ECDC Advisory Forum

Minutes of the Forty-eighth meeting of the Advisory Forum

Stockholm, 21-22 February 2017

Contents

Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) *(Document AF48/01)*

1. The meeting was opened by ECDC Chief Scientist, Mike Catchpole. He conveyed the apologies of ECDC Acting Director Andrea Ammon, who was unable to attend due to scheduling constraints. He welcomed the AF members and other participants, in particular, Frode Forland, AF Observer from Norway, Isabel De La Fuente Garcia, new AF Member from Luxembourg, Masoud Dara, representative from WHO Regional Office for Europe, and Frank Van Loock from the Directorate-General for Health and Food Safety, European Commission (DG SANTE). Apologies had been received from Estonia, Iceland, Ireland, Latvia, Liechtenstein, Slovenia, the Coalition for Health, and Nedret Emiroglu, WHO Regional Office for Europe.

2. Anders Tegnell, AF Member, Sweden, requested a short discussion on ECDC policy towards publication of public health output in peer reviewed journals versus publication in own institutional reports.

3. With reference to the ongoing ECDC work on burden of diseases, Marianne Van Der Sande, AF Alternate, Netherlands, requested a discussion on discrepancies in country estimates between ECDC and Member States.

4. Mike Catchpole, Chief Scientist, ECDC, recognised this concern and suggested that it was a topic for proper discussion at the next AF meeting rather than as an AOB item.

5. Silvia Declich, AF Member, Italy, requested a brief update from the ECDC Migrant Health Task Force on ongoing activities.

6. The agenda was approved with the two proposed items of any other business.

7. Declarations of a possible conflict of interest were made by Jean-Claude Desenclos, AF Member, France, due to his involvement in the review panel of IMI ADVANCE, and Marianne Van Der Sande, AF Alternate, Netherlands, in respect to her membership in the steering committee of ADVANCE, and the fact that the Netherlands had expressed an interest in hosting ESCAIDE in 2018.

Adoption of the draft minutes of the 47th Meeting of the Advisory Forum (14 December 2016) and the Extraordinary Advisory Forum meeting (19 December 2016) *(Document AF48/02, AF48/03)*

8. Mike Catchpole, Chief Scientist, ECDC, asked if there were other amendments to the minutes of the 47th meeting in addition to those proposed by Germany (Points 11, 15 and 17 of), which had been duly noted.

9. Paul Cosford, AF Member, United Kingdom, asked for an update on the ECDC fellowship programme.

10. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication, explained that following advice given by the AF, the two programmes EUPHEM and EPIET, would not be fully integrated but remain as two paths under the umbrella of the ECDC fellowship programme. The scientific manuals for EUPHEM and EPIET have been merged into one for all logistic and programmatic parts, while the path-specific content remained the same. A full external evaluation of the fellowship programme is being prepared for 2018. NFPs for Training will be involved in the process and the Advisory Forum will be asked for further feedback on the evaluation methodology at a later date. The next cohort of fellows has recently been selected; for the EU-track there will be 12 EPIET fellows and five EUPHEM fellows, and for the Member State track eight EPIET and five EUPHEM fellows, which means 20 EPIET and 10 EUPHEM fellows altogether on the programme.

11. Mike Catchpole, Chief Scientist, ECDC, following up on Zika advice, explained that ECDC had been working with CDC and WHO to ensure that there was a single country classification shared by all three organisations and a consensus had now been reached. He then asked for comments on the minutes from the Extraordinary AF Meeting of 9 December 2017.

12. Silvia Declich, AF Member, Italy, commented that Italy had not participated in the teleconference and therefore there was no implicit declaration of interest as stated in point 6.

13. The draft minutes of both meetings were adopted, taking into account the proposed amendments.

Update on outcome of the Management Board written procedure on potential ECDC participation in IMI2 JIVES DRIVE consortium

14. Mike Catchpole, Chief Scientist, ECDC, thanked the AF Members for their feedback and responses to the written consultation procedures on the potential ECDC participation in the IMI2 DRIVE project. Based on this consultation, a position paper had been presented to the Management Board indicating that the majority view in the AF was that it would be inappropriate for ECDC to participate in the IMI2 JIVES DRIVE consortium. This view was supported by the Management Board and had been formally communicated to IMI and the DRIVE consortium. ECDC will however continue to have an informal dialogue with the DRIVE consortium. The discussions had raised the issue of public/private partnerships in the domain of public health which still needed to be addressed.

Update on the IMI ADVANCE project, focusing on governance model proposals

15. Piotr Kramarz, Deputy Chief Scientist, ECDC, and Jean-Claude Desenclos, AF Member, France, gave an update on the IMI Advance project, focusing on the Governance Model proposals.[1] Following the presentation, the floor was opened for discussion.

16. Paul Cosford, AF Member, UK, said that the question was whether it was acceptable for the bodies involved to make financial gains from their involvement. In his view, in the area of vaccine, the principle should be that those with the potential to gain financially from a product should not be involved in study design, how findings are interpreted or published. He wondered whether the distinction was as clear as it should be in the three models proposed.

17. Anders Tegnell, AF Member, Sweden, felt that the different roles in the public and private sector needed to be made clearer. The theoretical model presented was fairly generic and did not take into account the different public health models in countries or the role of public health agencies. Moreover, he pointed out that there was already a code of conduct in place in most countries governing relations between healthcare and pharmaceutical companies and he was therefore not sure that it would be useful.

18. Mika Salminen, AF Member, Finland, agreed with the comments by the AF Member for UK on the separation of the functions, and that further clarification would be necessary for the model to be useful although he doubted it could be applied as a general model. However, the question of decision-making would have to be absolutely clear, and in many countries there was legislation in place which would quite simply make it impossible to adopt such a model.

