



ECDC Advisory Forum

Minutes of the 30th Meeting of the Advisory Forum

Stockholm, 3-4 May 2012

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Item 1 – Opening and adoption of the agenda (*Documents AF30/2 Rev.1; AF30/3 Rev.2*)

1. Marc Sprenger, ECDC Director, and Johan Giesecke, Chief Scientist, in his capacity as the Chair, welcomed participants to the Thirtieth meeting of the Advisory Forum (AF). The Director apologised for not being able to attend the second day of the meeting due to a mission.
2. A specific welcome was extended to Amalia Fecheté from Romania, appointed alternate, Fernando Simón from Spain, newly appointed member, and Nedret Emiroglu from WHO, Regional Office for Europe.
3. Apologies were received from Austria, Croatia, Denmark, Liechtenstein, Montenegro, Slovak Republic and Turkey, as well as from the representatives of the Standing Committee of European Doctors, European Public Health Association, European Patients' Forum, and from Frank Van Look from the European Commission.
4. No declarations of interest were declared verbally but members were reminded to complete the written declaration forms. The following declarations of interest were noted: Petri Ruutu, Member, Finland, noted in reference to the item on epidemic intelligence (item 9 in the agenda), he is working at the THL where the Finnish narcolepsy group works. Ágnes Csohán, Member, Hungary, stated that the Hungarian National Institute for epidemiology is a Hungarian contributor/site for I-MOVE. In reference to item 11 on future diphtheria laboratory surveillance in the EU/EEA Member States, Mike Catchpole, Member, United Kingdom, declared that his employing organisation, HPA, holds a contract for laboratory support for the diphtheria network. He also noted, under item 13 (Electronic manual for monitoring data quality and evaluating surveillance systems), that he is a member of an ECDC working group on monitoring and evaluating surveillance systems and a Chair of an Advisory Board for FEM Wiki. With regards to item 8 on ECDC Multi-annual Strategic Programme (2014-2020), Darina O'Flanagan, Member, Ireland, pointed out her membership of the VENICE Concoortium.
5. The agenda was adopted without amendment.

Item 2 – Adoption of the draft minutes of the 29th meeting of the Advisory Forum held in Stockholm (22-23 February 2012) (*Document AF30/4*)

6. The draft minutes from the Twenty-ninth meeting of the AF had been circulated to the members and were adopted with no further comments.

Item 3 – Update from ECDC on the main activities since the last Advisory Forum meeting (Marc Sprenger, ECDC Director) (*AF30/Info Notes 1, 2, 3*)

7. The Director gave an update on the main activities of the Centre since the previous meeting, referring to the relevant documents that had been sent to the AF members in advance.¹
8. Several meeting participants expressed satisfaction with the new approach of receiving documents in advance. One member added that it was difficult to see how the documents were linked or harmonised with each other; he added that the projects described in each should be viewed strategically. Another member felt that the list of activities could be more useful if it focused on results, not so much on processes.
9. The WHO representative drew attention to the measles situation in the European region, calling it a serious threat for the whole region as well as outside, affecting travel advice to Europe.

¹ Item 3 - Update from ECDC

10. Many members of the AF expressed serious concern about vaccine effectiveness and side-effects studies being discontinued in 2013 due to reduced funding. They remarked that studies done by manufacturers are prone to be biased and will not be trusted by the public. One member felt that ECDC should study effectiveness of other vaccines as well, such as the pneumococcal vaccine. Another member questioned the priority attached to the assessment of economic impact of diseases, as well as partnership activities with third countries in the Work Programme for 2013.

11. The Director responded by explaining how the work of disease programmes is prioritised. He added that resources are currently overcommitted; however, in the future it is envisioned to focus on core tasks first. He explained that the Commission considers the issues of vaccine effectiveness and side effects to be under the umbrella of EMA, not ECDC, and asked the AF to support ECDC when discussing this matter further, by sending official letters and contacting the respective Management Board members, asking them to raise this issue in the MB meeting in June. The Director added that, in the face of the economic crisis, ECDC feels that some attention should be given to health economics; also, ECDC has a role in assessing the EU pre-accession countries, while under the Lisbon Treaty the results can only be shared with the Commission.

