agency to the national institutions, would be obliged to ascertain the best way to fulfil its mission without putting additional pressure on colleagues working in the field. In fact, it would be a collective question to the whole Advisory Forum on how to proceed best the next time.

45. The Director replied that he would welcome individual feedback from the AF members with proposals for ECDC improvement. This feedback could be sent to ECDC via email.

46. Jean-Claude Desenclos considered an informal email exchange as insufficient and proposed a formalised survey (as operated by InVS) as a very objective way to gather feedback.

47. The Director stressed that there is an ongoing internal assessment on the role ECDC played in this outbreak. He would like to ask the AF members for their suggestions and advice for further improvement to understand the needs on the national level.

48. Andreas Gilsdorf agreed with Jean-Claude Desenclos that a more structured approach would be needed to gather feedback. During the outbreak, perceived rather as a national than an EU wide outbreak, Germany had to deal with a lot of international partners at the same time and Andreas Gilsdorf remarked that at times ECDC seemed to be more in a controlling rather than supporting role, thus creating additional pressure. In general, more support from ECDC and WHO would have been desirable. While he stressed that Germany is aware of the pressure ECDC experienced from a political level, the German colleagues had the impression that ECDC lacked confidence in their work. He underlined that Germany welcomed the installation of an ECDC liaison officer during the outbreak and

expressed his hopes that ECDC would in future clearly communicate their confidence in the work of their national partners.

49. The Director pointed out that he was pleased that the Robert Koch-Institut accepted the delegation of the liaison officer and thanked the AF members for their open comments.

b) P. Vivax malaria cases in Greece

50. Sotirios Tsiodras, AF alternate, Greece, informed the AF about the background of malaria in Greece in relation to the recent malaria cases.[4] An endemic country in the mid twentieth century and declared malaria-free in 1974 by the WHO, Greece has encountered an increase of migrant related malaria cases over the last years. Surveillance is generally carried out via a passive surveillance system. In areas with suspected domestic transmission, this is replaced by enhanced surveillance with active case detection and weekly consultation with local laboratories. KEELPNO concludes that *P. vivax malaria* is an emerging disease in Greece which likely started as imported migrant-related. The outbreak is limited to certain geographic areas (association with wetlands). Active case detection is ongoing as is the educational campaign in several languages.

51. Andrzej Zielinski commented that it will hardly be feasible to eliminate mosquitoes in Greece.

52. Guénaël Rodier, WHO, remarked that malaria campaigns showed continuous success and that several countries had managed to stay malaria free. WHO malaria campaigns will continue.

Item 4: Priorities for ECDC Work Programme 2012

53. The Chair informed about the overall priorities of the ECDC work plan 2012.[5] The Centre will focus its activities in the following five areas:

- elimination of measles based on strategy paper that will be available soon;
- further work and development of a strategy covering health inequalities and migrant health;
- reference microbiology: coordination of ECDC laboratory networks;
- further development of an assessment tool for Candidate Countries (Commission request);
- the formation of a new network to provide EU level support to vigilance and traceability of tissue and cells. To be shared with EMA (Commission request).

54. Further priorities are: evidence-based medicine, seroepidemiology, the update of the HPV vaccine guidelines and further contribution to the antimicrobial resistance/healthcare associated infections (AMR/HAI) networks.

55. The proposed budgets for 2012 amount to a total of 20 million Euros. However, the budget allocation as presented by the Chair represents provisional figures only, which have not yet been approved by the Management Board or by the Commission.

56. Andrzej Zielinski commented that a higher focus on infectious diseases in Europe is desirable and that ECDC should address and stress its importance more clearly.

[4] Item 6b - Malaria in Greece (S Tsiodras)
[5] Item 4 - Priorities for ECDC WP2012 (J Giesecke)

57. Herman Van Oyen asked ECDC to clarify the reference to cervical cancer in the context of the work on HPV vaccine. The Chair replied that the main idea is to find out which EU countries actually gather this data. Herman Van Oyen also noted that ECDC was the only agency within the EU framework dealing with health topics as such and in the long run should consider adding non-communicable diseases (NCD) to its work as well.