19. Kåre Mølbak, AF Member, Denmark, said that as a member of ADVANCE he was aware that there were a number of issues, particularly with regard to communication and the different terms being used. The process in ADVANCE was extremely slow and it was doubtful that it would ever be able to produce risk assessments or provide advice in a vaccine crisis. However, this dilemma would still exist under a government structure and he therefore suggested that the best way to move forward might be to establish the prerequisites for public health institutes to be able to cooperate with the private sector.

20. Frode Forland, AF Observer, Norway, suggested it was necessary to find new ways for public health agencies to deal with the private sector and to sell their expertise.

21. Jean-Claude Desenclos, AF Member, France, pointed out that the issue under discussion was vaccine effectiveness once the vaccine had already been delivered and the national health agency had already made a recommendation. He also noted that the code of conduct proposed in the deliverables did not vary much from that of the European Network of Centres of Pharmacoepidemiology and

[1] Update on the IMI ADVANCE Project (P Kramarz, J-C Desenclos)

Pharmacovigilance, which was already broadly applied. Although he was not against the issue in principle, there was still a great deal more work to be done.

22. Isabel Noguer, AF Alternate, Spain wondered why neglected diseases, such as TB, were not of interest to pharmaceutical companies despite the enormous burden of disease they caused.

23. Mike Catchpole, Chief Scientist, ECDC, was struck by the complexity and variation across Europe, and the conflict between the code of conduct recommendations regarding the autonomy of individuals and the views of the panel and the AF on the involvement of organisations.

24. Piotr Kramarz, Deputy Chief Scientist, ECDC, commenting on the separation of the functions, said that the main discussion related to the Scientific Committee as all partners would be involved. However, the review panel had recommended that no one from the funding side should be involved in the Scientific Committee. Although progress was slow for the proof of concept study 1, the proof of concept study 2, the dashboard, would soon be ready for testing. Following up on comments by the AF Member for France regarding a tool for risk/benefit evaluation of vaccines, he noted that this would be very useful if it was to be developed. He thanked the AF for their comments, which would be passed on. The code of conduct was being written up and there would be a workshop on governance models at EMA in March. He asked anyone who might be interested in reviewing one of the final two deliverables for the public sector element to let him know as assistance was needed.

Update on actions arising from the second External Evaluation of the Centre

25. Mike Catchpole, Chief Scientist, ECDC, gave a short update on the status of actions.[2]

TB Disease Programme Update

26. Marieke van der Werf, Head of Disease Programme Tuberculosis, Office of the Chief Scientist, ECDC, gave a presentation on the main activities of the ECDC TB programme in the areas of scientific advice, TB surveillance, TB laboratory services, and country support.[3] The Advisory Forum members were asked to provide their feedback on the direction the programme should take from 2019 onwards. The floor was opened for discussion.

27. Frank Van Loock, DG SANTE, emphasised the importance of all EU Member States having signed up to the WHO End TB Strategy and the WHO Regional Action Plan for TB. The Commission had issued a Communication on the next steps for a sustainable European future,[4] reaffirming its readiness and commitment to helping Member States with HIV AIDs, TB and hepatitis. The Commission is still pursuing a stronger political support and, in the meantime, will be assisting by enlarging the scope of the EU Think Tank; through the role played by ECDC in monitoring and helping Member States to achieve national targets; in terms of scientific and technical support, and by taking part in international symposia on TB, such as the First Global Ministerial Conference in Moscow in November 2017, and the UN General Assembly Special Session/High-Level Meeting on TB in 2018.

28. Florin Popovici, AF Member, Romania, thanked ECDC and the TB programme in particular for all the support offered during the last quarter of 2016 during an outbreak of extensively drug-resistant TB. Romania is now beginning to develop its TB programme for 2019 and beyond, and is keen to develop good laboratory services and whole genome sequencing (WGS) facilities with support from ECDC and WHO, in particular since WGS was so useful for multinational outbreaks of TB.

29. Agnes Csohan, AF Member, Hungary, thanked ECDC's TB Programme for country support activities and a useful recent country visit. She pointed out that support would be needed for many countries in dealing with the transition of the BCG vaccination from the routine child immunisation programme to risk group vaccination during the intermediate period.

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[2] Joint Action Plan to address Recommendations arising from the second External Evaluation: Progress Report (M Catchpole)

[3] Tuberculosis Programme (M van der Werf)

[4] COM(2016) 739 final COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS Next steps for a sustainable European future European action for sustainability {SWD(2016) 390 final}

30. Jan Kynčl, AF Member, Czech Republic, responding to the questions posed, said that ECDC should continue with current activities in the area of scientific advice, producing guidance on TB screening in migrants, and guidance on contact tracing. In relation to country support, ECDC should commence surveillance of nontuberculous mycobacteria, which is particularly problematic in children.

31. Osamah Hamouda, AF Member, Germany, complimented ECDC on its excellent work in the area of TB. Germany had recently seen a declining trend reversed due to immigration, and therefore he suggested that surveillance activities should focus more on latent TB and scientific advice should focus on TB case finding/screening algorithms associated with immigrants and asylum seekers. A review of the RAGIDA recommendations was also proposed, taking into account new evidence as following up contact cases on flights is a serious burden on public health services. Another area for future investigation could be TB care for migrants in mobile populations.

32. Anders Tegnell, AF Member, Sweden, reiterated Germany's comment about the problem of TB among incoming migrants which would also be a major challenge in Sweden in the future. It was important to be able to communicate on the two strands separately (declining TB in the local population and identification and treatment of TB in migrants) so assistance with communication in this area would be appreciated. He added that collecting data on social determinants was not a surveillance issue; collecting such data together with surveillance would mean combining different data sets which was problematic from a legal perspective, at least in the Swedish setting.