Item 4 – Update regarding the Cypriot EU Presidency

12. Chrystalla Hadjianastassiou gave an update on the ongoing activities under the auspices of the Cypriot Presidency of the EU, focusing on activities by the Ministry of Health of Cyprus.² She listed the legislative proposals and non-legislative documents being considered in the field of public health, pharmaceuticals and medical devices, and foodstuffs, as well as important health related issues to be tackled, such as cross border diseases, healthy ageing, and innovative approaches in healthcare. She reported on the main events to be held in Cyprus, including an expert-level conference on communicable diseases in July. The member thanked ECDC for its scientific support in organising the conference. It was noted that only one participant per country is invited due to financial restrictions.

13. One member asked for more information on the expert level conference and inquired if it was possible for additional participants to attend at their own cost. The Cypriot member responded that the conference will focus on cross-border threats and that the programme will be sent out shortly. She confirmed that it can be attended by additional participants.

Item 5 – ECDC strategy to support measles and rubella elimination (Document AF30/5)

14. Pierluigi Lopalco, Head of Disease Programme VPD, Office of the Chief Scientist, provided a presentation on ECDC strategy in support of measles and rubella elimination.³

15. Following the presentation, the Director added that he had attended a meeting in Sofia as part of the European Immunisation Week activities and was impressed by the results achieved working with Roma population. He thanked the Bulgarian AF member for the invitation to the meeting.

16. One member noted that it is important for ECDC to coordinate its activities with WHO and not to duplicate work. He remarked that it would be helpful to see how ECDC intended to measure the added value of its activities. He added that, while migration is an important issue, the primary focus of activities should be on vaccination.

17. Several members of the AF expressed their support and appreciation of ECDC activities in this area, especially stressing the high quality of the Euronews documentary video. The member from Ireland noted that they were already using the video on their website. She also expressed a wish to receive presentations from ECDC that could be disseminated at regional and local levels.

18. The member from Italy suggested that materials and tools from European projects funded by DG SANCO could be used, and explained that use of mathematical models for optimising vaccination targets are being considered for measles in Italy.

² Item 4 - Update on Cyprus EU Presidency (C Hadjianastassiou) (not available on AF Extranet)

³ Item 5 - Advancing measles elimination in Europe (P Lopalco)

19. The WHO representative clarified how ECDC and WHO/Europe collaborate in order not to duplicate work, at the same time maximising the added value and attempting to have substantial impact. She noted that the measles elimination target in the European region was already missed once and urged the audience to support the goal of measles eradication.

20. The member from Poland advocated for focusing on principal topics, such as ensuring proper confirmation between measles and rubella and concentrating on the compartmentalisation issue of vaccine coverage especially with Roma populations. He added that border issues were of paramount importance if vaccine coverage is not uniform across countries, and recalled how smallpox eradication was achieved by reaching out to small compartments of populations.

21. The member from Bulgaria thanked the Director for the visit, saying that it was useful to have concrete support from ECDC. In regards to the request for tender recently published by ECDC, she remarked that it is important to involve local public health specialists who understand the local situation and know the language. She asked for an update on an earlier discussion of having framework contracts with public health institutes. The member from Romania expressed concerns that they lack capacity for writing projects, but would be interested in participating, noting also that in Romania the main problem is the decreasing vaccination rates among a highly educated population.

22. A number of AF members remarked that countries require adapted strategies depending on their specifics, for example, overall vaccination coverage is high enough in France, while it is not homogeneous across the country; other countries, for example, Hungary and Slovenia, lack information on immunity levels according to age groups and would welcome support for seroepidemiological studies. Others expressed concern about doctors' attitudes and health care workers' lack of knowledge about measles.

23. The member from Hungary informed that they are offering free vaccination in schools and for guest workers from the Ukraine and asked if WHO is providing funds in support of vaccination.

24. In response, Pierluigi Lopalco, ECDC, assured the delegates that all comments will be taken on board. In regards to coordination with WHO, he explained that ECDC's pilot project attempts to improve the data collection for vaccination coverage, while the data will continue to be collected using the WHO system. He referred to ECDC's train-the-trainer project, and agreed that ECDC could assist in harmonising EU-wide methodology for seroepidemiological studies. He addressed the concern of having too much focus on Roma by remarking that only one of the 23 activities planned was specific to Roma. It was recognised that the ongoing call for tender cannot be commented, however, the discussion of how to make it easier for national public health institutes to participate in projects will be continued in future.

