ECDC Advisory Forum

Minutes of the 33rd Meeting of the Advisory Forum

Stockholm, 20-21 February 2013

Contents

Item 1 - Opening and adoption of the agenda (and noting the Declarations of Interest, if any) *(Documents AF33/2 Rev.1; AF33/3 Rev.2)*

1. Marc Sprenger, ECDC Director, welcomed the Members of the Advisory Forum (AF) to the Thirty-third meeting and informed the AF that the meeting would be video streamed via the ECDC intranet for staff.

2. Johan Giesecke, Chief Scientist and Chair, greeted the participants on his behalf. A warm welcome was extended to Sanja Kurečić Filipović from Croatia, newly appointed member, Frank Van Loock from the European Commission and Nedret Emiroglu from the WHO, Regional Office for Europe. Apologies had been received from Cyprus, Greece, Liechtenstein, Lithuania, Montenegro, Poland, Serbia, Slovak Republic, The former Yugoslav Republic of Macedonia, the Standing Committee of European Doctors and the European Patients' Forum. It was also noted that the representative from Austria would arrive around 11 a.m. on Day 1 and that Jean-Luc Sion from the European Commission would be attending Day 2 of the meeting, in reference to the update from the Commission.

3. The Chair recalled the new policy and procedures regarding the annual declarations of interests and specific declarations of interests and thanked all members who had duly filled in and submitted their declarations. For those who had not yet done so, it was kindly requested to do so and submit the declarations to the Secretariat. No verbal declarations of interest were made.

Item 2 – Adoption of the draft minutes of the 32nd meeting of the Advisory Forum held in Stockholm (12-13 December 2012) *(Document AF33/4)*

4. The draft minutes from the previous meeting in December had already previously been circulated amongst the AF. Written comments had been received and adopted from Hungary.

5. Additional comments were provided by Gérard Krause, Member, Germany, and it was requested to change the last sentence in paragraph 22 to "He also believes that ECDC should work harder on the analysis of the existing data, as recommended by the AF members in several sessions, rather than putting a lot of pressure on molecular surveillance, which will be even harder to implement throughout Europe."

6. Mike Catchpole, Member, United Kingdom, provided positive feedback on the minutes, particularly highlighting the summary from the Joint Session of the Advisory Forum and National Microbiology Focal Points on Public Health Microbiology Strategic Developments.

7. Jean-Claude Desenclos, Member, France, requested to change a sentence under paragraph 12 to "The questionnaire was not similar through each channel" and to remove the last sentence under paragraph 79.

8. Frank Van Loock, European Commission, requested for paragraph 38(e) to read "the link between epidemiologists and microbiologists needs to be further built."

9. Anders Tegnell, Member, Sweden, noted that he should be listed as "Member" and not as "Alternate".

Item 3 – Update from ECDC on the main activities since the last Advisory Forum meeting *(Document AF33/Info Note 1)*

10. Marc Sprenger, ECDC Director, gave a brief presentation on the main activities since the last Advisory Forum meeting.[1] The AF was informed that short written monthly updates from the disease programmes have been included into the Info Note. The process of developing the Strategic Multi-annual Programme (SMAP) was highlighted and it was noted that further updates on the progress would be made later during the meeting. Reference was made to country visits which provide opportunities to learn how to reduce the burden of ECDC on a national level. Aiga Berke, Corporate Affairs Officer, Director's Office, who has been appointed to coordinate ECDC requests to the countries, was introduced to the AF.

11. The AF was informed that ECDC recently concluded its chairmanship of the EU Agencies. Chairmanship will be handed over on Friday, 22 February 2013.

12. The personal priorities of the ECDC Director are to make better use of surveillance data and presentation of it, including through info graphics; to pay more attention to the impact of global austerity measures on infectious diseases; and to focus on the Innovative Medicines Initiative (IMI) call regarding the effectiveness of vaccines.

13. In order to ensure the independence of ECDC's scientific advice, the Management Board has adopted a new policy on independence, including declarations of interest.

14. Her Royal Majesty, Queen Sylvia of Sweden, honoured ECDC with her visit on 5 February 2013. For ECDC, this was an opportunity to thank Sweden as a host country.

15. Frank Van Loock, European Commission, said he was pleased to see the new summaries from the disease programmes, which are very useful to share with his colleagues. He stated that responses to requests emanating from the Commission could be included in these summaries.

16. Rosa Cano-Portero, Alternate, Spain, thanked ECDC for its visit which was very fruitful. She stated that the planning of the visit helped to facilitate meetings between the Institute and the Ministry.

17. Herman Van Oyen, Member, Belgium, stressed that for these visits to be successful, colleagues must possess an equal level of experience.

18. Silvia Declich, Member, Italy, suggested that ECDC provide countries with a list of meetings and calls for tender for the following year in order that countries can organise themselves better.

19. ECDC Director responded that a list of meetings and calls for tender, including respective lists of participants, will be a priority for the newly appointed Corporate Affairs Officer.

Item 4 – Advisory Forum priorities on scientific advice for 2014 Work Programme

20. Piotr Kramarz, Deputy Chief Scientist, ECDC, acknowledged the team working on the project and also the excellent feedback from the AF and ECDC's Disease Programmes.