33. Kåre Mølbak, AF Member, Denmark, agreed with comments by the AF Member for Sweden regarding surveillance, and did not see any point in collecting data on social determinants at EU level. However, migrant status and the trends in drug-resistant TB were two important issues. The focus for tuberculosis needed to be surveillance. With regard to laboratories, increased focus was needed on drug resistance and sequencing. With regard to scientific advice, screening practices appeared to be very heterogeneous and it would be beneficial to gather new evidence on this at the European level. In relation to country support, it was important to have a systematic approach to implementing new laboratory methods and standardisation of data reporting.

34. Aura Timen, AF Member, EUPHA, asked whether there were joint surveillance or monitoring systems looking at these issues across countries, or initiatives with neighbouring countries covering TB generally. She also pointed out the need to know how to communicate effectively on TB in the future, given that it was a disease in decline.

35. Masoud Dara, WHO Regional Office for Europe, complimented ECDC on the work being done and hoped that ECDC and WHO would continue to collaborate closely in the area of TB.

36. Jean-Claude Desenclos, AF Member, France, suggested that advice on surveillance of latent TB would be useful along with benchmarking and sharing of best practices. He confirmed that the issue of migrant TB was extremely important and that best practices in this area should be shared at EU level. He pointed out that although WGS could help in the identification of TB strains, it was not the answer to everything. He felt that the TESSy database was perhaps not being used efficiently for secondary research or other TB-related projects which could flag up issues not previously investigated.

37. Mika Salminen, AF Member, Finland, echoed remarks by Sweden and Germany, but differed in his opinion regarding the collection of data. He suggested that ECDC should try to capture the link between risks and social determinants related to poverty and exclusion in connection with TB.

38. Silvia Declich, AF Member, Italy, pointed out that in TESSy data related to the identification of migrants were only really available for TB. The question of universal screening of migrants was a very delicate issue, as was communicating on migrant TB at the political level. She suggested that some form of data collection or survey on social determinants would give a better idea of access to or exclusion from healthcare services.

39. Nerija Kupreviciene, AF Alternate, Lithuania, thanked ECDC for its input in Lithuania, a country with very high rates of TB. Scientific advice, public health training and a joint country visit by ECDC/WHO last year had enabled Lithuania to identify gaps and highlight these to decision makers at the highest level.

40. Isabel Noguer, AF Alternate, Spain, agreed that Europe had one of the best surveillance systems for TB, and HIV AIDS, due to the commitment of ECDC, WHO and the countries themselves. To reach

the targets set, Spain advocated activities to help improve surveillance systems and more work on TB in migrant populations.

41. Paul Cosford, AF Member, UK said that although it was good to see so much progress, in the UK the situation was still deemed to be unacceptable. Therefore it had introduced a more systematic approach four years ago which had reduced TB rates by 35% to date. He wished to see more guidance on TB in migrants, latent TB and those in risk populations (e.g. the homeless). WGS was useful but needed to be used in the right setting. Systematisation in the delivery of the evidence would be useful, as would sharing of best practices in how to implement evidence. He also thanked Germany and Spain for their charts and graphs which had helped drum up political support in the UK.

42. Franz Allerberger, AF Alternate, Austria, said that outbreak investigations at EU level were a huge help in solving problems in-country and data protection was also an issue that needed to be addressed in the long term.

43. Isabel De La Fuente Garcia, AF Member, Luxembourg, said that TB rates had been stable in Luxembourg in recent years; however, it would be useful to have a definition of latent TB and advice on when to treat for latent TB or to treat a child exposed to TB. With regard to scientific advice, extensively drug-resistant (XDR) TB, particularly in children, was an area lacking information on diagnosis and treatment guidance.

44. Carlos Matias Dias, AF Member, Portugal, said that prison populations should also be a focus as in some countries the number of inmates with TB was very high yet often surveillance systems were not linked to the official information system. Another area for increased focus could be co-morbidity in the elderly, as this group often was not captured by surveillance and screening activities.

45. Frode Forland, AF Observer, Norway, pointed out that TB is a global issue, and asked whether there were any ways for ECDC and Member States to work together to support countries outside EU in order to stop the TB epidemic worldwide.

46. Marieke van der Werf, Head of Disease Programme Tuberculosis, Office of the Chief Scientist, ECDC, thanked the AF Members for their advice. For a number of the issues mentioned, ECDC had already started work together with WHO or was planning to work on them in 2018. She hoped that work could also begin soon in the area of WGS for TB which was definitely on the radar. Latent TB infection was now covered by a Consumers, Health and Food Executive Agency (CHAFEA) project, and ECDC will launch guidance on latent TB later this year. With regard to prisons, ECDC was developing a guidance document on infectious disease control in prisons, where TB was an important chapter, and ECDC was also working on a guidance document on infectious disease in migrants, including TB.

47. Maarit Kokki, Head of Section, International Relations, Director's Office, ECDC, pointed out that the role of the Migrant Health Task Force did not extend to surveillance as this was an area covered by WHO and the ECDC TB Programme. The main priorities from an international relations point of view were EU enlargement and European Neighbourhood Policy partner countries and assessing their public health system capacity, which included TB.

48. Mike Catchpole, Chief Scientist, ECDC thanked the AF for their input.

Virtual country visit – France. Lessons learned from the ongoing seasonal flu epidemic and challenges for the future

49. Jean-Claude Desenclos, AF Member, France, gave a presentation on the lessons learned from the ongoing seasonal flu epidemic in France.[5] He provided an update on the organisational setting following the merger of three public health agencies into one new agency: Santé Publique France, and described the main features of the 2016-2017 outbreak including the actions taken as well as the challenges and lessons learnt regarding seasonal influenza control but also for Santé Publique France as a new agency.