Item 6 – ECDC strategy to support vulnerable populations, including migrants (*Document AF30/6*)

25. Jan Semenza, Senior Expert, Health Impact, Office of the Chief Scientist, presented the ECDC strategy to support vulnerable populations including migrants, based on a literature review.⁴

26. Several members noted that it was a very useful and interesting paper. They remarked, however, that the notions of vulnerability, social determinants and susceptibility should be better defined. One member felt that the paper was missing a general target. Another member noted that the paper identified too many actions for ECDC's current capacities or budget. He also expressed surprise as to why this work had not been discussed in the AF in earlier stages. A few members stressed that this area is becoming increasingly important in public health. The member from Greece noted that existing literature on vulnerability of population under austerity programmes of the IMF had significant gaps.

27. In response, Jan Semenza thanked everybody for their comments and explained that the activities listed are integrated in the plans of various disease programmes.

⁴ Item 6 - ECDC strategy on vulnerable populations (J Semenza)

Item 7 – Evidence-informed framework for prioritising scientific work at ECDC (*Document AF30/7*)

28. In a follow-up to a presentation carried out in the previous AF meeting, Andreas Jansen, Head of Section, Scientific Advice Coordination, Office of the Chief Scientist, opened the discussion of IRIS, Framework for prioritising scientific work at ECDC, by asking the following questions:⁵

- if the AF members agree with the scope, criteria and indicators of the tool;
- if they agree to test it using samples from Work Plan 2013; and
- whether they have other suggestions.

29. Several members felt that it could be a good tool. It was noted that the scoring system would level out differences across various European countries, and that balance should be found between national priorities and added EU value.

30. Andreas Jansen responded by clarifying that the tool is an instrument of prioritisation among evidence-based guidelines of ECDC, but the use can later be extended to cover the entire Work Programme. He mentioned that there had been much internal discussion on how to find and fix inequalities, and that the tool can be improved following the initial launch.

31. Johan Giesecke concluded by informing that ECDC will pilot the tool doing a prioritisation exercise for about five projects, reserving the full launch for next year.

Item 9 - Epidemic Intelligence: update on recent threats in the EU: Evolving situation of infectious diseases in Europe

Item 9a: Update on HIV outbreaks among people who inject drugs: supporting country efforts to improve detection and response

32. Marita van de Laar, Head of Programme, HIV and Sexually Transmitted and Blood-Borne Infections, Office of the Chief Scientist, gave a presentation.⁶

33. An analysis of the HIV virus responsible for the outbreak in Greece had indicated that one strain originated from Asia. One AF member queried whether there was any further information with regards to this. Marita van de Laar explained that a study of the outbreak in Athens to build up a picture of phylogenetic strains had shown that there were three main strains and, although there was an import of one strain from Asia, its association with the Athens outbreak was coincidental.

34. With Global Fund resources drying up, one of the members questioned when reductions in prevention services across Europe would begin to have an effect and whether there was any evidence of that happening. If the solution was reinvestment, would ECDC be able to influence the Commission on the issue of making up some of the shortfall. Marita van de Laar noted that no country could match the amount of funding which had been made available from the Global Fund. There was a possibility to use structural funds and a number of countries were entitled to apply for such funds.

35. Specific questions were submitted about the HIV situation in Bulgaria and Estonia as these two countries had been identified in the presentation. It was stated that Bulgaria had been identified for the ECDC study due to the fact that Global Fund support would come to an end in 2014, prevalence was quite high and there was a risk of increasing transmission. The situation in Estonia was different as the country had shown itself to be an example of good practice, having managed to scale up its prevention services and set up a national response without Global Fund money.

36. The representative of Greece was questioned regarding the outbreak in Athens, such as whether there was any information providing a plausible explanation as to why the outbreak occurred; how much the drug user population had changed and whether there had been a shift in

⁵ Item 7 - Prioritising evidence-based guidelines (A Jansen)

⁶ Item 9a - HIV in injecting drug users in the EU (M van de Laar)

demographics and/or attitudes. Sotirios Tsiodras, Alternate, Greece, explained that the lack of organised needle exchange and opioid substitute programmes were partly responsible. It has been estimated that around one million syringes would be required to deal with the current outbreak and the opioid substitute programmes had long waiting lists.