21. The process was recalled: firstly, the members of the AF were asked to propose topics for 2014 and then the list of topics was given to ECDC's Disease Programmes for consideration and project proposals. Following this, the members of the AF were asked to weigh the proposals according to 12 IRIS criteria and respond to the main survey on the proposals.

22. The overall results and the results on priorities by Disease Programme area were presented.[2] The AF was then asked whether it was too much work to respond to the survey, how useful was the

[1] Item 3 - Update from ECDC
[2] Item 4 - Prioritisation of ECDC's scientific advice in 2014 (P Kramarz)

function to forward the survey, whether ECDC should retain the current weighting for several years and last but not least, whether there are any other suggestions for improvement.

23. Darina O'Flanagan, Member, Ireland, inquired why ECDC did not include all the suggestions by the countries and how suggestions were selected or not. She stated that she used the function to forward the survey, but this created a dilemma since she did not always agree with the responses of other colleagues. She also stated that it would be useful to have a prioritisation across the area in order to give an overview.

24. Jean-Claude Desenclos, Member, France, noted that he had enjoyed this exercise and stated that it was not too much work. However, he does not believe that it is useful to forward to other colleagues as this should be done from the perspective of the AF as opposed to national institutes. It was suggested for ECDC to consider consulting with the Coordinating Competent Body and to keep the weighting for a couple of years and then to evaluate with some experience. It was added that the explanations of specific projects could be clarified, e.g. clear objectives, EU added value, and timing for implementation.

25. Anders Tegnell, Member, Sweden, agreed that it was a worthwhile exercise although the criteria were open for interpretation. This was a reason why he did not send the survey on as he felt that it would be more coherent handled and interpreted by one person – so this function was not so useful. He agreed with the Member from France that it would be useful to have a function to comment on the method for the projects in a structured way.

26. Gérard Krause, Member, Germany, agreed with the previous speakers. He complimented ECDC for the technical implementation of the survey but would like a personal feedback report to share with colleagues at national level, rather than forwarding the questionnaire.

27. Mike Catchpole, Member, United Kingdom, agreed that the survey was not too much work as long as something comes of it. He also agreed with others that he felt uncertain about forwarding to others and for the sake of consistency decided not to. He would be interested to know if any of the IRIS criteria were more discriminating than others.

28. Kåre Mølbak, Member, Denmark, agreed that it was a good exercise. He had gathered a group together to discuss the response rather than using the forwarding function. He stated that it was a good opportunity to have some internal discussions. The weighted survey did not have such a good response rate as the main survey. The criteria that it should help the work and be applied should be given more weight. He suggested adding an overall rating between the different areas, as he believes that AMR should be given greater weight. Also, ECDC needs to work more clearly on the descriptions of each project; some projects seemed to go into clinical work and outside mandate of ECDC.

29. Ágnes Csohán, Member, Hungary, stated that the work took 4-5 hours and not 40 minutes. The forwarding function did not work so she had a physical meeting with colleagues to discuss responses. This gave her more confidence to answer the consultation. She agreed to keep the current weights for several years and suggested sending the questionnaire to the main coordinator for the Competent Bodies at national level, as they could invite others to respond.

30. Marta Grgič-Vitek, Alternate, Slovenia, noted that she had problems to compare the different fields in order to make the prioritisation.

31. Johan Giesecke, Chief Scientist and Chair, stated that he also believed it should be the AF member responding.

32. ECDC thanked the AF for their comments. The process for inclusion of project proposals was clarified. It was stated that ECDC needs to consider how it differentiates between different groups of diseases for prioritisation. It was agreed that ECDC needs to explain the projects better. It was also duly noted that it may be better to take away function of forwarding to other colleagues. ECDC should also need to think about how to include the Competent Bodies. Problem of some of the topics looking like clinical medicines needs to be addressed, possibly through the setting up of a working group.

Item 5 – ECDC Strategic Multi-annual Programme (2014-2020)
(Document AF33/Info Note 2)

33. Marc Sprenger, ECDC Director, presented the draft ECDC Strategic Multi-annual Programme (2014-2020), hereinafter referred to as 'SMAP', for the first time focussing on three topics: (i) process – including that ECDC must reduce its staff by 20 FTE, (ii) choices of SMT, based on Advisory Forum input, and (iii) next steps.[3]

34. Marc Sprenger clarified that the SMT made the following decisions:

- For surveillance, the priority must be to decrease the burden and to increase value. One example is the ECDC app using informatics, which is being developed for citizens to have easy access to charts;
- For epidemic intelligence, preparedness is a core function for which ECDC awaits the Commission's initiative;
- Scientific advice is the heart of ECDC's contribution: we need to work to ensure harmonised transparency;
- Training is very important to build capacity in the countries: we need to seek out more partnerships and consider outsourcing. We may decrease resources here;
- Communication is a cornerstone in making the best evidence available. The web portal is important, as is deepening our understanding of how to use social media. Understanding our audiences better will help us to achieve our goals. We also want to support the countries on risk communication and behaviour change.

35. In terms of the next steps, the Director would like to have input from the Advisory Forum in order to present a plan to the Management Board meeting in March for comment. The final draft will be presented to the Management Board in June.

