ECDC Advisory Forum

AF7/Minutes
22 November 2006

Minutes of the Seventh meeting of the Advisory Forum
Stockholm, 14–15 September 2006

(approved by the Advisory Forum at its eight meeting on 22-23 November 2006)

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Opening and welcome

1. The Chair, Director ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the first meeting to be held on ECDC's own premises. Apologies were received from: Cyprus, Lithuania, Greece and WHO as well as from the representatives of the Standing Committee of European Doctors and the European Patient Forum. New nominations had been received by ECDC: Dr Pavel Slezák as the new appointed alternate for the Czech Republic and Dr Nedret Emiroglu as the new representative for WHO.

Adoption of draft agenda *(document AF7/2/2)*

2. Before adopting the agenda, the Director invited Stefan Schreck from the European Commission (SANCO C3) to comment on item 16: International Health Regulations. He explained that it had been hoped that the final communication on the Interaction between IHR and Legislation at European Level could be presented. However, this had not yet received final clearance from the Commission, so it had to be postponed until the next meeting. It will set out how the EWRS will be used to facilitate communications within the framework of the IHR and describe the responsibilities of the different actors in this framework. The Director confirmed that this would be added to the agenda for the November meeting. It is an important document that will clarify the role of ECDC with regard to the IHR.

3. The Director also proposed to postpone to the next AF meeting item 17 on "country inventory of assets and gaps" as the call for tenders was being re-issued.

4. The agenda was adopted as amended.

Declaration of conflict of interest

5. The member from France declared his role as supervisor of the heads of EuroHIV and EuroTB; the member from Denmark declared his role as leader of the disease-specific network EUVACNET; the members from Italy and Ireland declared their involvement in the work of the Venice project.

Director's briefing on ECDC's work progress

6. The Director presented, in chronological order, the major events that had taken place since the previous meeting. These included several events hosted by ECDC, including the conference on Influenza Pandemic Preparedness, and the WHO Strategic Vision for a polio-free world. The Director also attended several meetings including the Health Security Committee in Luxembourg, and a meeting of the Advisory Group, Health research, DG Research. ECDC received visits from, amongst others, EMCDDA and the European Parliament ENVI Committee.

7. The meeting of the Management Board took place in June and one of the most important points to the discussion on the framework strategy for the next seven years which will be reviewed again at the next meeting in December. The Director then briefed the AF on the developments within the Director's Cabinet, and explained that following largely negative feedback from the Member States, ECDC would not be involved in either initiating or hosting the European Influenza Task Force.

8. The AF was also updated on the work of the units. In the scientific advice unit (SAU), an ad hoc Scientific Panel on Influenza has finished its work, and the Panel on Vaccinations and Immunisations is working on several questions. Examples of recently received questions were given, and the provision of answers continues to be a regular feature of the work of the SAU. Other projects of the SAU, relating to scientific cooperation, were outlined. Some of which were discussed in more detail later in the meeting.

9. Questions from the floor concerned the proposed ECDC Annual Scientific Meetings. It was envisioned that the EPIET seminar would form part of a larger seminar, though this may prove to be logistically unfeasible. Regarding the location, the Director acknowledged the point that a lot of meetings are being held in Stockholm and agreed to look into having a more balanced distribution. However, this would need to be checked with the Commission as the Director had been told in the past that all meetings needed to be held at the seat of the Agency.

10. Regarding work in the Surveillance and Communication unit, AF members were thanked for their contribution to the preparation of the Case Definitions and informed that the document had recently been delivered to the Commission. The other projects of the unit were briefly outlined, including a progress update on the Annual Epidemiological Report. Several items would be returned to later in the meeting as separate agenda items

11. In preparedness and response, the AF was updated on progress in the areas of epidemic intelligence, EWRS/outbreak response, preparedness and training, and briefed on the status of the Emergency Operations Centre.

12. The AF was also informed that the management team agreed to run seven horizontal projects, some of which existed already, but all of which should be up and running by the end of the year. They were also updated on the current work of those already set up.

Adoption of minutes of the sixth meeting of the Advisory Forum, 10–11 May 2006 *(document AF7/4/3)*

13. The minutes of the 6th AF meeting had been circulated for comments through written procedure as usual. The representative of Luxembourg noted that his country should be listed among those due to be visited in 2006. It was explained that Luxembourg had requested the visit after the previous AF meeting. However, the Director agreed to amend paragraph 58 accordingly, and as there were no further comments, the minutes as so amended were approved.

