



ECDC Advisory Forum

**Minutes of the Forty-seventh meeting of the Advisory Forum
Stockholm, 14 December 2016**

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Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) ***(Document AF47/01)***

1. The audio conference was opened by ECDC Acting Director, Andrea Ammon, who welcomed the participants.
2. Mike Catchpole, Chief Scientist, ECDC, welcomed the AF members and other participants, in particular Isabel De La Fuente Garcia, representing Luxembourg for the first time; Nedret Emiroglu, WHO Regional Office for Europe; and Frank van Loock, DG SANTE. Apologies had been received from Belgium, Bulgaria, Cyprus, Italy, Liechtenstein, Lithuania, Montenegro, Netherlands, Slovak Republic, Slovenia, and Turkey.
3. Following up on the extraordinary Advisory Forum meeting that had taken place on 9 December, Mike Catchpole suggested that some time be reserved at the end of the meeting to conclude the discussions on the IMI2 DRIVE project. The agenda was adopted without amendment.

Adoption of the draft minutes of the 46th Meeting of the Advisory Forum (13–14 September 2016) *(Document AF47/02)*

4. Kåre Mølbak, Member, Denmark, requested a correction to point 120 – deletion of two of the three public health issues (all but HPV) mentioned.
5. The draft minutes were adopted without further amendment.

Update from ECDC on the main activities since the last Advisory Forum *(Document AF47/03)*

6. Andrea Ammon, ECDC Acting Director, gave a brief update of the main activities since the last Advisory Forum meeting.

Improving the complementarity of the work of the AF and the MB

7. Mike Catchpole, Chief Scientist, ECDC, reported that he had informed the Management Board of the Advisory Forum's view, as suggested in a previous Advisory Forum meeting, that added value could be derived from having a shared extranet workspace for AF and MB members. He confirmed that the Management Board had formed a working group to discuss the issue of complementarity; the working group had met twice via teleconference, but had not yet managed to schedule a third and last meeting to prepare its final conclusions. The AF will be further updated on the progress of this work.

Further integration of the ECDC Fellowship Programme ***(Document AF47/05)***

8. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication Unit, ECDC, gave a short summary of the developments since the last AF meeting with regard to the ECDC Fellowship Programme, recalling the suggestions at that meeting from several AF members to explore a further full merger of the EPIET and EUPHEM paths within the ECDC Fellowship programme. As this would be counter to the MB approved Public Health Training Strategy, the issue had been raised at the November Management Board meeting. Before discussing the issue further, the MB asked for the opinion of the AF. The AF was also asked to give its opinion on adding infection control as a specific topic/path of the programme.
9. Anders Tegnell, Member, Sweden, was positive to a further merger of the two paths, as this would reflect the need for the two disciplines to work closely together.
10. Paul Cosford, Member, UK, voiced his concerns that a full merger would weaken the individual programmes: he considered strong epidemiological and microbiological paths to be essential. Several other AF members agreed that while being negative or hesitant to a full merger of the EPIET and EUPHEM paths, further synergies between the two paths should be explored.
11. Andreas Gilsdorf, Alternate, Germany, said that based on the available details in the discussion paper he could neither support nor reject any of the presented options. An informed decision could only be made based on a detailed proposal. As EPIET is an epidemiological programme it must be

ensured that it is led by epidemiology, independent if there are two separate or one merged programme.

12. Several AF members thought that adding infection control/hospital hygiene to the curriculum would be premature.

13. Karl Ekdahl thanked the AF members for their input and emphasised again that the concepts introduced in the document should not be seen as a proposal from ECDC, but intended to explore whether a discussion of such a development could be opened. He summarised the discussion and took note of the AF's lack of support for a full merger. He also took note of the programme characteristics that the AF considered to be central to the Fellowship Programme: a strong focus on epidemiology, learning by doing, and flexible training options. He also said that he agreed with the AF members that synergies between the two programmes should be developed. One way to achieve this would be by ensuring microbiology co-supervision for EPIET projects involving microbiology and vice versa. Another development option would be to make the programmes more flexible and offer programme participants a tailored curriculum with more individualised training options. In conclusion, he pointed out that the results of the external programme evaluation in 2018 would bring a good basis for the further discussions how to develop and improve the Fellowship Programme.

Case definitions (*Document AF47/04*)

14. Bruno Ciancio, Head of Section, Epidemiological Methods, Surveillance and Response Support Unit, ECDC, summarised ECDC's efforts to support DG SANTE in updating the list of communicable diseases to be notified at EU/EEA level and their case definitions through an implementing act of Decision 1082/2013.