58. While welcoming requests for further ECDC activities, the Director pointed out that he would be reluctant to add NCD to ECDC's mandate at this point. ECDC should instead focus on its 'core business': surveillance of and scientific advice on communicable diseases.

59. Jean-Claude Desenclos remarked that the actual presentation on the 2012 Work Programme was difficult to grasp. He proposed to outline key achievements in line with strategies, scientific advice and outbreak investigations. Doing it this way would at the same time provide the direction for future work.

Item 5: Update on the 'Burden of Communicable Diseases in Europe' Project

60. Lorenzo Sabatelli, Senior expert, Burden of Disease and future infections, Office of the Chief Scientist, ECDC, presented an update on the work and milestones of the Comparative Impact of Disease (CID) team at ECDC that works in close collaboration with a pan-European BCoDE consortium.[6] This projects aims to provide evidence-based and country-specific information on the burden of communicable diseases on population health expressed in so-called DALY (Disability Adjusted Life Years). Information on mortality, incidence and burden of disease will be available as interactive maps or tables. Lorenzo Sabatelli encouraged the AF members to provide ideas, suggestions and criticism to make the toolkit as user-friendly as possible in an effort to maximise the benefit for the Member States.

61. ECDC organises a BCoDE expert workshop on 5-6 December 2011 in Stockholm to present the first version of the toolkit, discuss methodology issues and aim to set up a network of experts. Nominations for experts to attend this workshop can be forwarded to Johan Giesecke, ECDC.

62. Andrzej Zielinski wondered whether the burden of disease in Europe or single European countries was measured. The latter approach would then lack a perspective for the whole of Europe. In addition to this, Jan Kynčl suggested to weigh different diseases in different EU countries according to national priorities and surveillance. Following his query, he was advised by the Chair to send nominations for the expert workshop to Johan Giesecke, ECDC. Franz Allerberger asked about the actual focus of the project and suggested to make this clearer in future communication. Preben Aavitsland remarked that this information might be useful in an attempt to prioritise work on a national level and that he was looking forward to the launch of the toolkit.

63. Lorenzo Sabatelli outlined that the main idea behind BcoDE is to allow a comparison between the burden of diseases within and across Europe using population health as measure. The project attempts to compare diseases that are generally hardly comparable.

64. Sotirios Tsiodras pointed out that several factors could influence the results. For example health expenditure which led to his question whether ECDC is planning to use this as a denominator. Lorenzo Sabatelli said that within the current scope of the project, ECDC is not assessing economic impact. This, however, might be an option for the future.

65. Andreas Gilsdorf inquired about the number of diseases covered (32 by the end of 2011) and if and how the results would be updated as the burden of diseases would change over time. Lorenzo

[6] Item 5 - Update on BCoDE project (L Sabatelli)

Sabatelli explained that the Member States should use their own incidence and correction data which would of course require some work. A periodic update every four to five years is foreseen right now.

66. Herman Van Oyen commented that methodology as well as limitations of the project and tool would need further detailed explanation to overcome possible resistance from the Member States.

Item 7: Interim case definition for varicella surveillance *(Document AF27/5)*

67. Pierluigi Lopalco, Head of Disease Programme, Vaccine-preventable diseases, Office of the Chief Scientist, ECDC, presented the interim case definition for varicella and herpes zoster as proposed by EUVAC.NET and ECDC, including a three tier case classification of possible, probable and confirmed cases.[7] Clincal, laboratory and epidemiological criteria were presented. The aim is to standardise reporting on varicella and herpes zoster following the transfer from EUVAC.NET to ECDC.

68. Jean-Claude Desenclos remarked that in countries without immunisation, a probable case would qualify as a case. Darina O'Flanagan agreed and added that it would be very unlikely to get confirmed cases in children as they would rarely be tested.