50. Mike Catchpole, Chief Scientist, ECDC, thanked the AF Member for France for a very honest analysis of the problems faced by all Member States and opened the floor for discussion.

[5] Virtual visit of France: Lessons learned from the on-going seasonal flu epidemic and challenges for the future (J-C Desenclos)

51. Kåre Mølbak, AF Member, Denmark said that the EURO MOMO network had circulated a paper describing excess mortality for this season using the flu MOMO model for the first time and this had indicated that influenza mortality among the elderly was around 100 per 100 000 up to week 4 of 2017, which is similar to that of two years ago where the mortality rated ended the season at 117 per 100 000. Since the data collection was not yet over, he estimated that this year's rate could even exceed that of 2014-2015. He agreed that it was useful to do the planning early before the season started and this was also appreciated by hospitals. There was also a need to recognise that there were young people who died of influenza and he was concerned that signs of excess mortality were also being seen in these age groups, indicating that more work was necessary on transmission of influenza among healthcare workers.

52. Agoritsa Baka, AF Member, Greece, asked for elaboration of the logistics behind the system in France, whether the monitoring systems used were electronic and where the data emanated from.

53. Jean-Claude Desenclos, AF Member, France, explained that data was received from emergency rooms and SOS Medecins every morning at around 11 am. Data, which essentially took the form of non-specific surveillance, were analysed both at national and regional level and could be useful for different purposes. The sentinel network was operated by a university funded by the public health agency, and coordinated together with the national reference centre. With regard to the medical "reservists", he explained that these were volunteers who applied to have their names added to a database of over 2000 names. The reservists were either still working or had been retired for less than five years. They were sent on request in the event of an outbreak and this system had been set up after the establishment of preparedness and response measures in France.

54. Mika Salminen, AF Member, Finland, was impressed by the comprehensive data available. In Finland, although mortality surveillance was not so developed, there was well-developed effectiveness surveillance due to the fact that vaccine and surveillance registers were now interlinked. He also noted that a revised law on communicable disease would be coming into force on 1 March 2017 containing a provision making it incumbent on employers to ensure that healthcare workers have an adequate vaccination coverage.

55. Osamah Hamouda, AF Member, Germany, said that although the surveillance system was not quite so elaborate, the epidemiological situation was very similar in Germany. He suggested having a common discussion on how to deal with low influenza vaccination levels among healthcare personnel, which was very low in Germany.

56. Herman Van Oyen, AF Member, Belgium, said that he had always questioned the investment in influenza surveillance but it could be justified because of the huge effect on the healthcare system and mortality. He suggested looking also at simpler elements, such as hygiene, in order to optimise work in this area rather than reducing investment.

57. Franz Allerberger, AF Alternate, Austria was struck by the low vaccine effectiveness figures and the issue of repeat vaccination. It appeared that despite France having a high vaccination rate and Austria having a low one, the excess mortality rates were similar which seemed to indicate there was a problem with the effectiveness of influenza vaccination.

58. Jean-Claude Desenclos, AF Member, France agreed that the vaccine effectiveness did indeed seem to be very weak. France had estimated the number of excess deaths for 2014-2015 season to be 18 000, and it would be around 21 000 for this season.

59. Mike Catchpole, Chief Scientist, ECDC, thanked the AF Member from France for his presentation and suggested that this could be a good topic for debate at the next ESCAIDE Conference. The discussions would also provide useful feedback for ECDC's flu programme.

ECDC Surveillance and response

AF involvement in the evaluation of EU/EEA public health surveillance systems (EPHESUS project)

60. Phillip Zucs, Acting Head of Section, Surveillance and Response Support Unit, ECDC, gave a short presentation on the proposed model for AF involvement in the EPHESUS project.[6]

61. Anders Tegnell, AF Member, Sweden said that it was a good idea to involve the Advisory Forum. He was pleased with the progress but wondered why two such difficult surveillance systems had been selected (healthcare-associated infections and antimicrobial resistance).

62. Marianne Van Der Sande, AF Alternate, Netherlands, said that it was a good initiative but asked what precautions ECDC had taken to ensure that the specific contractor would not gain any commercial advantage in future tenders involving EU/EEA surveillance due to privileged knowledge.

63. Mika Salminen, AF Member, Finland, asked whether there were plans to make the system more generic as a result of the evaluation process in order to create better synergies rather than just examining all the networks piecemeal.

64. Jean-Claude Desenclos, AF Member, France, agreed with the proposed model for active involvement in EPHESUS and felt that the basic generic proposal was fine. He did not see the evaluations of health-care associated infection and antimicrobial resistance surveillance as problematic. He suggested that arranging a seminar to discuss the evaluations towards the end of the project would give more credibility to ECDC and help to encourage more engagement at EU level.

65. Herman Van Oyen, AF Member, Belgium, echoed the sentiments of the AF Alternate for the Netherlands and the AF Member for France, and pointed out that this type of endeavour required interaction rather than just reporting, and a review of surveillance activity as a whole.

66. Franz Allerberger, AF Alternate, Austria, referring to point 18 concerning Advisory Forum cooperation, asked whether there would be funds available to cover the AF Working Group meeting to work on the report face to face if necessary.