36. Roel Coutinho, Alternate, Netherlands, commented that the documents contained many politically correct statements, but that it is difficult to know precisely the direction ECDC wants to go. The goals are too general and need to be clarified, e.g. timing for measles elimination. ECDC is not currently perceived as a strong partner for laboratories or for science, and this needs to be clarified particularly with regards to molecular typing and genetics. ECDC's prestige in science is missing due to the following barriers: difficulties in recruitment, does not do research, so difficult to see how ECDC will reach the point of being a European reference centre for science.

37. Anders Tegnell, Member, Sweden, agreed that a clearer vision and summary of where the main efforts of ECDC for the future will be added. He agreed that ECDC is well established in surveillance and training, but the use of data is lacking. ECDC needs to be able to sell this better. Health communication is a tricky area, and ECDC should consider how many resources are put here as the work is in competition with the countries and ECDC's role is not clear. In terms of scientific advice, ECDC also needs to sell its products better.

38. Kåre Mølbak, Member, Denmark, supported Sweden's comments on health communication as ECDC should carefully analyse its role. In Denmark, both doctors and citizens do not trust EU agencies; they trust local authorities. One of the big successes of ECDC is EPIET/EUPHEM, so to reduce training and increase health communications does not make sense. What is required is a sharper identification of where there is a real need and added value for EU action as opposed to national actions, including, for example, on vaccine preventable diseases such as measles.

39. Haraldur Briem, Member, Iceland, welcomed ECDC's effort to assess its impact on the Member States.

40. Elif Bor Ekmekçi, Turkey, strongly agreed that health communications is the role of the Member States.

[3] Item 5 - SMAP (M Sprenger)

41. Herman Van Oyen, Member, Belgium, said that the title of document is wrong and should be translated into real strategic and operational objectives. Currently, it is not known what the different outputs will be. Many elements are in, but much work needs to be done. Vision – looking for health and molecular and genetic surveillance –are the most important factors within this. Interaction with partners – and links between them – should be clarified once the document is translated into strategic and operational objectives.

42. Jurijs Perevoščikovs, Member, Latvia, said that a gap between smaller and larger countries can increase over the timeframe particularly regarding the development of molecular typing and the training of staff and the SMAP has to address this problem.

43. Petri Ruutu, Member, Finland, stated that the document was thorough and impressive. However, at a general level, it looks like ECDC endeavours to strengthen actions at all levels. A clear prioritisation is missing. Much emphasis placed on the attempt to reduce the burden on Member States, but then when integrating all the new developments, this does not appear likely. The paper could include a note on what work could be outsourced through tenders so that countries could prepare themselves better. In relation to the laboratories, there is pressure on sending a number of samples to other international laboratories that will bring the activities beyond what national legislation can cover when problems arise. This is an issue where ECDC could facilitate the movement of microbiology across borders at a European level.

44. José Calheiros, Member, Portugal, stated that health should be the focus, not molecular surveillance.

45. Hanne Nøkelby, Member, Norway, agreed that the document was impressive, but rather general, and that a clearer prioritisation needs to be made. She also thought that EPIET/EUPHEM are very important, and cuts should come in other areas. Coordination with WHO is very important; can ECDC share its tasks better? Preparedness is important, but for this ECDC needs to be good at what it does all the time and this is not a separate topic. A summary version of the document is needed.

46. Rosa Cano-Portero, Alternate, Spain, stated that surveillance is a core function, but that ECDC needs to ensure that the data is comparable with country information.

47. Jean-Claude Desenclos, Member, France, said that the document was an important input from ECDC, but it lacks coherence since the summary indicates that changes need to occur, but the reading of the detailed document suggests 'business as usual' without clear essential priorities. He stated that health communication is best handled at the national level and that ECDC has thus far not developed the competence in social science to meet the objectives set. There is a need to clarify which of the 52 reportable diseases should continue to be focussed upon. Preparedness is integral to ECDC and not a specific programme, but the Commission has an overall main role. There is also a need to choose which theme is most important for microbiology in a scenario with fewer resources (molecular roadmap versus mapping laboratory resources).

48. Mira Kojouharova, Member, Bulgaria, would like to see an emphasis placed on public health training.

49. Darina O'Flanagan, Member, Ireland, stated that it is vital to look at ECDC's benefit versus burden, as there is a huge burden. Capacity building and training are very important and need to be considered carefully before it is reduced. There is also a need to demonstrate the interaction between various chronic diseases and infectious diseases.

50. Frank Van Loock, European Commission, stated that training was one of the core functions of ECDC and also one of the most appreciated functions; thus he would be disappointed to see a reduction in this area. He added that the Commission did not see the need to invest further in health communication. The SMAP was overambitious in some areas, but could be more ambitious in monitoring threats like antimicrobial resistance. All in all, there was a need to know where to do more and where to do less. One of the areas that needed clarification was outsourcing, which should be done primarily in areas where ECDC lacks capacity, for instance, in the social sciences. He emphasised that adding new areas of disease surveillance was primarily the Commission's task – in collaboration with the appropriate country authorities – but it would be helpful if ECDC could also assist with the improvement of various tools and in the Commission's efforts for capacity building.