37. Marita van de Laar, ECDC, added that the network dynamics among drug users had changed: before the epidemic most cases had been sexually-related and during the epidemic they were mainly due to the sharing of needles. Unlike other countries where the cohort was ageing, the majority of Hepatitis C cases diagnosed in Greece were among those under 25 years.

38. It was noted that activities previously financed under the Global Fund were now no longer being supported by governments which in certain countries, for instance, Greece and Romania, had meant that needle exchange programmes were being cut and this was one of the main reasons for the increase in HIV/HCV cases. It was therefore important to know which populations were being affected and to be able to present evidence of this in order to obtain funding and scale up intervention.

39. Marita van de Laar commented that in both Greece and Romania a great deal had been done to set up surveillance systems. However, there was still a need to know more about affected populations before being able to scale up intervention.

Item 9b: Indications of decline in seasonal influenza vaccine effectiveness in 2011-2012 – I-MOVE

40. Bruno Ciancio, Head of Section, Epidemiological Methods, Surveillance and Response Support Unit, gave a presentation on the indication of decline in seasonal influenza vaccine effectiveness in 2011-2012.⁷

41. Darina O'Flanagan, Member, Ireland, commented that even though the annual rate of influenza infections had decreased significantly, her country continued to experience nursing home outbreaks and increasing mortality. She sought advice on whether the elderly should be receiving adjuvanted vaccines.

42. Bruno Ciancio, ECDC, replied that it was difficult to know whether during the pandemic the vaccine effectiveness had been due to the adjuvant vaccine or because the vaccine had been a perfect match for the virus since it was produced later. Priming was very important, especially for the elderly and the very young. In the next vaccine effectiveness study it would be useful to see a comparison of the effectiveness of the various vaccines.

43. Sotirios Tsiodras, Alternate, Greece, pointed out that in Greece, 50 deaths out of 127 hospitalised cases were due to influenza and only 31 of these had not been vaccinated. He queried about different indications for influenza A and B, given that Greece had had a significant number of influenza B cases.

44. The effectiveness of the influenza vaccine for the latest season was questioned. It was pointed out that it was useful to monitor severe cases in order to determine whether the vaccine was effective. Since it was already known that the season's vaccine was less effective, it would be interesting to know what type of research was being done to find different vaccines. It was pointed out that the industry was not eager to adopt new approaches for economic reasons. This was why ECDC's I-MOVE in Europe (Influenza-Monitoring Vaccine Effectiveness) was a useful project which needed more funding.

45. Bruno Ciancio pointed out that the results of studies on this aspect were being published in *Eurosurveillance* that day.

46. One participant questioned whether ECDC had a position on the quadrivalent vaccine which was being licensed on the US market and would soon be available there. It was pointed out that the quadrivalent vaccine, an intranasal vaccine approved on 29 February 2012, was not yet licensed in Europe. Thus, ECDC did not have a position on this vaccine at the present time.

⁷ Item 9b - Indication decline seasonal influenza vaccine effectiveness (B Ciancio)

47. One of the AF members noted that it was vital to think about how to continue with such vaccine effectiveness studies and what form they should take in the future. The quadrivalent vaccine issue was a good example of why. ECDC should be in a position to give an independent answer on this type of question and have a position on it.

48. It was pointed out that the vaccine effectiveness study had just compared those who were ill with those who were not and that it might be useful to produce a study scoring severity of disease which could enrich the result.

49. Bruno Ciancio explained that the results of the study were based on data from a sentinel network and the method used was sentinel surveillance in the Member States. The funding for the study went mainly to the Member States, which had involved a number of positive developments, such as increased swabbing, etc., however, it would be difficult under the present sentinel network system to provide data scoring the severity of disease.

50. It was pointed out that the communication aspect of the study results was vital and the importance of building into the message the need to get vaccinated against influenza.

51. Bruno Ciancio commented that every year challenges are faced regarding communication and it is hoped that more could be done in order to develop a communications strategy around this issue.

52. The Director pointed out that it was important to build this aspect into the communications strategy. At a recent meeting in the European Parliament, ECDC had called upon vaccine producers to do something in order to improve their vaccine; however, the response from the industry was that it is very difficult to adjust it. Although the producers had not done anything to improve the vaccine, ECDC and other organisations representing public health had been helping them to promote their vaccines by promoting vaccine awareness. The Director expressed hope that the results of studies such as the one under discussion would encourage the producers to finally take action.