67. Phillip Zucs, Acting Head of Section, Surveillance and Response Support Unit, ECDC, responding to why healthcare-associated infection and antimicrobial resistance surveillance would be evaluated first, pointed out that the evaluation tool would actually be piloted on HIV/AIDS, but that the evaluations of the other two systems had specifically been requested by the Commission and would therefore be brought forward. With regard to the contractor's potential advantage in future tenders, it was felt that this risk was outweighed by the advantage of one contractor carrying out all the evaluations in a standardised way. Responding to the question as to whether there were plans to synthesise the results of the evaluation, he said that the immediate objective was to look at each system separately to fix shortcomings. If in the process it became evident that there was room to merge systems and save resources, ECDC would be open to considering such recommendations. However, not all surveillance system could be dealt with in the same way. He pointed out that the chance of exploiting synergies was one advantage of working with a single contractor. He agreed that it would be good to have a seminar to discuss overall strategies and lessons learned at the end of the process. He repeated that the AF would be able to provide feedback on the findings, conclusions and recommendations of each surveillance system evaluation and this feedback would be passed on to the disease networks. In response to the question on Working Group expenses, he said that there was no budget foreseen for this in the project.

68. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, responding to the issue of the contractor's potential future conflict of interest, pointed out that the contractor had been awarded the project following a competitive process involving an open call for tender. Conflict of interest had also been discussed at the time. All the results of each evaluation would be shared with the Advisory Forum at the end of the evaluation, and all information would be made publically available which should minimise any future advantage of the contractor. Regarding budget for the Working Group, if there

[6] AF involvement in the evaluation of EU/EEA public health surveillance systems (EPHESUS) (P Zucs)

was a need for the Working Group to meet before or after the AF meeting this could probably be arranged.

69. Silvia Declich, AF Member, Italy, agreed with the AF Member from Finland, and suggested that even if the evaluation needed to be made system by system, it would be useful to also look at the long-term objectives common to all systems.

70. Denis Coulombier thanked for the feedback and concluded that the AF supported the idea of a Working Group, and added that ECDC would bear in mind the long-term perspective and how to bring together the lessons learned.

Update on EU case definitions

71. Bruno Ciancio, Head of Section, Epidemiological Methods, Surveillance and Response Support Unit, ECDC, gave a short presentation on the results of the ongoing revision of case definitions and list of notifiable diseases.[7]

72. Anders Tegnell, AF Member, Sweden said that amending the list of reportable diseases was a tricky procedure requiring a more structured approach. He also wondered about the legal basis for the update.

73. Osamah Hamouda, AF Member, Germany said it was also necessary to remember that technology and laboratory techniques advanced quite quickly while legal processes were much slower, and it was therefore problematic to include specific laboratory tests in the legislation. The list of reportable diseases should be in the law, but the case definitions should be left for the scientific body to define and should be flexible enough to adapt to changes.

74. Agoritsa Baka, AF Alternate, Greece pointed out that, for the last round of revisions, Greece had ended up with a useless Greek translation, which could not be adopted into law in the country.

75. Jean-Claude Desenclos, AF Member, France, commenting on the extent to which case definitions should also provide guidance for diagnostic algorithms, said that the reporting criteria should be embedded where the diagnosis was done. For selected diseases with generic clinical presentations, he wondered whether it would be acceptable to consider the laboratory criteria alone as a case confirmation since this was essentially already being done. He also asked whether it was possible to consider the EWRS as the most effective reporting tool for rare diseases, and asked what ECDC's recommendation would be regarding borreliosis.

76. Kåre Mølbak, AF Member, Denmark, noted that for practical reasons all countries made compromises when checking the criteria of case definitions as there were not enough resources available to check every aspect. In Denmark, there was a tendency to use lab criteria because they were often more reliable. Although surveillance data were messy they could still be used for public health action.

77. Osamah Hamouda, AF Member, Germany, said that he would strongly argue for case definition to be decided on a case-by-case or disease-by-disease basis. It could not be standardised across the EU as it depended on resources and many other criteria. EWRS was an early warning system, not a reporting system and should be used as such since it could not replace normal TESSy reporting.

78. Bruno Ciancio, Head of Section, Epidemiological Methods, Surveillance and Response Support Unit, ECDC, responding to the comment on the need for a more systematic approach to reviewing the list of reportable diseases, explained that the five criteria in Annex II of Commission Decision on the communicable diseases to be progressively covered by the Community network, were still valid for deciding whether a disease should be under EU surveillance. In addition, the EPHESUS evaluations will provide relevant evidence on whether a surveillance system is providing EU added value or should be changed or discontinued. He agreed with comments regarding laboratory confirmation, but noted that Germany had been against considering laboratory-confirmed cases as confirmed cases in the absence of clinical criteria. With regard to Lyme neuroborreliosis, he explained that the diagnosis is not yet standardised and therefore EU-wide case definition is not deemed possible by most countries. However,

[7] Case definitions and list of notifiable diseases: 2017 revision (B Ciancio)

considering the disease burden, ECDC and the Commission will have to find alternative ways to study the epidemiology of this disease in the EU. With regard to the discussion on how far case definitions should recommend diagnostic algorithms, he pointed out that protocols for case ascertainment exist for many diseases at EU level and one option could be to use these as a guidance for Member States instead of including several notes to the case definitions. On the other hand, case definitions are legally more influential and can trigger improvements in diagnostics procedures within the countries. ECDC intends to discuss this further with the Commission during the process of drafting the implementing act. He agreed that ECDC should be more engaged in supporting the countries with guidelines for case detection.

79. Frank Van Loock, DG SANTE, thanked the AF members for their feedback and hoped that it would now be possible for the Commission to draft an implementing act. He was aware that this area involved a difficult balancing act for the Member States and he reassured them that it would be continuously reviewed.

80. Masoud Dara, WHO Regional Office for Europe, made a plea to ensure that WHO was also kept in the loop with regard to progress on this issue, given that Member States also had to report to WHO.

Revision of EWRS functionality

81. Josep Jansa, Head of Section, Epidemic Intelligence and Response, Surveillance and Response Support Unit, ECDC, gave a short presentation on recent and future developments in EWRS.[8]

82. Frank Van Loock, DG SANTE, inquired whether the timeline had been agreed with the Commission.

83. Josep Jansa clarified that this was a proposed timeline which going to be presented to the Commission in the next two weeks.