Feedback from the Advisory Forum's Working Groups

Scientific Advice

14. **Guideline issues**. The members of the working group were agreed that the management of infectious children in daycare, immigrant screening for infections, and TB contact tracing were all suitable subjects for ECDC guidelines.

15. The two other issues put forward (immunoglobulin prophylaxis for Hepatitis A and MRSA screening for patients and staff being transferred between member states) were seen as being of a lower priority. Regarding the former, because of the widely differing approaches in each Member State the members were not even certain there was a need for a common platform on this issue. Developing common guidelines on the MRSA issue would be problematic, again because of the varied approaches and epidemiological situations across Europe.

16. **Influenza contact points**. The working group had no objection to the proposal that a 'gatekeeper' be nominated from each Member State to act as a contact point as well as the AF member. Indeed the dissemination of ECDC documents and communication back into ECDC would benefit from having such a role.

17. **HPV vaccines**. The group felt strongly that ECDC needed to form an opinion on this subject as it will generate a lot of media attention. It was agreed that ECDC should compile independent advice regarding the introduction of the vaccine and its effect on cervical screening. The AF was asked to assist in identifying suitable participants to form a working group.

18. The Director proposed that detailed discussions be left until later in the agenda. However, there was a general feeling that any preparation of guidelines needs to be carefully considered as many of these issues had political implications within the Member States, particularly for example the screening of immigrants for infection.

Preparedness and response

19. **Training issues**. The working group had discussed the call for tender for training resources and were of the view that this was perhaps not the most relevant support that ECDC could provide. It was suggested that it might be more useful to help Member States each assess their own training needs. There were varied views on whether EPIET should be integrated into ECDC or not. It was felt that it would take up a disproportionate amount of resource when the current system has been working satisfactorily, but on the other hand it would give ECDC full control of the programme. The group thought that distance learning should be made a low priority as there were more important training issues. Some objections were raised to establishing an inventory of training resources. A preferred approach would be to support the Member States in their own assessment by sending a consultant.

20. One member stressed the importance of retaining an accreditation component. The Director reassured members that although the word had not appeared in the presentation it was still a part of the plans.

21. **Epidemic intelligence issues**. The group felt it was important to stress that despite the name 'emergency operations centre' this should be used for the smaller every day outbreaks, not just big crises. It should be a centre for communication between the national surveillance centres. The group stated that any simulation exercises must be relevant to the smaller outbreak events. That being the case, not all MS need to take part in all the exercises and the emphasis should be on practical matters.

22. The group stressed the importance of clarifying the role of ECDC when the IHR notifications are integrated into EWRS. The question of the distribution of the weekly threat-tracking bulletin had been discussed. The general feeling was that if it was made more widely available, the writers may feel constrained and therefore the usefulness to the primary users would be diminished. It was thought best to keep the bulletin semi-confidential but possibly with AF members as national gatekeepers for requests from their contacts to have access to it.

Surveillance

23. **Database progress and next steps**. The group endorsed ECDC's plan but requested more time at national level to follow up. The members States need to assess their resources and capacity.

24. **Report on surveillance systems**. Information gained from the questionnaires was rich in detail and will prove very useful. The Member States who had not yet responded were encouraged to do so.

25. **Zoonoses report**. The group commented on the technical document delivered by the EFSA contractor on outbreak data collection. There was a consensus that the document is not appropriate at all in its technical and scientific aspects. ECDC and EFSA have to work together but outbreak notification needs to be done on shared scientific standards and this is not reflected in the document. Countries will send comments to ECDC on the EFSA contractor proposal for outbreak data collection.

26. Feedback on network coordinators was given, and it was noted that the evaluation of surveillance networks will be discussed later as a separate agenda item.

27. **WHO case definition for avian influenza**. The WHO and ECDC definitions need to be reconciled, but the group did not foresee that this would be a difficult exercise as it was clear that both parties were keen to reach a consensus.

28. **HPV vaccination**. This was discussed by the group from surveillance and advisory points of view. It was recommended that before the next meeting there is a discussion of this issue. The Venice project is a good tool to work together with ECDC in this field. ECDC should be involved in developing a strategy to facilitate the national-level decisions on whether to introduce new vaccines and how to organize surveillance to follow the impact of those vaccines.