53. The Director's comments were supported by the German AF Member who pointed out that it was important to enhance the regular seasonal vaccine recommendations in order to improve quality, rather than enhancing production capacity.

Item 9c: Pandemic Vaccine and Narcolepsy

i) Narcolepsy situation in Ireland

54. Darina O'Flanagan, Member, Ireland, gave a short presentation on the investigation into the association between narcolepsy and vaccination with Pandemrix.⁸

ii) Vaesco report

55. Kari Johansen, Head of Risk Analysis, Surveillance and Response Support Unit, gave a short presentation on the summary of the final draft of the Vaesco report.⁹

iii) Update on Finnish and Swedish data

56. Petri Ruutu, Member, Finland, and Johan Carlson, Member, Sweden, gave short updates on the respective situations in Finland and Sweden.^{10,11}

57. Hanne Nøkleby, Alternate, Norway, commented that the situation in her country was very similar to that in Finland and Sweden and cases were still actively being found, more among those vaccinated than among those unvaccinated. The cases being diagnosed now were less dramatic than

⁸ Item 9c(i) - Association between vaccination and narcolepsy (D O'Flanagan) (not available on the AF Extranet)

⁹ Item 9c(ii) - Draft final report narcolepsy studies_VAESCO (K Johansen)

¹⁰ Item 9c(iii) - Situation in Finland (P Ruutu) (not available on the AF Extranet)

¹¹ Item 9c(iii) - Situation in Sweden (J Carlsson) (not available on the AF Extranet)

those found initially, with milder symptoms and less cataplexy, so there was a change occurring in the symptoms.

58. All colleagues were thanked for their contributions to the various studies.

59. Angus Nicoll, Head of Disease Programme, Influenza, Office of the Chief Scientist, questioned whether the investigations were uncovering new cases or simply bringing forward diagnoses which would have occurred naturally, given that narcolepsy was usually diagnosed in an older age range (typically 35+ years).

60. Johan Carlson, Member, Sweden, agreed that precipitated early onset of the disease could be diluted in the future. There were not many new cases coming in at present but it was still too early to say.

Item 10 – ECDC highlight: ECDC activities for UEFA EURO 2012 football cup and London 2012 Olympic and Paralympic Games *(Document AF30/8)*

61. Lara Payne Hallström and Jas Mantero, Experts, Surveillance and Response Support Unit, gave a presentation on the ECDC activities for UEFA EURO 2012 football cup as well as London 2012 Olympic and Paralympic Games.¹²

62. Mike Catchpole, Member, United Kingdom, wished to extend his and his colleagues' gratitude for the support and very positive collaboration from ECDC in the preparations for the 2012 Olympic and Paralympic Games in London.

63. It was questioned which specific diseases would be screened for and whether there were any relevant examples from previous mass gatherings which could be useful. It was noted that ECDC normally carries out an internal risk assessment to establish potential diseases and discusses with host countries the diseases they are particularly concerned about. The result in this case was a shortlist of around 15–20 diseases for each event, depending on geographical, seasonal and other circumstances. The shortlist is usually produced a few months in advance of the event and is always different, depending on the situation, the country and the event.

64. One of the AF members was interested in knowing how much such a massive mobilisation of people and resources would cost ECDC and wondered whether there would be a thorough evaluation of the whole exercise at a later date.

65. It was confirmed that ECDC, as well as WHO, would welcome an evaluation after the event, and it was noted that there was a meeting budget of EUR 30 000 for the extra costs incurred with the two exercises during 2012.

66. Sotirios Tsiodras, Alternate, Greece, who had already worked with a syndromic surveillance system for a mass gathering event, recommended using traditional, tried and tested systems rather than introducing new tools. He also queried whether bioterrorism was an issue on the agenda for the London 2012 Olympics. Lara Payne Hallström responded that ECDC had links to Europol and other networks. In addition ECDC would be trying out algorithm tools recently drafted internally to help discern whether a detected health threat could indicate a bioterrorism threat.

67. Andrzej Zielinski, Member, Poland, explained that for the EURO 2012 football cup, his team in Poland had drawn up a list of diseases most frequently encountered at mass gatherings, such as diarrheal and flu-like diseases, legionellosis, etc. The list was based on Germany's lists from its hosting of the World Cup football competition in 2006. Poland did not have the resources available for a sophisticated syndromic surveillance system and surveillance would be based on ECDC's monitoring. He thanked ECDC and members of the AF for the support provided to date in preparations for the event.