51. Nedret Emiroglu, WHO Regional Office for Europe, inquired whether ECDC expected concrete feedback and in what format. She also remarked that given the sheer number of areas, the SMAP should perhaps be shorter and more concise. She expressed WHO's gratitude for having been included in the list of ECDC's partners, but also insisted that the roles for technical assistance and collaboration be defined more precisely. Shared roles and responsibilities, for example, could be defined in a table or a matrix. ECDC's goals for 2020 should be more specific, and she offered to share WHO's goals for the same period.

52. Tanya Melillo Fenech, Alternate, Malta, explained that, as a small country, Malta faces difficulties that are markedly different from those of larger nations. As to epidemic intelligence, preparedness, and scientific advice, her department is dependent on ECDC. In the training sector, Malta also found it difficult to benefit properly since the small health units cannot afford to lose staff for more than a couple of days. At the international level, Malta is likened to 'the weakest link' and definitely needs assistance to cope.

53. Franz Allerberger, Alternate, Austria, warned that ECDC should not take on too many new tasks. ECDC needs to focus, for example, on EU-wide outbreaks, e.g. *Salmonella* Stanley, and also take into account the political and economic implications. With good surveillance information, ECDC could make a difference, proving that disease surveillance is not just an academic endeavour, but actually improving public health.

54. Kuulo Kutsar, Member, Estonia, laid out his set of priorities – molecular surveillance and typing, antimicrobial resistance, cross-border threats to health, measles/rubella elimination, and health communication – and pointed out that he would like to see these areas to be sufficiently highlighted in the SMAP. He criticised that ECDC's work in the area of measles elimination had not been recognised and that ECDC, despite its wealth of publications, produces materials that are difficult to adapt at the Member State level. 'The voice of ECDC is weak at the Member State level', he said.

55. Mike Catchpole, Member, United Kingdom, considered the production of the SMAP as an important, exciting, but also unenviable task. He commended the evidence-based approach, lauded the 'foresight function' proposal, considered EPIET and EUPHEM as essential, and thought that the epidemic intelligence approach was 'spot on', but also pointed out that he had very limited time to review the latest version of the SMAP (due to the on-going novel coronavirus response in the United Kingdom) and that is was therefore difficult to make further detailed comments. Things he would add to the SMAP included more on cooperation with other EU agencies and a clear description of the role of disease surveillance; surveillance at the EU level: surveillance, especially for cross-border threats, remains an important added value, but beyond that, ECDC needed to look primarily at the needs of the Member States rather than the needs of the Commission.

56. Florin Popovici, Member, Romania, found himself 'caught in the spider web of the document'. He pointed out that it was difficult to strike a balance between public health and clinical medicine, as both functions were overlapping each other. He also saw a real danger that the resources would be insufficient in the future to carry out the work envisioned in the SMAP. His general impression was that epidemic intelligence was very important, since it can save a lot of money. He also supported EPIET, was in favour of health communication, but also acknowledged that few experts were able to communicate in a way that fit the specific needs of the Member States.

57. Jan Kynčl, Member, Czech Republic, viewed the SMAP an interesting read that needed to be seen less as a programme and more as a vision paper. Only time would show what could be realised. He saw a need to discuss costly issues (e.g. molecular surveillance) and explained that while some activities could be useful for some Member States, they should not be made mandatory as they would unduly strain already limited resources. The SMAP sounded very ambitious, he continued, also wondering whether ECDC would be able to deliver these activities with its current staff. From his perspective, practical issues were more disturbing, for example, the fact that ECDC frequently forgot to acknowledge nominations or the receipt of questionnaires. So before getting into lofty goals, ECDC needs to work on fixing these trivial but annoying issues.

58. Ruth Gelletlie, European Public Health Association, reminded ECDC to focus on tasks that only ECDC could do. ECDC should work out what they are not going to do: what activities would the Member States or the Commission really miss if ECDC stopped carrying them out? In her mind, activities like EUPHEM would be sorely missed. The focus of ECDC's business should be on activities

that could only be carried out in a meaningful way at the EU level, for example, antimicrobial resistance and foodborne diseases. Other examples included risk assessments, which Member States could turn into locally appropriate guidance, producing evidence, and capacity building (e.g. EPIET).

59. Silvia Declich, Member, Italy, wondered whether it would be helpful to compare the SMAP to the older Strategic Multi-annual Programme 2007–2013. She also warned that there were imponderables that could have an impact on ECDC's mission and that were not taken into account by the SMAP. In this context, she wondered why the 2014–2020 Health for Growth Programme was not mentioned. She also proposed that ECDC staff should temporarily (one to two months) work in the Member States to understand the real situation and challenges in the Member States. Another area that needed to be improved was information flow, particularly through the so-called Competent Bodies. ECDC should take this opportunity to revise this system which had proven to be not very helpful for Italy. The exact stance of ECDC toward neighbouring countries seemed complicated and unclear. How was this covered by ECDC's mandate and how was it related to EU-added value, she asked. She also sought clarification on ECDC and EFSA collaboration in respect to the EU strategy, One Health, in the SMAP. She also remarked that ECDC and WHO should continue their improved collaboration as they are doing for measles. In respect to Epidemic Intelligence, she noted that RRA and health communication tools are activities that facilitate the work of the Member States and thus do not put an additional workload on the countries.