29. **Nosocomial infections**. The group had not had time to fully discuss this issue and suggested it be included for the next meeting.

Update on the implementation of ECDC's Emergency Operation Centre (EOC) *(document AF7/6/4)*

30. Massimo Ciotti from the Preparedness and Response unit, gave a presentation on the current status of the EOC project and outlined the next steps. He was able to inform the AF that a lot of progress had been made and the project was on schedule. He also reported back with some preliminary analysis of the survey conducted amongst the national surveillance institutes in the Member States.

31. In response to a question from the floor it was explained that the level of support from ECDC for MS in developing their own EOCs would depend on grants from the European Parliament. Other plans include the development of minimum requirements for MS in times of both peace and crisis, to develop technical and procedural standards for communications and work with the MS on their implementation.

32. There was some concern that simulation exercises take up a lot of time and resource for MS, but the AF was reassured that the simulations to test the EOC would be on a very small scale, analogous to fire drills, to ensure the systems all work.

Update on norovirus outbreaks on cruise ships *(document AF7/8/6)*

33. Evelyn Depoortere from the Preparedness and Response Unit, presented a paper on the investigation and control of the recent norovirus outbreaks on cruise ships, highlighting the challenges raised by the situation. The AF was also briefed on the preliminary conclusions of the expert meeting that had been held on norovirus prevention and control on 12 September. It had been agreed that there was a need for a legal framework and guidelines, particularly regarding the timing on an investigation and who should take responsibility. There is an opportunity to learn from the experience of the CDC Vessel Sanitation Programme. The equivalent European programme Shipsan is in the process of being approved by the European Commission.

34. The AF members found this an interesting paper and a good example of a Europe-wide problem where ECDC has a role to play in facilitating collaboration between surveillance and outbreak control. Given the narrow window of opportunity for collecting data from passengers, it was suggested that perhaps ECDC could prepare standard questions in advance as part of a generic protocol for norovirus outbreak investigations on cruise ships.

35. One AF member sounded a note of caution that perhaps the report was biased towards food sources, and stressed that there are a number of ways in which NoV can be transmitted. It was explained that this had been addressed in the expert meeting of 12 September and an approach had been agreed as to when it can be decided that an outbreak is food-borne.

36. It was also pointed out that a surveillance network (like Divine) cannot be expected to be completely in charge of outbreak investigation. DSNs are primarily designed for surveillance

HIV/AIDS *(document AF7/7/5)*

37. Francoise Hamers from the Scientific Advice Unit updated the AF on ECDC's work in this area since the last meeting in May 2006. She outlined the role and priorities for ECDC on HIV/AIDS, as agreed in the Advisory Forum Working Group, briefed the AF on the upcoming Workshop on HIV Prevention, and outlined the next steps for ECDC.

38. The Director asked for comments at this stage although there was no need to take decisions until after the Workshop in October.

39. There was some concern that the proposed work of ECDC overlaps with that of the Commission's Think Tank and that it will be important to clarify the role of ECDC and who will take leadership on this issue in order to present a single message in Europe. However, some members noted that the problem of overlap is not confined to the subject of HIV/AIDS, and that they saw no reason why ECDC should work on this disease any differently than on any other. It is, above all, an *infectious* disease regardless of social or political factors. HIV/AIDS has been traditionally separated from all other systems (e.g. special surveillance, special treatment units) but this leads to exclusion. HIV/AIDS should be integrated in the systems together with the rest of surveillance, etc.

40. There was disagreement as to ECDC's role as regards prevention work. Some members welcomed any actions that ECDC takes on this matter, and hoped it would take on a strong role. Others were more cautious and warned against ECDC getting into what are political issues at national level.

41. One member raised the issue of Hepatitis C and IV drug use, suggesting that ECDC should set strategic objectives for this, given that at national level the relevant people are often not the same as those working with HIV/STIs.

42. On the issue of the Commission's Think Tank, Stefan Schreck described the different actors in this field. He referred to the Founding Regulation of ECDC which states that ECDC should exchange information, expertise and best practices, and facilitate the implementation of joint actions. What these actions should be is a political decision for the Commission and the MS. ECDC's role is to facilitate this process by exploring best practices and providing options, not to take decisions. He therefore saw no conflict and believed the division of responsibilities between the Commission's Think Tank and ECDC are quite clear.