68. The Member from the United Kingdom noted that his team in the UK would be using extensive syndromic surveillance for the London Olympics. The key was to use the same systems and to have

¹² Item 10 - ECDC activities for UEFA EURO 2012 and London 2012 (L Payne Hallström)

the same personnel carrying out the same key functions, but just to provide them with more help. He explained that the Olympics in London had been used as the trigger for developing syndromic surveillance within public health settings over the last 18 months.

Results of the Advisory Forum Working Groups sessions

Working Group A – Greek migrant health issues

69. Sotirios Tsiodras, Alternate, Greece, reported that the group had discussed the problem of the large influx of immigrants coming into Europe through Greece and the subsequent need for increased healthcare provision, incurring additional financial costs.¹³

70. During the visit to ECDC by Greece's Minister of Health, Andreas Loverdos, to ECDC, he spoke of his intention to make the issue of public health and migration one of the health priorities during the Greek Presidency in the first half of 2014 in order to increase awareness of the issue across Europe.

71. It was important to emphasise the diversity of migrant groups and their vulnerability rather than simply seeing them as representing an increased risk of transmission of communicable diseases.

72. At present, public health legislation varied according to country and the Working Group wondered whether it might be feasible to harmonise some aspects of this, with ECDC taking the lead in reviewing the relevant public health policies. For example, it was important to discourage compulsory screening for migrants and in contrast to facilitate their access to screening and health care. It was hoped that ECDC could have a role in promoting this.

73. The group had also discussed the importance of integrating and linking together all relevant parties, e.g. the Ministry of Health, Ministry of the Interior, etc. in all health policy work.

74. Future projects offering an opportunity to raise awareness of the issue of migrant health in Greece included the ECDC country mission to Greece during May 2012 and the Washington IAIDS meeting in July 2012.

75. The group recommended that there should be more cooperation across Europe on the issue of migrant health, with more exchange of experiences and good practices among Member States.

76. One of the AF members pointed out that improved data on migrant health issues would be very welcome to support health economic assessments and to avoid unnecessary screening programmes which are a difficult and controversial issue.

Working Group B – Expected service to Member States and contribution from Member States to risk assessment activities during mass gatherings in the European Union

77. Herman Van Oyen, Member, Belgium, reported that the Working Group had looked at types of risks, which to a certain extent, depended on the type of mass gathering.¹⁴

78. The group felt that it was important to determine the scope of activities – what services ECDC could provide and what the host Member State should be doing.

79. The group highlighted the importance of finding the right balance for reporting during mass gatherings – to be able to act quickly if something happened, but at the same time, not to overburden the system with unnecessary requests. It was also vital to control media hoaxes and rumours.

80. No new tools or additional information communication systems should be introduced during the period of a mass gathering. The platform used should be tried and trusted and no new systems should be introduced at this time.

¹³ WGA - PH issues and migrants in Greece

¹⁴ WGB - Risk assessment activities during mass gatherings

81. The group made the following recommendations:
- To remind health officers on site to include this information when applying their assessment criteria;
 - To systematically assess potential travel to the hosting country of a mass gathering;
 - To provide a shortlist of events/diseases as an example;
 - The Member States should check that their 24/7 system under EWRS/IHR is fully functional and update the list of 24/7 contact points in all Member States if these were different from EWRS focal points.
82. Mike Catchpole, Member, United Kingdom, said that his team in the UK had discussed the value of reporting single cases of a disease and it was felt that such individual reports could be useful. He suggested that ECDC could look at epidemic intelligence daily data to predict the positive predictive value of detected events.
83. It was emphasised that there was also a need to assess the negative predictive value.
84. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, said that it was important not to over-detect events that would have no significance because of their negligible effect and therefore it was necessary to assess and optimise the positive and negative value.
85. One of the AF members commented that non-notification should be based on the fact that there was a system functioning and that it was the best way to tackle various rumours proactively and then to report the results on a daily basis through baseline systems.