60. Marta Grgič-Vitek, Alternate, Slovenia, wanted to see the use of surveillance data strengthened. This would imply not only adding new diseases to the list of diseases under EU surveillance, but also defining aims for surveillance of every special disease, and collecting data only for diseases where results can be used to improve prevention. On the other hand, scientific advice was really useful for small countries, but sometimes Slovenia was under the impression that ECDC's advice came too late. ECDC's advice arrived after Slovenia had already made its decision, based on information obtained from the literature and US CDC. She praised ECDC's training activities as essential and indispensable for Slovenia.

61. The Director of ECDC thanked the Advisory Forum for their extremely helpful input. He explained that ECDC could even be forced to cut the training budget, but that he now knew that this was one of the last things the AF would like to see.

Item 6 – Scientific advice and risk assessments: update on assessments, reviews and guidance: ECDC initiative to apply to the IMI call on vaccines

62. Maarit Kokki, Senior Adviser, Office of the Director, ECDC, reported on the state of affairs concerning ECDC's involvement in a proposed project[4] initiated by the Innovative Medicines Initiative (IMI), a joint undertaking between the European Union and the pharmaceutical industry association EFPIA.

63. After talks with the projects Advance Consortium, ECDC was offered a leadership role for Work Package (WP) 7, which focuses on reviewing the outcomes of other work packages. Despite this offer, ECDC still has major reservations with regard to the IMI project and would prefer not to join.

64. When the Director of ECDC decided to ask guidance from the Management Board (MB) on this issue, 14 (of 15) MB members indicated that ECDC should explore the possibilities of leading WP 7. Still, half of the MB members expressed their doubts whether leading WP7 would be sufficient to keep a strong public health focus. A decision on participation will have to be made by 7 March.

65. Maarit Kokki noted that ECDC would consider leading WP7, but only as an independent evaluator, seeing to it that the public health objectives of the project are met. If public health objectives were not met, ECDC could take steps to mitigate this situation.

[4] Developing a framework for rapid assessment of vaccination benefit/risk in Europe; incorporating real-life clinical data into drug development. See: http://www.imi.europa.eu/content/7th-call-2012

66. Gérard Krause, Member, Germany, expressed that he was initially in favour of ECDC engaging in this project but had now changed his mind. Under the current structure, Germany would not be able to participate. ECDC would only have a minimum impact, and there was a danger of being too close to the industry, which is heavily involved in all work packages.

67. Silvia Declich, Member, Italy, had no official Italian position to offer, but as an AF member she said she lacked information on the work packages to give any type of advice.

68. Johan Giesecke, Chief Scientist and Chair, ECDC, asked how many countries had been contacted by the Advance Consortium. The answer was that so far five countries had preliminarily agreed to cooperate.

69. Roel Coutinho, Alternate, the Netherlands, reported that the official project proposal was received only one day ago. The reason for the Netherlands to cooperate was that this projected was the only way to receive certain information; the fact that it was an industry-sponsored effort was mitigated by the fact that it was also EU supported. He pointed out that according to the project proposal, ECDC would have an 'integrative position' if ECDC would accept WP7.

70. Anders Tegnell, Member, Sweden, said that Sweden was no longer interested in the IMI project. ECDC's participation in WP7 would bear considerable risks. ECDC could end up with something that could require an inordinate amount of work before there would be a recognisable public health relevance. All in all, the industry's involvement could compromise ECDC's integrity. Data sharing was another issue: even if Smittskyddsinstitutet would not join, Swedish data would become available through Karolinska Institutet, a project participant.

71. Hanne Nøkleby, Member, Norway, stated that the closeness to industry interests remained a problem, and that Norway's experiences with the Erasmus group were not 'entirely happy'.

72. Jean-Claude Desenclos, Member, France, said that France would not participate at all. ECDC would be too weak to make its voice heard. Conflict of interest was another unresolved issue.

73. Kåre Mølbak, Member, Denmark, said that Denmark initially tried to stay out, but now that ECDC was considering WP7, DK would like to join at the last minute. He would contact the consortium on 22 February and propose that SSI became a full member. Considering the financial issues, this was a chance that Denmark could not let pass. He also said that he would personnally welcome ECDC as the leader of WP7.

74. José Manuel Calheiros, Member, Portugal, said that his country had been aggressively campaigned to join, but there was no final decision. He regretted that the I-MOVE project was no longer an option. He also said that he could not make a qualified statement, but from his perspective ECDC should not participate.

75. Jan Kynčl, Member, Czech Republic, said that his country stated a general interest but most likely would not join and that he anticipated risks for ECDC if the Center should join.

76. Herman Van Oyen, Member, Belgium, considered this a confusing issue, even more confused by the fact that ECDC's stance was equally unclear. He considered the conflict-of-interest issue as secondary because funds came both from the industry and EU sources. All in all, the Belgian Scientific Institute of Public Health liked that they, as participating partner, would not be relegated to the role of a mere data provider but would be able to analyse data, which would be much more rewarding. He considered it essential for ECDC to be part of this project. 'If you don't take part, you will miss out on an opportunity', he said.

77. Radosveta Filipova, Alternate, Bulgaria, stated that if there was a conflict of interest, Bulgaria would not participate.