43. The Director added that HIV was not part of the remit of C3 and C6 when ECDC took over, but foresees no difficulties in clarifying the position. There are already 16 areas where ECDC takes leadership, mainly in surveillance. The Regulation is clear in setting out ECDC's role with regard to preparedness and response, surveillance, and scientific advice. Where the Regulation is less clear is in the area of prevention. The Director informed the AF that she is seeking advice from the Commission on how broad a remit ECDC has on this, but drew members' attention to the fact that 'prevention' is part of ECDC's name. In any event there should be more clarity by the next meeting of the AF.

Update on surveillance's work *(documents AF7/11/8, AF7/11/9, AF7/11/10)*

Surveillance database

44. Daniel Faensen from the Surveillance and Communication Unit presented an update on the development of the Surveillance Database and outlined the plans to establish a Working Group comprising IT experts and epidemiologists from the Member States and DSNs. Members were requested to give their input to the project, especially comments on the list of variables and functional requirements. Members were also asked to identify one IT and one epidemiology expert to sit on the working group or confirm that the national BSN contacts should be included.

45. The AF agreed with the methodology and plan in general but asked for some flexibility on the timeframe to allow for the necessary mobilization of resources at the national level. One member asked that the functional requirements should specify that ECDC will provide technical support for data maintenance.

46. Some members sought more clarity on the high level purpose of the database, i.e. a system designed to detect outbreaks is different from a system designed to conduct routine surveillance. The Director reminded members that the development of this database must be seen in the context of the Europe-wide surveillance strategy which was developed and presented to the AF last year. There is a clear mandate for this in the Founding Regulation and needs to be put in place now in order to take over from the DSNs next year. Andrea Ammon added that the system will not yet be fully developed by the beginning of next year, but needs to be set up in such a way as to take account of all possible needs for the future. ECDC noted concerns regarding the short timeframe and agreed to take it into consideration.

47. It was remarked that ECDC should guard against letting the technical questions of data collection take importance over the purpose of the collection.

Description of surveillance systems

48. A brief report was given of the responses to the web-based survey of the MS surveillance systems. Those countries that had not yet responded were urged to do so as soon as possible, and called for comments on the suitability of the proposed tabular summary of the findings.

49. One member stressed that the table can only be a first point of entry as it includes nothing on sensitivity. Some systems were difficult to describe within the framework of the questionnaire and so it must be borne in mind that absence of evidence was not necessarily evidence of absence.

Feedback from the Network Coordinators' meeting

50. Andrea Ammon, Head, Unit of Surveillance and Communication, reported back from a meeting with the network coordinators held on 12 July 2006. The DSNs were anxious whether using a standard approach for the evaluation would be appropriate given their heterogeneity.

However, the procedure will have, as well as general standards for all the networks, a network specific part as per their individual contracts.

51. The survey of users has commenced, and been sent to members of the first three networks to be evaluated. Questions will soon also be sent to the state epidemiologists to get their opinion on the usefulness of the networks. It was felt to be important to keep the network coordinators updated on the process.

Evaluation of surveillance networks: update on the evaluation teams

52. Andrea Ammon continued with an update on the evaluation teams. The steering group is now finalized and the first three teams have been set up and had their briefing the week before the AF. She reported that the teams are confident that they can effectively evaluate the networks using the protocol and checklists that have been developed.

53. The AF members were asked to provide more names of individuals who could make up the evaluation teams, be that volunteering themselves or suggesting names of suitable colleagues in their countries.

54. In response to a question concerning the development of an improved business model for the networks, Andrea Ammon confirmed that a general framework will be part of the surveillance strategy.

Update on influenza *(document AF7/9/7)*

55. Angus Nicoll gave a brief presentation drawing AF members' attention to the papers that had already been circulated. The AF members were asked to review and comment on the influenza work plan to the end of 2007 especially identifying gaps. They were also asked to forewarn their relevant colleagues at national level that ECDC would be asking for annual data returns on influenza vaccination in the spring of each year starting in 2007. In response to a question it was explained that as yet there were no EU planning estimates of morbidity for a pandemic but that it is part of ECDC's work plan to produce these based on estimates used in Member States. .

56. On the subject of anti-virals and pandemic influenza, it was explained that there were difficulties in trying to formulate a simple, single model for the whole of Europe. Instead, in a paper that was distributed to Member States, ECDC was giving indications of what should be taken into account when MS make their own decisions. In response to a query over proportionate responses to outbreaks of avian influenza in poultry, It was suggested that those Member States affected by avian influenza could form a small working group to compare experiences and the different approaches taken within each country. Professor Nicoll indicated that he would raise this with veterinary and public health colleagues in the Commission.