15. Several AF members agreed that the case definitions needed to be kept up to date, but also expressed their objections to the addition of certain diseases or public health issues such as antibiotic consumption. Several AF members also considered the proposed timeline for this review as being too short and suggested that a more in depth discussion on the update of the list of notifiable diseases should take place in 2017. Before additions to the list of public health issues can be made, the added value on EU level has to be made clear. So one criterion proposed for changes in case definitions would be how much value this would add and whether updated case definitions would increase the reporting burden on the Member States.

16. Nedret Emiroglu, Director of the Division of Communicable Diseases and Health Security, WHO Regional Office for Europe, commended the initiative of aligning with the WHO definitions for vaccine preventable diseases, and stressed that deletions should not be hastened as they may have implications on International Health Regulations, for example smallpox remains in the list of IHR events.

17. Frank van Look, representative of the European Commission DG SANTE, pointed out the need to include all the changes needed in the upcoming Implementing Act. The European Commission, based on the scientific evidence provided by ECDC, and the feedback from the National Focal Points for Surveillance, will decide whether to include or not Lyme neuroborreliosis in the draft implementing act to be reviewed and approved by the dedicated Member States Committee. He also reminded the AF members of the possibility of 'ad hoc reporting' for diseases that are not in the list of notifiable diseases

18. Derval Igoe, Alternate, Ireland, pointed out that changes in case definitions concerning the reporting of antimicrobial resistance for additional pathogens could impact countries with limited laboratory capacity.

19. Bruno Ciancio, Head of Section, Epidemiological Methods, Surveillance and Response Support Unit, ECDC, replied that one of the main objectives of the ECDC proposals is to align with the current laboratory practices in the countries (e.g. with the inclusion of non-culture based diagnostics for food and waterborne diseases), and not to increase their reporting burden. Adding new disease definitions for dengue and chikungunya would facilitate the reporting in case of outbreaks. He acknowledged that antimicrobial medicines consumption is not a disease per se, but an important determinant for antimicrobial resistance, and EU level surveillance has been ongoing for many years. He emphasised that ECDC had been working together with National Focal Points for Disease and National Focal Points for Surveillance on the topic of case definitions, and that the document AF47/04 was based on changes proposed by ECDC in consultation with its Competent Bodies. Most of the proposed changes were related to the evolution of laboratory diagnostics, the need to align with WHO case definitions for some diseases, and the emergence of new diseases. Regarding the update of the list of notifiable diseases,

he agreed that further consultation is needed and pointed out that the main changes may not affect the list per se, but the reporting practices (e.g. favouring EWRS reporting and epidemic intelligence activities over routine notification to TESSy).

Update on Zika advice

20. Hervé Zeller, Head of Disease Programme, Emerging and Vector-borne Diseases, Office of the Chief Scientist, ECDC, and Bertrand Sudre, Scientific Officer, Environmental Determinants and Outbreak Response, Surveillance and Response Support Unit, ECDC, presented an update on Zika advice.

21. During the discussion, AF members requested further information on how ECDC's advice compared to advice from WHO and CDC on the sexual transmission of the disease. Hervé Zeller and Bertrand Sudre replied that ECDC's advice was closer to the CDC recommendations (both organisations recommend that measures should be taken to prevent sexual transmission for at least eight weeks if the returning partner is a woman and six months if a man, as opposed to the WHO's six months regardless of gender). They also said that ECDC's advice remained consistent with current scientific evidence and no changes to the advice were foreseen at this stage, unless additional strong evidence is provided.

Any other business (*Document AF47/06*)

22. Mike Catchpole, Chief Scientist, ECDC, asked the AF to provide feedback on whether the paper on ECDC's role in defining a public sector governance model within IMI2 DRIVE accurately reflected the conclusions of the extraordinary Advisory Forum meeting on 9 December.

23. Several AF members pointed out the relevance of ensuring that ECDC remained sufficiently independent of industry influence. At the same time, they were concerned that the resources ECDC would have to invest in a project like IMI2 DRIVE could negatively impact on ECDC's work.

24. Mike Catchpole, Chief Scientist, ECDC, confirmed that ECDC's involvement would result in having to scale back, or even cancel, some activities, e.g. enhanced surveillance for influenza and respiratory syncytial virus. He requested that the AF members provide written feedback on this topic by 16 December.

Closing remarks

25. Mike Catchpole, Chief Scientist, ECDC, and Andrea Ammon, ECDC Acting Director, thanked the participants for their input. They thanked the AF for their hard work during the year and extended their best wishes to all for the festive season.