Working Group C – Practical application of a conflict of interests policy in the ECDC setting

86. Tanya Melillo Fenech, Alternate, Malta, presented the conclusions of the group which were as follows:
- As many experts as possible should be recruited to the Experts Directory and consulted wherever possible in relation to rapid risk assessments.
 - Experts should be encouraged to relinquish anonymity whenever possible as this was perceived to add to the credibility of assessments.
 - In certain circumstances – such as when an expert had made a significant contribution or where he/she was one of only a few experts consulted – the expert should be credited as a contributor.
 - For those experts consulted in relation to rapid risk assessments, a 'simple' declaration (Annex 10) could be sent at the time of requesting the information, supplemented by verbal questions related to the specific subject matter. This could be reviewed immediately and any evidence of potentially conflicting interest could be investigated by the Compliance Officer as a priority and noted when the expert was credited in the final report, thus offering a significant degree of transparency.
87. Herman Van Oyen, Member, Belgium, pointed out that it was often hard to find experts without a conflict of interest. He did not agree with the rapidity argument for rapid risk assessments and felt that there should always be a declaration of interest. He noted that in Belgium, information of this type had to be published by law in the interests of transparency.
88. Jean-Claude Desenclos, Member, France, as well did not agree with experts retaining anonymity. He pointed out that by knowing the name of the expert, their area of expertise is also known. Moreover, it is easy to document via a quick exchange of emails that the expert did not have a conflict of interest.
89. Haraldur Briem, Member, Iceland, noted that he understood why ECDC had to have a position on conflict of interests, but maintained that in some instances anonymity was necessary, for political, personal or other reasons.

90. Mike Catchpole, Member, United Kingdom, commented that the commissioning body had a responsibility to make an assessment on the impact of the information received and that this was ECDC's role. He did not support the idea of retaining anonymity.
91. Andrzej Zielinski, Member, Poland, agreed with the other participants' reservations on anonymity. He suggested that the problem might be overcome in certain instances, where an expert wished to remain anonymous and did not have copyright on the specific information provided. In this case a proxy could stand in and take responsibility, without compromising the anonymity of the expert.
92. Participants discussed the need to clarify what was meant by anonymity, whilst emphasising the importance of transparency and the need for rapidity.
93. Tanya Melillo Fenech, Alternate, Malta, noted that the group had been in favour of having an expert directory to which experts could apply which would have been vetted well in advance. Consequently, by the time they were called upon to provide expertise for a risk assessment, the checks would already have been made.
94. Johan Giesecke, Chief Scientist and Chair, thanked the participants of all Working Groups for their input.

Item 8 – ECDC Multi-annual Strategic Programme (2014-2020)

95. Jan Mos, Senior Advisor to the Director, Director's Office, gave a presentation on ECDC Multi-annual Strategic Programme 2014-2020.¹⁵
96. The AF members requested further clarification of the process, more details as to what input would be required of them, further documentation and an idea of how much work would be involved and what would be expected of the AF generally.
97. One of the AF members noted that in connection with the drafting of the new Strategic Programme, it was important to return to an examination of ECDC's mission and vision. Using the proposed "building blocks" approach would give a narrower perspective (i.e. a set of diseases rather than public health issues). There was a need for a discussion on the starting point – the mission – and interaction with stakeholders, to involve as many people as possible in the process.
98. Another participant commented that this represented an excellent opportunity for re-establishing commitment and reflecting on the roles of both ECDC and the Advisory Forum.
99. Jan Mos, ECDC, replied that external partners would definitely be included in the process during the first phase of establishing building blocks. With regard to the mission and vision of ECDC, he did not agree that having disease specific programmes would give too narrow of a perspective. He hoped by August 2012 to be able to summarise all elements in order to produce a first draft for the AF meeting at the end of September addressing the main issues – not a full draft. This would be followed by a revised version in December.

Item 11 – Future of diphtheria laboratory surveillance in the EU/EEA Member States (Document AF30/9)

100. Ida Czumbel, Expert, Vaccine-Preventable Diseases, Surveillance and Response Support Unit, gave a presentation on the status and future options for diphtheria laboratory surveillance in the EU/EEA Member States.¹⁶ The presentation offered three options on how to reconcile diphtheria preparedness needs with budgetary constraints.
101. Most of the AF members expressed opinions in favour of Option 1, supporting the national capacities of diphtheria detection. It was stated that national capacity is important in quick and efficient detection, EQA and training should be continued, and duplication with WHO reference

¹⁵ Item 8 - Multi-annual Strategic Programme (J Mos)

¹⁶ Item 11 - Laboratory surveillance of diphtheria (I Czumbel)

laboratory work should be avoided. Option 2, sending samples abroad, was considered impractical, expensive and slow. Option 3, dropping diphtheria laboratory activities, was ruled out.