57. The names of a person in each MS to act as a single point of contact on influenza are needed as soon as possible. What is needed is someone who can distribute information to the appropriate actors within the MS.

58. The apparent lack of public health influenza research agenda to take to DG Research was flagged. However, the Director explained that a paper does exist on this but for confidentiality reasons it cannot yet be circulated.

Pre-pandemic vaccines

59. Terhi Kilpi of the Finnish National Public Health Institute gave a presentation on the steps that Finland has taken towards providing a human vaccine against H5N1 for the Finnish population, and the reasoning behind this decision.

60. The presentation stimulated a lively discussion. The concerns raised included comments on the specifics of the contract with the vaccine manufacturer; the possible harmful effects of attempting cross-protection from another strain; whether any new adjuvant would be clinically tested with children; how to manage the public perception of human vaccination with an avian influenza-based virus and the inevitable association with negative health events.

61. Stefan Schreck of the European Commission added that the Health Security Committee will also address this issue from the perspective of decision-makers. It is a difficult decision for Member States. Bearing in mind that some countries have already made their decision, there will still be an attempt to reach a common view on best practice. For an informed debate, the scientific advice of ECDC and the AF were essential. With regard to adverse event monitoring EMEA has vaccine vigilance procedures in place but these are not necessarily suitable in this situation.

62. The Director thanked the members for their contribution. The HSC had already asked for input on this issue so it was generally agreed by members that ECDC was recommended to convene a panel or expert group to look into the issues around H5N1 vaccines. Members were invited share their views and experiences with ECDC by email. Surveillance of adverse events was another task that emerged from the conference at Uppsala and is being worked on. Andrea Ammon will take this into consideration in her work on surveillance systems.

Strategy proposal for ECDC cooperation with microbiological laboratories and research institutes in the EU *(document AF7/13/12)*

63. Johan Giesecke (JG), Head of Scientific Advice Unit, presented the strategy for working with microbiological laboratories, for discussion by the AF. He outlined ECDC's needs in this area and the objectives for the proposed model. It was explained that there was a need for a wider consultation on this matter and that the terms of references for the partner labs would be posted on the website in due course. Comments were invited from the floor, after which a revised paper would be prepared.

64. There was a general consensus that this is a strategically crucial issue and that broadly ECDC was proposing a strong solution to the lack of in-house laboratory capacity.

65. One concern raised was that it was not clear what would be the incentive for labs to cooperate. It was explained that funding will be provided by some means, and that although competition can cause problems in the area of joint research projects, the feedback from consultation conducted so far suggests this may not be such a problem as it is generally perceived to be.

66. Several members stressed the importance of strengthening national lab capacity for the largest public health gain. JG agreed and explained that this was the reason for using the network of networks approach. One member was of the view that by fostering the national lab capacity ECDC doesn't necessarily need its own at all, but would be able to tap into the national systems through their experts. The point was made that it is important to take into account the needs of the newer MS which may have a less developed capacity, and ECDC must have a picture of the different structures within the MS (e.g. not all reference labs receive extra funding as in France). JG noted the comments and added that ECDC needed to include research networks as well. If only labs attached to national institutions are included, then a lot of expertise would be left out. Private labs also need to be considered. Some members felt strongly that national labs should not be by-passed.

67. There was a discussion concerning the method of selection of the coordinating labs, the advantages and disadvantages of a call for tender over appointment by MS, and the criteria for selection. If the selection is to be by competition then would that be in each country or EU-wide? The latter approach could lead to some countries having little or no involvement, which went back to the issue of bolstering national capacity. Members were informed that the involvement of the MS needs to be discussed with the Management Board in December.

68. There was some disagreement as to the value of the DSN model. ECDC believes it is a good model but in any case, not all diseases have a DSN.

69. It was felt that collaboration between epidemiologists and microbiologists needs to be fostered at the national level and encouraged and supported by ECDC. Some believed that not enough strength had been given to labs. One member suggested that ECDC should create a function to be responsible for these networks and that person should be a microbiologist.

70. Training was seen to be especially important for the newer MS. The suggestion was to build exchanges into the system of collaboration in order to enhance skills. ECDC has foreseen this and can certainly facilitate training.