78. Mike Catchpole, Member, United Kingdom, said that he had not seen the documentation. If ECDC were used to legitimise a fundamentally flawed process, they should stay out. On the other hand, if an effective evaluation process was possible, ECDC should participate. His personal view was that one could not refuse simply because industry was involved. However, participation must be based on explicit quality criteria, and an effective collaboration process had to be established. If ECDC was not involved, this would be seen as a rift between ECDC and the Member States. But should ECDC decide to actually participate, it should fully engage in the project. It was not unlikely that HPA will be involved, he added.

79. Roel Coutinho, Alternate, the Netherlands, agreed with Mike Catchpole. Restricting yourself to WP7 was not enough. He also noted that rejection of the project is not always country-wide.

80. Johan Giesecke, Chief Scientist and Chair, ECDC, asked the Forum members whether they would be interested in taking over individual work packages.

81. Herman Van Oyen, Member, Belgium, affirmed this and that ECDC would have his full support, but not if ECDC participation were restricted to WP7.

82. The Director of ECDC stated that IMI had initially rejected ECDC's proposal and consortium and now had offered participation but only for WP7. Referring to his 'gut feeling', the Director stated that he would like ECDC to stay out of the IMI project.

83. Kåre Mølbak, Member, Denmark, said that his informal IMI contacts confirmed that IMI and the consortium were unhappy with the lack of ECDC involvement. He thought that ECDC was in a strong position to influence the project and that he would like ECDC to join.

84. Frank Van Loock, European Commission, said he had already stated that the Commission was in favour of ECDC and national public health institutes to participate in WP7 as the opportunity to define a framework by 2017 could not be missed. Ideally, ECDC should have an advisory function for all packages, which would give ECDC enough distance from the industry. 'We would miss three years if we don't use this opportunity', he added.

Item 7 – Epidemic intelligence: update on recent threats in the EU

Item 7b – Congenital Rubella Syndrome – reporting to TESSy *(Document AF33/6)*

85. Pierluigi Lopalco, Head of Disease Programme VPD, ECDC, briefed the AF on current activities with regard to congenital rubella surveillance. Details can be found in his presentation[5].

86. Franz Allerberger, Alternate, Austria, doubted the relevance of congenital rubella surveillance, as most cases ended in abortion.

87. Silvia Declich, Member, Italy, assumed that the interest in this topic was strong because all countries replied to the survey. She was, however, amazed that annual data calls were considered sufficient.

88. Herman Van Oyen, Member, Belgium, apologised that ECDC's timeline could not be met by his institute because Belgium was currently in the process of developing its own infrastructure.

89. Petri Ruutu, Member, Finland, noted that surveillance could be complex; when he conferred with the organisation in Finland in charge of registering congenital diseases, no congenital anomaly reports potentially due to rubella could be identified in the last 30 years. The same source also informed that there is an EU coordinated project Eurocat based in Northern Ireland which could support in developing the surveillance.

90. Pierluigi Lopalco thanked the AF for their input and promised that ECDC would work out any data quality problems (in terms of completeness and timeliness) with our national focal points.

[5] Item 7b - Congenital Rubella Syndrome – Reporting to TESSy (PL Lopalco)

Item 7a – Appearance of Novel Coronaviruses in Patients in European Hospitals – Origin the Middle East – Update for AF (Document AF33/5)

91. Mike Catchpole, Member, United Kingdom, informed the AF on the emerging novel coronavirus infection. His presentation is available in an electronic format[6].

92. Following Mr Catchpole's presentation, Angus Nicoll, Head of Influenza Disease Programme, ECDC, presented a series of PowerPoint slides on the emerging novel coronavirus. Details are contained in his presentation[7].

93. Mike Catchpole, Member, United Kingdom, rejected the use of the word 'widespread' in Angus Nicoll's presentation as this overstated transmissibility, as the disease is clearly not as transmissible as SARS. In response to several questions, he said the both symptomatic and asymptomatic patients had been swabbed. Samples from the first three cases were sequenced for comparison purposes and in order to build up the evidence base.

94. Haraldur Briem, Member, Iceland, reported that two Icelandic citizens who had originally been booked in a seat row near a novel coronavirus patient had never been in immediate danger. When he contacted the Icelanders, they told him that they had been upgraded to first class. If the vacated seats remained empty throughout the flight, could not be affirmed.

95. Frank Van Loock, European Commission, added that he liked the notion of serosurveillance. He also pointed out that there was a sleeping network of medical personnel in airports that should be tapped. Regarding medical evacuation, he wanted to know if there were recommendations for evacuations on regular flights and for air ambulance companies.

96. Mike Catchpole, Member, United Kingdom, confirmed that the HPA had published appropriate advice on medical evacuation flights on its website.

Results of the Working Group Sessions

Working Group A: Principles for distribution of EPIET/EUPHEM fellows between the countries

97. Mike Catchpole, Member, United Kingdom, summarised the results of Working Group A. The group's presentation can be found as a PDF version[8].

98. Tanya Melillo Fenech, Alternate, Malta, pointed out that Malta participated in EPIET but did not benefit, as former employees did not return after their training. Also, her institute was too small to serve as a host side, so options were very limited.

99. Roel Coutinho, Alternate, the Netherlands, suggested that fellows spent less time per country. The US CDC made their trainees switch locations.

100. Herman Van Oyen, Member, Belgium, found it quite normal that qualified people look for the best job opportunities and since his institution could not make competitive job offers, they had not been able to secure EPIET fellows to work for them.