69. John Watson commented that detailed data will most likely be unreliable due to different patterns in reporting. He will get back to ECDC with detailed feedback.

70. Herman Van Oyen commented on the clinical criteria that showed substantial difference to country definitions and proposed one classification system only.

71. Andreas Gilsdorf requested clarification about the involvement of partners in the development of the interim case definition, especially the feedback from the network committee. He struggled with the expression "interim" and strongly advised not to change case definitions too often. Instead, adapting regular intervals would be favourable. Feedback from his colleagues at RKI: the definition for herpes zoster is very sensible and the need for differentiating between probable and possible cases might not be needed. Andrzej Zielinski agreed with this.

72. Pierluigi Lopalco summarised that there are strong suggestions to apply only clinical criteria and promised to come back to the AF with changes and noted that he would be happy to receive further feedback on the case definitions.

73. Regarding the procedure for the drafting of case definitions, Andrew Amato, ECDC, assured that the network committee collected all comments, compiled all requests and will draft a methodology. The aim would be a standard format for the development of case definitions to be shared with the AF.

Item 8: Short presentation of the InVS 'Triple S' project on syndromic surveillance

74. Jean-Claude Desenclos, InVS, informed about objective, scope and outputs of the 'Triple S' project to review existing syndromic surveillance systems on their strengths and limitations, develop guidelines to strengthen public health surveillance and increase Europe's capacity to monitor the health burden for different events.[8] InVS leads the project with 20 partners across thirteen EU Member States. Deliverables by 2013 are: a definition of minimal requirements at EU level for

[7] Item 7 - Interim case definition for varicella surveillance (P Lopalco)
[8] Item 8 - InVS Triple S project (J-C Desenclos) (for more information, please see http://syndromicsurveillance.eu)

reporting comparable results and a proposal for an EU strategy on syndromic surveillance. Jean-Claude Desenclos encouraged contributions from ECDC CB and AF members.

75. Herman Van Oyen asked whether measuring impact was still syndromic surveillance. Jean-Claude Desenclos replied that measuring impact would give indication about mortality and provide a fast return of answers.

76. Preben Aavitsland wondered about the relation of the project to EuroMOMO. Jean-Claude Desenclos answered that 'Triple S' had been organised in close collaboration with EuroMOMO. 'Triple S' does not include mortality data but focuses on clinical data.

Item 10: ECDC work with Competent Bodies

a) Update on nomination process

77. Alena Petrakova, Head of Country Cooperation Section, Director's Office, ECDC, informed the members of the AF about the current status of the nomination process for the Competent Bodies (CB) and National Coordinators (NC) following the decisions of the Management Board at its twenty-first and twenty-second meetings.[9]

78. The nomination process started on 12 May 2011 and as of 29 September, twenty six EU Member States (MS) and two EEA/EFTA countries have nominated their national contacts. Missing nominations will follow soon.

79. The annual meeting will take place 25-26 October 2011 in Stockholm with two representatives per country (Director of CB plus NC). The aim is to discuss and outline the way of working within the new structure.

b) One Competent Body for ECDC: proposed structures and terms of reference (Document AF27/6)

80. Denis Coulombier presented the proposed new structures and terms of reference for the Management Board endorsed plan to designate one Competent Body (CB) per Member State including a National Coordinator to serve as main point of contact in all technical as well as scientific communication between ECDC and the Member States.[10]

81. In order to reflect this change in all levels of ECDC interactions with countries, additional initiatives were proposed and approved by the Management Board:

– To move from the current structure of networks based on ECDC internal areas of work to an approach based on groups of diseases, while preserving a few networks for generic or transversal public health functions (e.g. generic surveillance, preparedness etc.);

[9] Item 10a - Update on CB nominations (A Petrakova)
[10] Item 10b - One Competent Body proposed structure (D Coulombier). Jan Kyncl provided his feedback to the AF by e-mail. Item 10b - One Competent Body proposed structure (D Coulombier). AF Member Jan Kyncl had sent his feedback to the AF by email on the evening of 7 September 2011. His correspondence was subsequently tabled to ensure adequate discussions would take place during this plenary session.