Epidemic intelligence update

Update on situation of avian influenza A(H7N9) cases

84. Cornelia Adlhoch, Expert, Respiratory Diseases/Influenza, Surveillance and Response Support Unit, ECDC, gave a short presentation on the current situation of avian influenza A(H7N9).[9]

85. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, said that since receiving information on 21 February 2017 of the virus mutation and higher pathogenicity from China, ECDC was quite concerned and wished to obtain advice from the Advisory Forum on whether to update the current risk assessment or wait for more information.

86. Jean-Claude Desenclos, AF Member, France, was of the opinion that ECDC should update the risk assessment, providing the new information and identifying any changes in the epidemiology.

87. Paul Cosford, AF Member, UK, said it was important to be clear at all times as to what was known and what was unknown. The critical factor appear to be the possible change in human-to-human transmissibility but new information might also have implications for the poultry industry and/or veterinary colleagues.

88. Marianne Van Der Sande, AF Alternate, Netherlands, suggested that the new information could be imparted in some way other than a risk assessment which should be for very rapid and urgent action.

89. Agoritsa Baka, AF Alternate, Greece, noted that the information was not news as it was already available on Twitter.

90. Anders Tegnell, AF Member, Sweden, was of the opinion that it was best to be open with information; however, there was no need for a new risk assessment at present.

[8] Recent and future developments in EWRS (J Jansa)
[9] Situation of avian influenza A(H7N9): February 2017 (C Adloch)

91. Aura Timen, AF Member, EUPHA, suggested that a new risk assessment should not be produced unless or until the options for response had changed. She pointed out that the virus becoming highly pathogenic might provoke action to cull birds and attempt to stamp out the virus.

92. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, suggested that ECDC could produce a 'public health development', which did not involve any change in the risk assessment or the options for response, but would keep everyone updated on the new developments.

Operational objectives for molecular typing in FWD surveillance

93. Daniel Palm, Group Leader, Molecular Surveillance Operational Group, ECDC gave a presentation[10] and the floor was then opened for discussion.

94. Franz Allerberger, AF Alternate, Austria said that Austria supported the approach of concentrating on listeria and the other organisms first. With regard to the Polish egg cluster, he wondered whether phage typing would have been able to recognise the outbreak.

95. Daniel Palm, Group Leader, Molecular Surveillance Operational Group, ECDC said that he was not sure because only a minority of the isolates were phage typed.

96. Frode Forland, AF Observer, Norway, said that many people thought of molecular typing as the beginning of a new era so he was encouraged to hear that there was still a role for traditional methods. He asked how ECDC supported the countries with their investigations, and whether it worked with one specific laboratory.

97. Daniel Palm responded that ECDC used the services of a laboratory in the UK to which countries could send their isolates. ECDC usually approached those countries involved in an outbreak and asked if they wished to contribute. One specific country would then take the lead on analysis and share the results.

98. Marianne Van Der Sande, AF Member, Netherlands, said she was grateful to ECDC for its support in this area and had now set up facilities for WGS of STEC. She asked how countries would be selected for the pilot.

99. Osamah Hamouda, AF Member, Germany, agreed with the objectives and the proposed way forward. Molecular typing in food and waterborne diseases posed many challenges from a technical point of view and he agreed that these methods only made sense when used in combination with traditional epidemiological methods.

100. Kåre Mølbak, AF Member, Denmark, was very keen on molecular typing activities and Denmark had begun using WGS as a surveillance tool in 2014 and it had been a great success. As a result of the outbreaks identified it had been able to revise food safety regulations for food establishments. WGS had also become the standard in food safety authority laboratories and it would soon be possible to phase out phenotypic methods as WGS was a cheaper alternative.

101. Frank Van Loock, DG SANTE, said that the Commission was also pleased to see this project beginning to take shape successfully and would support it wherever possible, in particular by ensuring that the appropriate links were in place with all the networks concerned.

102. Masoud Dara, WHO Regional Office for Europe, said that it was good to start off with food-borne diseases before expanding to other areas, pointing out that it was important to ensure that the sample size was correct, otherwise the investigation could be misleading.

103. Mika Salminen, AF Member, Finland, said that Finland had decided in 2015 to adopt WGS in order to streamline methods of typing in food and waterborne and this had been quite successful, particularly with regard to ruling out suspected MRSA outbreaks in hospitals. However, epidemiological expertise and tools were still required and he pointed out that all of the techniques used by epidemiologists were never static and were constantly subject to change. He agreed with the operational objectives.

[10] Operational objectives for molecular typing in FWD surveillance (D Palm)

104. Isabel Noguer, AF Alternate Spain, said her main concern was that there would be different channels of information, possibly outside of the existing surveillance systems within countries and that information would therefore not always be available to epidemiologists monitoring the existing systems.

105. Paul Cosford, AF Member, UK, said that he largely supported the operational objectives, however, he felt that the identification of multinational outbreaks was an ambitious exercise. It would be necessary to develop consistent methodologies and ECDC should have a strong role in this development.

106. Herman Van Oyen, AF Member, Belgium, asked what the real added value would be for public health and what could be done to ensure that this was used wisely.

107. Mike Catchpole, Chief Scientist, ECDC, re-emphasised the point made by the AF Member for Denmark that WGS would soon no longer be a luxury but rather the only laboratory data available to work with.

108. Daniel Palm, Group Leader, Molecular Surveillance Operational Group, ECDC, responding to the question on the selection of countries for piloting, said that all countries would be involved. There were many challenges and ECDC was aware of them; it was hoped that some could be addressed in the Working Group discussions and translated into sensible working procedures at some point in the future. He thanked the AF members for their input.