101. Darina O'Flanagan, Member, Ireland, saw the brain drain issue already solved by the Member State track.

102. Petri Ruutu, Member, Finland, confirmed that many Finnish epidemiologists pursued international careers, which was not necessarily a disadvantage, as he thinks that it is beneficial for his country to have these people placed at international organisations.

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[6] Item 7a - UK Corona HPA Feb 2013 (M Catchpole) (not available on the AF Extranet)
[7] Item 7a - Novel Coronaviruses in patients European hospitals (A Nicoll)
[8] Working Group A

103. Karl Ekdahl, Head of the Public Health Capacity and Communication Unit, ECDC, said that ECDC would come back to this issue in the May AF. He also assured the Members that there was no qualitative difference between the Member State track and the EU track. ECDC applied the same quality criteria to both tracks and even trained the supervisors, so standards were more homogenous across all countries.

Working Group B: Rationale, EU added value and challenges of using additional data sources for EU surveillance (e.g. electronic health records)

104. Petri Ruutu, Member, Finland, presented the results of the discussions held in Working Group B. The group's presentation can be found as a PDF version[9].

Working Group C: Communication of ECDC point prevalence survey results

105. Results from Working Group C were presented by Herman Van Oyen, Member, Belgium, who primarily focused on the substantial heterogeneity in point prevalence HAI infections and the inconsistency between the observed and expected/estimated HAI percentages[10].

106. Mike Catchpole, Member, United Kingdom, said that despite the inconsistencies, the data had to be published. Overall, the point prevalence surveys were a shining example of a coordinated epidemiological study across the EU.

107. Anders Tegnell, Member, Sweden, voiced a dissenting opinion and cautioned that hospital infection data were fundamentally different from AMR data and much more political.

Item 8 – Progress with the Long-term Surveillance Strategy 2014-2020 *(Document AF33/7 Rev.1)*

108. Andrew Amato, Deputy Head of Surveillance and Response Support Unit, ECDC, gave an overview of the draft document on the Long-term Surveillance Strategy 2014-2020 at the European level.

109. Kåre Mølbak, Member, Denmark, found the strategy document interesting, but perhaps a bit too ambitious. Despite the six-year horizon, the document could use an injection of realism. If carried out as described, it would put a major burden on the Member States. Target 7, for example, was naive, "as our surveillance data are based on local and national healthcare preferences." Data are connected to healthcare systems, so comparability is an ideal that cannot easily be achieved. He also missed one target: avoiding double reporting.

110. Mike Catchpole, Member, United Kingdom, noted that the paper was rather brief on sero-surveys and surveillance of population susceptibility (noting that new genomic technologies could open new opportunities in the next six years). Section 7 should be more about helping Member States and should include a more critical analysis of the added value of proposed actions to improve the comparability of data. Also missing was an explicit commitment to evaluate the EU added value of the ECDC surveillance system, repeating the process undertaken for evaluating the DSNs prior to transfer to ECDC.

111. Jean-Claude Desenclos, Member, France, said that the document lacked focus. 28 targets and 7 chapters were too much: targets need to be formulated more succinctly, and their number should be reduced. Other issues he would like to see addressed concerned a need to work with the Competent Bodies and consult with experts in the building of the future EU surveillance strategy. An

[9] Working Group B
[10] Working Group C

external evaluation of what had already been achieved since ECDC took over in 1995 should be included in the surveillance strategy. A clear purpose statement of EU added value should be identified for every disease ECDC surveys.

112. Ruth Gelletlie, European Public Health Association, thought that the new strategy is a good opportunity to stand back and look at what ECDC's focus should be, especially in the light of budget cuts. EU-level comparability should be prioritised, and ECDC should ensure that countries only have to report their data once. The number of targets should be reduced and it has to be ensured that they are measurable and add value at the EU level.

113. Darina O'Flanagan, Member, Ireland, thought that the document was useful. Still, she noted that Member States used to get better outputs from the old disease networks. There was a remarkable lack of slide sets, visual materials and even basic information. Her search on the ECDC website yielded very little usable information.

114. Ágnes Csohán, Member, Hungary, said she would be content if ECDC could evaluate surveillance activities conducted in the Member States. How well did the countries meet ECDC requirements? This would help the Member States to improve their systems. Also helpful: a clear statement on the minimum staff needed for reporting and surveillance activities. What burden is placed on the Member States by ECDC's surveillance needs?

115. Silvia Declich, Member, Italy, spotted various inconsistencies and duplications in the draft paper. The document needed to be more concise and, for example, not confuse 'challenges' and 'targets'. Often it was too generic, not specific enough, or marred by the lack of obvious facts. She also explained the burden placed on her Institute by having to switch to monthly reporting for rubella, which took two years. She stressed that although the integration among indicator and event based surveillance is stated as a main goal, this is not fully developed in the document. This is an example that any choices, changes, additions in the LTSS will impact the activities in the Member States. Also, 'Future challenges' should be part of the respective individual chapters.

116. Andrew Amato, Deputy Head of Surveillance and Response Support Unit, ECDC, promised a more focused document with clearly reduced targets.