- To define a clear chain of nominations for experts participating in the networks that can always be traced back to the Competent Bodies (and could eventually be managed online by them).

82. The proposal follows this agreed principle of one CB per Member State and does not question the role of the National Coordinator as it was. It aims at making the endorsed approach operational and ensuring smooth transition from the existing structure of interaction to the new way of communication.

83. In essence, three levels of interaction are foreseen in this approach:

- Overall coordination and nomination via National Coordinator (NC) of the national CB as main entry point for interaction. Would receive and process all interactions unless delegated to National Focal Point.

- National Focal Points (NFP) for disease groups and public health functions who represent the Member States; could be nominated by CB/NC for different disease groups and public health functions. Interaction typically channelled through ECDC Head of Unit or Head of Disease Programme.

- Operational Contact Points (OCP) for technical interaction (public health functions). To be nominated by NC and NFP to take responsibility for day-to-day technical interactions with ECDC.

84. ECDC suggests grouping of interactions for certain diseases and public health functions. The proposed grouping can be found in the PowerPoint presentation. This first attempt to group interactions and to give examples is not exhaustive and intends to illustrate possible levels of interactions.

85. Three possible models of interactions within this new structure have been identified:

- All interaction through National Coordinator;

- Some interactions delegated to NFP (ECDC addressing NFP directly only copying the NC);

- Some interactions delegated to OCP (ECDC copying NC and NFP, addressing OCP directly).

86. Johan Carlson acknowledged that the presented structure was complicated but well thought through. The proposal would promise a good start. The question would be if ECDC would come back to CB with this to clarify the transition process further. Denis Coulombier, ECDC, replied that with the ongoing nomination process, a transition time should be allowed, and he assured that current contact points would be kept informed at all times.

87. Preben Aavitsland agreed that this proposal was a good step forward, but pointed out the danger of duplicating work between NC and NFP. It would be good to have a NC (so far the AF almost had to play this role). He remarked that the number of people involved might be too large considering the proposed disease groups and public health functions. Maybe NFP might act as NC as well? He also suggested to ECDC to reconsider listing TSE as single disease group as it would play a rather small role compared to other diseases. He proposed to introduce an online database to provide opportunity for NCs to change the national contacts as needed.

88. Denis Coulombier acknowledged that occasional overlap in work might occur at times, although the overall aim of this new interaction scheme is to avoid it. Regarding the clarification of roles between AF and CB, Denis Coulombier pointed out that the AF is the scientific board of ECDC and acknowledged that at the start of ECDC, ECDC used the AF to interact with Member States as Competent Bodies. The proposed structure would not imply the allocation of one NFP per disease group or PH function. One person acting for several disease groups would indeed be possible. An

online database will be set up to provide the NC with a tool to keep track of all interaction. The current timeline is to have the database operational by early summer 2012.

89. Franz Allerberger noted that every day business for example within existing networks could not easily be done by the NC. It should be avoided to run a high rank hierarchy within this new interaction structure. Denis Coulombier agreed that it still has to be clarified who exactly would deal with day-to-day requests in case it should not be the NC. The system will provide enough flexibility to allow Member States to define who should be involved for each type of interactions.

90. Petri Ruutu agreed that this proposal was a good starting point. He also noted that it would be a great leap forward if the NC could maintain and change nominations since he would be entitled to. Further definition of interaction would be favourable.

91. Rosa Cano-Portero agreed with her colleagues that this proposal is a good start. She asked for more clarification on the role of the NFP in contrast to the NC and how duplication of work could be avoided.