109. Paul Cosford, AF Member, UK, hoped that, whatever the outcome of the current Brexit talks, his agency would be able to find a way to participate formally with ECDC and all colleagues around the table. He underlined his agency's commitment to the EU process and looked forward to continuing collaboration.

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

110. Andrea Ammon gave a brief update on ECDC's main activities since the last Advisory Forum meeting.[11]

Feedback from Working Group sessions

111. Franz Allerberger, AF Alternate, Austria gave a brief presentation of the results of discussions in Working Group A.[12]

112. Mika Salminen, AF Member, Finland, emphasised that when Finland had switched to WGS the key to success had been having a very good relationship between laboratory experts and infectious disease epidemiology specialists working in this area.

113. Herman Van Oyen, AF Member, Belgium, noted that in a research setting it could be easy to introduce WGS, but in regular practice in medicine there were many more implications that needed to be taken into account and would complicate the process.

114. Tanya Melillo Fenech, AF Alternate, Malta, presented the results of Working Group B.[13]

115. Marianne Van Der Sande, AF Alternate, Netherlands, gave a brief presentation of the results of Working Group C[14] and the floor was then opened for discussion.

116. Mike Catchpole, Chief Scientist, ECDC, was aware that this was a transition phase but believed that, in time, the cost of WGS would end up being substantially less than that for many of the current methods. He therefore requested AF Members to focus discussions on the post-transitional and longer-term issues rather than cost.

117. Kåre Mølbak, AF Member, Denmark, said that it was important to look not just at the technical aspects but also at the organisation, and it was necessary to include epidemiologists in the transition to ensure good collaboration. WGS represented a silent revolution and the technology was also more

[11] Update on ECDC activities (A Ammon)
[12] Feedback WG A
[13] Feedback from Working Group B
[14] AF48 Working Group C – WGS impact on epidemiological practice

readily available and no longer a privilege for laboratories nowadays. One of the major effects of introducing WGS was in the area of hospital hygiene, making it possible to follow the spread of bacteria in hospitals and therefore public health institutes would probably play an increased role in hospital epidemiology.

118. Mika Salminen, AF Member, Finland, agreed that costs decreased over time and in Finland it was already proving to be cheaper.

119. Jean-Claude Desenclos, AF Member, France, pointed out that by using WGS, cases could be reconciled in international/EU-wide outbreaks that it would otherwise not have been possible to detect. However, at the national level, WGS also helped to solve outbreaks and it was important to focus more on the national outbreaks. Although there was a cost involved it was also a long-term investment and there were also savings to be made, for example in serotyping.

120. Denis Coulombier Head of Surveillance and Response Support Unit, ECDC, said that WGS was changing the work of epidemiology, with better case definitions relying less on confidence intervals. WGS involved collaboration between microbiologists and epidemiologists, and also made it possible to look much further upstream when investigating sources. He agreed that it was important to focus more on the value for public health but was also interested in the organisational aspects.

121. Anders Tegnell, AF Member, Sweden, pointed out that WGS was simply a tool to enable epidemiologists to get better at doing what they were already doing before.

122. Franz Allerberger, AF Alternate, Austria, questioned the significance of WGS in multinational outbreaks, pointing out that in Germany the courts would not accept any sequence data unless all the sequence typing had been done in accredited German laboratories.

123. Frode Forland, AF Observer, Norway, said that there would be uncertainties at all levels of diagnostics, from finding samples to analysing the results. However, it was important to use the results for the benefit of the common good.

124. Mike Catchpole, Chief Scientist, ECDC, suggested that further discussion should focus on two specific areas: standards and definitions and data storage/flows.

125. Herman Van Oyen, AF Member, Belgium was of the opinion that using the tools would not be so difficult but that epidemiologists would need biostatistical training to deal with the multitude of variables and know-how to work with this type of data.

126. Osamah Hamouda, AF Member, Germany, said that it was easy to define the gains from WGS but that the challenges were not so evident. Germany had been through the transition phase in HIV epidemiology a while ago and although the HIV genome could now be sequenced quickly, there were differences in interpretation. For bacteria this could be an even greater challenge. There were also other dangers to be aware of, associated with commercial interests when storing sequence data.

127. Mike Catchpole, Chief Scientist, ECDC, said that it was important to ensure that the standards developed over the next few years supported public health activity as well as science and research.

128. Mika Salminen, AF Member, Finland agreed that it was important for ECDC to drive the public health discussion forward. He also said that, in principle, storage was not such an insurmountable issue and it could be solved by not storing primary data.

129. Kåre Mølbak, AF Member, Denmark, said that his institute had its own storage facility because it wished to control its own data. This involved costs but a decision had been taken to make the necessary investment.

130. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, pointed out that forensic investigators had undergone a similar change 10-15 years ago and suggested trying to find an expert in this area to give a presentation at ESCAIDE, for example, since many of the issues would be similar for public health.

131. Mike Catchpole, Chief Scientist, ECDC, thanked the AF Members for their feedback and input to the discussion.

132. Andrea Ammon, Acting Director, ECDC, thanked the AF Members for their input in the working groups and the discussion. The technology change was already happening, it was a question of being proactive and managing the change rather than being managed by the change. The first discussions at

ECDC on this issue had taken place in 2007 and today's discussion showed how much progress had already been made in this area. She understood that it was easier to implement WGS in some countries than in others but hoped that ECDC would be able to provide some preliminary proposals on the themes of quality, standardisation and data protection at some point in the not too distant future.

Update on ESCAIDE 2018

133. Mike Catchpole, Chief Scientist, ECDC, said that the Management Board had approved a proposal for ESCAIDE to revert to a bi-annual rotation. In 2017, ESCAIDE would be held in Stockholm and for 2018 discussions were currently ongoing for the hosting of ESCAIDE in Malta.