102. Several members of the AF noted that the role of the EU should increase as the incidence of the disease decreases and Member States will decrease their capacity accordingly. They suggested that basic identification should be possible at national level, with more specialised analysis done on EU level. One member suggested that the shipment costs could be borne by an EU programme. Another member noted that the availability of the anti-toxin should be dealt with at EU level and asked for the general question of anti-toxins, not only against diphtheria, to be raised. Another member remarked that the role of national laboratories versus EU level laboratories should be clarified not only in relation to diphtheria.

103. The member from Latvia noted that Latvia is still an endemic country that had six cases of diphtheria last year. He added that suspected cases and their contacts have to be investigated rapidly, and that shipping hundreds of samples abroad would not be practical.

104. The member from WHO reminded to the audience that the European diphtheria network has a global role for monitoring and genetic typing of the disease. She recommended that the capacity built so far should not be lost.

105. In response, Ida Czumbel concluded that an overwhelming majority of the AF supports Option 1. Denis Coulombier also reiterated that very clear guidance has been received from the AF. He admitted that the main issue is the reduced funding as well as the fact that, even with the current level of support, results of the EQA indicate problems in most countries. He added that an EU feasibility study has recommended Option 2 and is currently under consideration in the Commission. He stated that a transition period might be needed, should it be decided to go for Option 2.

Item 12 – Scientific results attained from collaboration with the academic consortium on health communication

106. Ülla-Karin Nurm, Head of Section, Public Health Development, Public Health Capacity and Communication Unit, presented the results attained from collaboration with the academic consortium on health communication.¹⁷

107. Johan Carlson from Sweden noted that they follow closely the user statistics of their website and that the web accesses from smart phones had increased from eight per cent last year to 22 per cent this year.

Item 13 – Electronic manual for monitoring data quality and evaluating surveillance systems (*Document AF30/10 Rev.1*)

108. Isabelle Devaux, Senior Expert, General Surveillance, presented the interim results of the project for monitoring data quality and evaluating surveillance systems and identified next steps.¹⁸

109. Several members welcomed this as a useful initiative. One member had not been able to access the extranet, and suggested additional literature to be included in the library. In response to the question if the manual should be provided as FEM Wiki, it was noted that FEM Wiki is not necessarily the best platform, as it focuses on collaborative creation, while ease of access is important for the manual. One member suggested that work on the electronic manual could be part of EPIET fellowship objectives.

110. In response, Isabelle Devaux acknowledged all comments and offered to update the AF on the status of the electronic manual by the end of the year.

¹⁷ Item 12 - Translating health communications (Ü-K Nurm)

¹⁸ Item 13 - Monitoring data quality and eval surv (I Devaux)

Item 14 – Update on Joint Strategy Meeting: ECDC Advisory Forum, Coordinating Competent Bodies, National Focal Points for Microbiology and for Surveillance (25-27 September 2012)

(Document AF30/11 Rev.1)

111. Johan Giesecke announced that a joint event of around 150 participants will be organised from 25 to 27 of September 2012 in Infracity near Stockholm comprising the four groups that so far have had separate meetings only: ECDC Advisory Forum, Coordinating Competent Bodies, and National Focal Points for Microbiology and for Surveillance. He explained that a joint meeting and working groups are planned on the first day; the regular group meetings such as the Advisory Forum are planned on the second day; and the joint event will be concluded by a plenary meeting on the third day.

112. The member from France recalled that the AF should be provided an opportunity to carry out its mission of providing counsel, especially in respect to the strategic multi-annual programme. Denis Coulombier responded that there will be ample opportunities for this and explained the efficiency of the new arrangement enabling general presentations to all groups together and allocating one day for meetings for each group separately.

Item 15 – Any other business

113. The member from Luxembourg sought feedback from the AMR conference in Copenhagen. Johan Giesecke responded that he will ask Dominique Monnet to provide this information.

114. The Chair adjourned the meeting, thanking everyone for the fruitful discussions. The next Advisory Forum meeting will convene in Upplands Väsby on 26 September 2012.