92. Silvia Declich remarked that the change of the existing system will be complicated as the proposed structure would be quite complex. In addition, it would be difficult to make this approach work in existing national systems as synergic jobs pose a problem when responsibilities are spread across different national institutes or ministries. Following Preben Aavitsland's suggestion she supported the idea of implementing a database and introducing periodic revisions of nominations, for example on a yearly basis. Since requests to ECDC would be increasing, Silvia Declich was wondering whether AF could be informed about upcoming requests – for Member States to decide on priorities and allocated personnel.

93. Denis Coulombier replied that the NC would be copied in all interactions and would have final decisions on actions on national level. The workflow would be aligned as much as possible to ensure smooth interaction in every possible national setting. The online tool should facilitate this as flow of information could be reviewed online and this tool would drive interaction.

94. Andreas Gilsdorf agreed that this approach means a step forward. He pointed out that Germany tried this with one focal point. He mentioned that the presented approach underlines the shift of the AF to a more scientific role as compared to representation of Member States. He pointed out that he misses the former AF function as a Member State representing body with a scientific overview in the new structure, a function the Directors of the Competent Bodies might be given. He would ask for and encourage the exchange of ideas on a clear distinction of roles for the different possible scenarios: if a contact point is approached as a Member State representative or would be asked for his technical expertise.

95. Denis Coulombier stressed the importance of communication through the Director of the CB. In the online tool the NC will be able to decide who exactly has to be copied in particular interactions.

96. John Watson agreed with his colleagues on the good approach. He, too, is in favour of an online list to be updated regularly as it would be valuable to know and easily access information about the responsible contact points – not only on national but on a European level. John Watson encouraged to clearly outline different roles of appointed contacts who act as NC and AF members at the same time. In addition, alternates to NCs have to be named (in case of vacations or illness). Regarding the upcoming meeting in October, John Watson asked about the involvement of AF and MB since only two delegates (Director of CB and NC) were mentioned.

97. Jean-Claude Desenclos said that the proposal is a good way forward to structure interactions. This would provide a good opportunity to define the roles of AF members in comparison to NC. He fully agreed that these two functions would be completely different but would potentially still be done by the same person. He was in favour of clarifying the use of language in the proposal when talking about the roles of NFP to indicate clearly who is responsible for what. He did not agree to bundle emerging and vector-borne diseases but proposed to categorise emerging diseases as threat instead. He, too, recommended having an online database as well as a yearly revision of work and

nominations. The AF would be a good place for this review. He asked how operational and political interaction would be separated. NC could act as facilitator but this would not be reflected in the current proposal.

98. Denis Coulombier replied that the grouping of disease groups was still ongoing and the classification of emerging diseases as threat would indeed be something to consider.

99. The Chair stressed that the presented proposal does not describe political functions. He also noted that reopening the discussion on decisions of the Management Board should be avoided at this point.

100. Darina O'Flanagan pointed out that it would not be feasible for smaller countries to nominate one person per disease group. She would like a clarification on the implications for programme managers who might actually be working outside national institutions.

101. Regarding the role of project managers, Denis Coulombier clarified that the current proposal was not "carved in stone" and it would still discussed in terms of who might be contacted and in what scenario.

102. Haraldur Briem welcomed the proposal as good idea, but questioned the underlying idea in connection with the IHR from WHO. Denis Coulombier said that this would be an independent approach.

103. Frank Van Loock encouraged ECDC to further clarify which former networks are now fully integrated into ECDC operations and which are not yet. Denis Coulombier responded that the TSE network is not yet integrated.

Item 9: Sustainable development and implementation of the EPIET MS-track: Lessons learnt and way forward

104. Arnold Bosman, Head of Section Public Health Training, Public Health Capacity and Communication Unit, ECDC, updated the AF on the existing training schemes and future challenges for the different available training tracks and cohorts.[11] At the moment, the EPIET EU-track continues as planned but faces serious difficulties with the fellowship grants as in many countries the legal and financial status of the fellows remains unclear. This has led to the development of institutional grants which means that the sites providing the training employ the fellows for two years providing salary, pension and insurance – with all these employment costs fully covered by ECDC. Arnold Bosman pleaded for the support of the AF as well as MB for this transition from fellowship to institutional grants.