Update from the European Commission

134. Frank Van Loock, DG SANTE, itemised some of the areas in which the Commission was currently working: on 13 February 2017, a Commission Implementing Decision was adopted and published to replace Decision 2057, laying down procedures for notification in relation to EWRS and cross border threats to health. The Commission was also working on a recommendation concerning the exchange of data for the purposes of contact tracing, with the aim of obtaining approval during the first quarter of 2017.

135. The Commission appreciated the work done by ECDC on updating the list of diseases to be covered by Epidemiological Surveillance Network (Article 6), which would soon be sent to the Comitology Committee for discussion and adoption. The next round of reporting on preparedness (Article 4 of 1082) would be launched in August to be ready by November. A draft guidance document would be drafted by the Health Security Committee's Preparedness Group and EWRS guidelines on data protection were also being prepared for April 2017. The Commission was trying to follow up with ECDC and other services in the Commission to reinforce the mechanism of the European Medical Corps which had been used for the first time in response to the yellow fever outbreak in Brazil. The Commission was committed to supporting the WHO Emergency Programme and its implementation of the IHR, and was contributing to the Global Health Security Initiative by hosting the next ministerial meeting on 24 February.

136. In the area of immunisation, the Commission was working with colleagues at ECDC, the European Medicines Agency and DG Research to set up a workshop on vaccination on 26-27 April[15] to address key challenges for Member States in this field. Work was ongoing on a number of different joint procurement procedures on PPE and a call for pandemic influenza vaccine. A procedure for a botulism anti-toxin was completed in 2016, a joint procurement procedure for PPE was cancelled in 2016 due to unsustainable costs and specifications were now being updated. The call for the pandemic influenza vaccine procedure would be launched in April and the framework contract signed by the end of 2017. The Commission was grateful for ECDC's guidance on prudent use of antimicrobials which would be published in the Official Journal. An update on case definitions was in progress. Country visits were also planned to Malta and Luxembourg in the coming months. He also thanked Malta and ECDC colleagues for their work at the technical conference on HIV at the end of January 2017.

137. Finally, Frank van Loock mentioned that within the next few weeks there would be a new call for interest sent out to NGOs interested in being nominated as Members of the Advisory Forum.

138. Franz Allerberger, AF Alternate, Austria, urged the Commission to address the topic of bioterrorism as a high-priority public health issue.

Update from WHO Regional Office for Europe

139. Masoud Dara, Coordinator, Communicable Diseases and Programme Manager, Joint Tuberculosis, HIV/AIDS & Hepatitis, WHO/Europe, gave a presentation on key developments and next steps in the area of communicable diseases. He also described briefly the collaboration with ECDC and the strategic priorities of WHO/Europe in this area.[16]

[15] The workshop will finally be held on 31 May 2017, with a reception taking place the evening before on 30 May.
[16] Update from WHO Regional Office for Europe (Communicable Diseases/WHO category I) (M Dara)

Any other business

140. Mike Catchpole, Chief Scientist, ECDC, gave a summary of his personal views on publishing public health outputs in peer-reviewed scientific publications versus institutional reports. The benefits of peer review publication were visibility in scientific literature; the opportunity for career development for staff at ECDC and in partner organisations; the fact that the material could be used for focus or speculative analyses and the rigour offered by the peer review publication process. Disadvantages included the timescale, the cost, lack of institutional branding and a perverse incentive for 'data hoarding'.

141. Anders Tegnell, AF Member, Sweden, thanked the Chief Scientist for his thoughts, but challenged the issue of visibility. It was difficult to know who the target audience were for public health outputs and who to address. With peer-reviewed publication, it was difficult to involve all the partners and most publications would not accept publications with very many authors. He therefore advised obtaining agreement from all the countries for publication and devising a standard procedure acceptable to all to make this sustainable in the long term.

142. Herman Van Oyen, AF Member, Belgium, noted that there were many ways of communicating besides peer review or website publication. It was frustrating for those investing in the routine work of data collection and analysis not to be recognised in the credits.

143. Silvia Declich, AF Member, Italy, proposed that, since ECDC's update on migrant health had had to be postponed until the next AF meeting, it should be a topic for discussion as it was such a relevant issue.

144. Mike Catchpole, Chief Scientist, ECDC, adjourned the meeting and thanked the Advisory Forum members for their helpful advice regarding TB and molecular typing for FWD, as well as on WGS and what it means for future. The discussion on influenza had also been very useful. He looked forward to welcoming the participants to the next AF meeting on 23-24 May 2017.

Annex: List of Participants

Country	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Herman van Oyen	Member
Croatia	Aleksandar Simunovic	Alternate
Czech Republic	Jan Kynčl	Member
Denmark	Kåre Mølbak	Member
Finland	Mika Salminen	Member
France	Jean-Claude Desenclos	Member
Germany	Osamah Hamouda	Member
Greece	Agoritsa Baka	Alternate
Hungary	Ágnes Csohán	Member
Italy	Silvia Declich	Member
Lithuania	Nerija Kupreviciene	Alternate
Luxembourg	Isabel De La Fuente Garcia	Member
Malta	Tanya Melillo Fenech	Alternate
Netherlands	Marianne Van Der Sande	Alternate
Portugal	Carlos Matias Dias	Member
Romania	Florin Popovici	Member
Slovak Republic	Maria Avdicova	Member
Spain	Isabel Noguer	Alternate
Sweden	Anders Tegnell	Member
United Kingdom	Paul Cosford	Member
Observers		
Norway	Frode Forland	Member

Non-Governmental Organisations (NGOs)		
European Public Health Association (EUPHA)	Aura Timen	Member
European Commission		
DG SANTE	Frank Van Loock	
WHO		
	Masoud Dara	