Item 9 – Update from Microbiology Coordination Section

Item 9a – Update on implementation of the Position statement of the Commission and ECDC on human pathogen laboratories: a joint vision and strategy for the future (Document AF33/8)

117. Frank Van Loock, European Commission, gave a brief overview on the position statement of the Commission and ECDC on human pathogen laboratories

Item 9b – The ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (2013 version) (Document AF33/9)

118. Marc Struelens, Chief Microbiologist and Head of Section Microbiology Coordination, ECDC, walked the AF through ECDC document AF33/9.

119. Roel Coutinho, Alternate, the Netherlands, wondered why the Commission did not leave this issue entirely to ECDC. He also asked whether there are guarantees that countries can use another country's P4 laboratories for their specific purposes. In connection with collaboration efforts with EFSA he wondered if this new type of liaising would take place outside the established Competent Bodies structures.

120. Frank Van Loock, European Commission, said that he did not feel the need to answer here; instead, these questions needed to be moved to a more appropriate forum.

121. Jean-Claude Desenclos, Member, France, said he could not see why this topic could not be discussed in the AF. This was a legitimate part of the role of the AF.

122. Frank Van Loock, European Commission, said that he could not engage in this discussion from the Commission side since he was only here to give advice.

123. Roel Coutinho, Alternate, the Netherlands, stated that microbiology was an essential part of what ECDC was doing and that such an extremely important point needed to be discussed.

124. Herman Van Oyen, Member, Belgium, noted that it should be made clear by ECDC that the Centre is not interested in Microbiology per se, but in the context of public health.

125. Marc Struelens, Chief Microbiologist and Head of Section Microbiology Coordination, ECDC, concurred and said that EDCD needs microbiology to fulfil its public health function. As to access to P4 laboratories, the annex to the paper answered this question. Partnership with EFSA was merely technical, as EFSA and ECDC were working on a joint vision paper. The future would see more technical cooperation in other areas, hopefully producing more comparable data.

Item 10 – Update from the European Commission

Item 10a – Joint Procurement Agreement (progress update)

126. Jean-Luc Sion, European Commission, gave a presentation on the joint procurement of medical countermeasures: Joint procurement of medical countermeasures (such as influenza vaccines) should be in place by the end of 2013 (joint procurement agreement).[11] Call for tenders and framework contracts should be out in early and mid-2014.

127. Silvia Declich, Member, Italy, said that this agreement this would support Italy's preparedness. She then asked how the vaccine supply would be secured, through one or several suppliers.

128. Jean-Luc Sion, European Commission, answered that Member States were free to launch their own calls for tender. Even participating Member State already had contracts in place. Securing vaccines through the Joint Procurement Agreement and through own sources was not mutually exclusive.

129. He also said that based on 2009 prices, the overall purchase would be in the hundreds of millions of euros, even billions. The Commission was trying to create big multinational lots, with five, six calls for tender. The industry was interested because it helped them to plan their production better.

130. With framework contracts in place, the Commission could also purchase cross border supplies. In response to a question from Kåre Mølbak, Member, Denmark, on the procurement of antitoxins, the representative from the Commission noted that this should be possible.

131. Frank Van Loock, European Commission, added that the Health Security Committee would most likely look at this issue. If the HSC agrees, then Jean-Luc Sion could add antitoxins to the list of 'medical countermeasures' available through the Joint Procurement Agreement.

132. Jean-Luc Sion, European Commission, clarified that so far there was only political commitment to do this for the pandemic vaccine. Other medications could follow, so there was a real possibility that the Commission would add other medications.

Item 10b – Public Health Programme 2014-2020

133. Jean-Luc Sion, European Commission, admitted the Directorate General for Health & Consumers (DG SANCO) was in an awkward situation as the Health for Growth Programme 2014–2020 was facing severe budget cuts (-16%) and that could not make any statements on the final character of the programme. DG SANCO had requested EUR 46 million per year, and had planned to use a variety of funding schemes, such as grants or call for tenders, basically the same tools as two previous programmes.

[11] Item 10a - Joint procurement agreement (J-L Sion)

Item 9b – The ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (2013 version) *(Document AF33/9)*

134. Marc Struelens, Chief Microbiologist and Head of Section Microbiology Coordination, ECDC, presented an updated ECDC document entitled 'The ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness – 2013 version'. He expressed his hope that ECDC had captured the valuable AF's suggestions made in the joint session with NMFP from September 2012.

135. Mike Catchpole, Member, United Kingdom, said that the revised document was improved and captured well the AF suggestions but that quality assurance could have deserved a bit more attention, especially when the end-of-year evaluation of the current pilot project was mentioned.

136. Marc Struelens welcomed the suggestion and promised that he would expand the paragraph on quality assurance and laboratory certification based on proficiency with production of valid typing data.

137. Kåre Mølbak, Member, Denmark, also welcomed the improved version and further suggested that due to the late start of the pilot project for molecular surveillance, ECDC might want to reconsider the initial December 2013 timeline for evaluation of the project outputs. Marc Struelens concurred with this view. ECDC will review the initial plan and inform the AF about postponing the evaluation report until Q1 2014, if so agreed.

Item 12 – Any other business

138. Johan Giesecke, Chief Scientist and Chair of the Advisory Forum, thanked all the Members for their fruitful discussions and lively debates. The AF was informed that the next meeting will take place on 14-15 May 2013.