105. The current EPIET cohort 17 is the biggest one yet with 40 fellows in four different types of training (17 EU-track, 7 MS-track, 12 EAP, 4 EUPHEM). Monitoring of training effectiveness for a cohort of this size will be necessary as well as clear criteria to differentiate the EPIET MS-track and the EPIET Associated Programmes (EAP) which are fully funded and hosted by the Member States.

106. For 2012 and the following years EPIET will focus on additional 'senior training' and will have to decide on the future size of EPIET cohorts as this will have a serious impact on the available budget. Arnold Bosman asked the AF members to promote EAP in the Member States and welcomed advice and discussion on the future size of cohorts and distribution of seats between the three available tracks (EU-, MS-track, EAP).

107. Jean-Claude Desenclos noted that without a formal evaluation of EPIET it would be difficult to advise on the future number of fellows and the capacities of the national institutes. For example,

[11] Item 9 - EPIET MStrack update and future (A Bosman)

France encountered recruiting difficulties for its FETP fellows and might have to reconsider continuation of the programme. In this context, moving from EU to MS-track might not be a feasible option.

108. Marianne van der Sande, too, asked for an evaluation of EPIET mainly focussing on the question if it strengthens public health. The shift to MS-track and EAP might not be feasible due to budget restraints asking for clear distinction between financial and formal issues. Arnold Bosman replied that this will be taken into account and he stressed again that with the EU-track, the salary of the fellow will be reimbursed by ECDC via the grant system. The results of an external EPIET evaluation conducted in 2010 are available online.[12]

109. Andreas Gilsdorf explained that the institutional grants work well in Germany. He would be happy to increase the focus on EAP to establish a strong link with EPIET. He welcomed that EAP fellows have guaranteed seats in the EPIET modules. If cuts have to be made, he considered it worthwhile to think about a cutback of numbers of classic EPIET fellows in order to support countries to increase their capacities to train themselves within the MS-track or the EAPs. Regarding the future size of the cohorts, Andreas Gilsdorf remarked that size and population of the Member State should be taken into consideration, as well as the needs for trained fellows that would change accordingly. He called for clarification of the criteria for countries to be eligible for MS-track-seats, as the recent criteria seemed not to have been discriminating enough to allow a balanced distribution of available seats.

110. Darina O'Flanagan observed that national ceilings might make a shift towards MS-track difficult although there would be a preference to increase the number of fellows in the MS-track. She remarked that the process in 2010 did not allow for comments on selection criteria. Arnold Bosman replied that there had been discussions in the MB but admitted that steps before that might not have been communicated clearly enough. It was important to hear that Ireland is in favour of the MS-track as it allows for capacity building and provides a fair way of sharing European resources. He encouraged other Member States that do not yet participate to explain the obstacles they are encountering.

111. Silvia Declich noted that the grant system would be difficult to implement in Italy as the employment of new staff is nearly impossible. In general she questioned whether the exchange of fellows between countries would still be necessary these days.

112. Preben Aavitsland welcomed the introduction of institutional grants and commented that the current cohort size seems fine with no indication for a need to increase the number of EUPHEM fellows at this point.

113. John Watson inquired about the involvement of the AF in the process so far and agreed that more info and evaluation would be needed. Arnold Bosman replied that the AF had not yet been involved in the changes in the programme, but would be kept informed as of now.

114. Franz Allerberger applauded the EPIET programme as it serves as a perfect example of European added value. He voted for an evaluation of EUPHEM to define its value for the Member States.

115. Frank Van Loock congratulated EPIET on its impressive development and stressed that EPIET was one pillar of ECDC. The possible reduction of the EU-track needs careful consideration since training is not only supposed to support Member States, but also the work of the European Commission and the WHO. He thus advised to carefully analyse the situation in order to find a healthy balance between the training tracks.

[12] http://ecdc.europa.eu/en/epiet/about/Pages/ExternalEvaluation.aspx

116. Josep Maria Jansà inquired whether there exists an estimate on actual needs for the training. Arnold Bosman responded that for measuring capacity as well as needs they have not been able to come up with tools that successfully apply to all 27 Member States.

Item 11: Progress in planning the next external evaluation of ECDC

117. Andrew Amato, Deputy Head of Surveillance and Response Support Unit, ECDC, outlined the progress and underlying principles of an independent external evaluation ECDC will be undergoing next year.[13] Following the last external evaluation in 2007/2008, the aim of the process in 2012 is to provide information on what was achieved (summative element) and how it was achieved (formative element) along with proposals on improvements and required modifications. The idea is that the evaluation will follow a 'logic model' that blends structure and function of ECDC and helps in assessing inputs, activities, outputs and outcomes. To avoid dilution of the result, not every ECDC activity will be evaluated, but it is currently being decided which core tasks will be assessed. The current plan is to draft the Terms of Reference (ToR), which will hopefully be approved by the MB in November 2011, with a final evaluation report for their approval (to be available by November 2012).

118. The Director announced that the Chair of the steering committee has already issued the questionnaire to the MB in order to verify their expectations.

119. Johan Carlson noted that ECDC was on the right track with this process. The aim should be to show quality outcome rather than impact, which would hardly be quantifiable. Jean-Claude Desenclos inquired about who will decide on ToR and who would finally sign the results. In his opinion, MB and SANCO should address that ECDC should not evaluate itself. Andrew Amato clarified that the MB will agree on ToR and noted that even the MB is part of ECDC as an organisation. He agreed with Johan Carlson that it would be the aim to look at outcomes. The expressions "impact" stems from the ECDC Founding Regulation.

120. Frank Van Loock acknowledged some kind of conflict of interest as the MB approves ECDC activities and the evaluation of the outcome at the same time. The role of the Commission in the evaluation process is now in a transitional stage, as this problem had been identified by the Council and the European Parliament for all regulatory EU agencies, and it was agreed that in the future, the Commission should lead the evaluation process.

121. In response to a question from Herman Van Oyen, Andrew Amato informed that the existing ToR are outdated and no longer reflect the reality of ECDC's work. The role of the AF will be assessed carefully, especially due to their status as vested stakeholders of the Centre.

Item 12: Update regarding the Polish EU Presidency

122. Andrzej Zielinski presented the two Public Health priorities the Polish EU Presidency is planning to implement: reducing health disparities in communities of Europe and the prevention of diseases of the brain, neurodegenerative diseases including Alzheimer's disease.[14]

[13] Item 11 - External Evaluation of ECDC 2012 (A Amato)
[14] Item 12 - Update on Polish Presidency (A Zielinski)

Item 13: Confirmation and approval of 2012 and 2013 Advisory Forum meeting dates *(Document AF27/7)*

123. The Chair presented the proposed dates for AF meetings in 2012/2013.[15] Johan Carlson commented that certain dates (May) might be problematic due to Swedish holidays. Herman Van Oyen would welcome a reflection on the number of meetings in general as he considers four meetings per year quite a lot.

124. Notwithstanding the above-noted comments, the 2012 and 2013 Advisory Forum meeting dates were confirmed and approved by the Advisory Forum.

Item 14: Any other business

125. Herman Van Oyen introduced the new journal *Archives of Public Health* that aims to link research and public health practice. It can be accessed online: http://www.archpublichealth.com/.

126. John Watson inquired if the new Anthrax case definition was currently drafted. Andrea Ammon, ECDC, promised to follow up on this and to get back to John Watson.

127. The Chair and the Director closed the meeting thanking everyone for the fruitful discussions and wishing the AF members a pleasant journey back home. The next Advisory Forum meeting will convene in Stockholm during 7-8 December 2011.

[15] Item 13 - AF meeting dates 2012 and 2013