71. Stefan Schreck added for the information of the AF that the Commission had proposed a new programme to establish networks of labs. This was now before the Council and Parliament. It would provide funding for community reference labs, and importantly demonstrates political agreement for them. The proposal does not describe their role but they may be needed for specific purposes linked to decisions made at EU level, such as influenza and high-threat pathogens.

72. There was some concern that this could have a distorting effect on ECDC's approach in that politically sensitive areas will be over-inflated to the detriment of public health. It was also remarked that this needs to be a parallel process to the development of ECDC's project. In reply,

Stefan Schreck emphasized that this was only at the proposal stage and still rather generic. The final structure had not yet been decided.

73. The Director thanked members for their active participation in the debate and proposed that a more detailed summary than usual be prepared of the discussion in order to update the paper. She proposed that a working group of the AF be set up to validate the revised paper to ensure nothing gets overlooked. This should include the Commission and a representative from WHO in order to avoid any duplication. A second draft of the paper would then be circulated to the AF by written procedure, probably early next year.

Zoonoses report: EFSA Contractor's proposal for outbreak *(document AF7/12/11)*

74. Andrea Ammon updated the AF on the status of the Zoonoses Report and the draft of a food-borne outbreak reporting system developed by EFSA's contractor, putting several questions for discussion by the AF. She introduced Stef Bronzwaer from EFSA, who further explained the proposal.

75. There was a general feeling amongst members that the proposal was unsatisfactory, and that EFSA was not the appropriate body to be collecting data on human health. However, EFSA and ECDC are currently bound by regulation, specifically in this case the Zoonoses Directive and need to cooperate fully to deliver the information required. One member asked that ECDC lobby the Parliament to amend the legal basis but Andrea Ammon felt this needed to come from the MS, not ECDC.

76. There was some concern that the proposal did not take enough account of those working on the front line of public health, and conducting the outbreak investigations and that representatives from these areas should be included in the working group. In practical terms members were agreed that it will prove difficult to provide the requested data without significant investment of resources and in some cases redevelopment of national databases and outbreak surveillance systems.

77. Given that there is no standard across Europe for the performance of investigations there will be a problem with comparing the data. Members expressed an interest in hearing the opinion of the EFSA AF on this matter. Whilst this was accepted, it was also noted that the problem is not confined to food safety reporting.

78. One member felt that the pick list asked for far too many details. EFSA welcomed any comments on this and explained that the proposal set out to include all possibilities to ensure nothing was missed now but now it can be trimmed down to what is feasible.

79. Andrea Ammon welcomed the comments made and asked that detailed suggestions for improvement be sent in the next few weeks, before the meeting of the EFSA working group at the end of October. She took on board the need for standard data collection for outbreak reporting and asked whether it was considered that this could be dealt with by the same team developing the broader surveillance system.

80. The Director called on the members to consult with their national experts as a matter of urgency. She noted that the possibility of convening a meeting between ECDC and EFSA AFs could be explored.

ECDC response to scientific questions: updated procedures *(document AF7/15/14)*

81. Johan Giesecke (JG) explained the reasons why the current procedure for responding to scientific questions was inadequate, and presented the updated version. In addition, he called on members to nominate a 'gatekeeper' within each MS to act as a liaison with ECDC in this regard. He also urged members to provide more names of experts who could be added to the list of people to be contacted for urgent advice.

82. The Director added that ECDC has put out two calls for tender for experts and consultants. However, this relies on self-nomination so does not always yield the best candidates.

83. There was general agreement from the members, but there was a request for some terms of reference to be drawn up for the gatekeeper role.

84. JG clarified the position on the sort of people envisaged as gatekeepers, and stressed that it should not involve a lot of work for these individuals, nor much travel. He confirmed that any response to a scientific question is always sent from ECDC as a body, not any individual.

85. The Director agreed that terms of reference were needed and that they would be developed by the unit of scientific advice and put before the Management Board. It was also agreed that ECDC would use the two approaches (call for tender and nomination) to recruit more experts.

Priorities for guidelines development *(document AF7/14/13)*

86. The AF had been asked on several occasions to give their input on which areas ECDC should issue guidelines. The working group had considered the list of five suggested topics which arose from that consultation.

87. The working group was broadly in agreement that the ECDC should start with Communicable diseases in day care centres; Screening of immigrants (TB, HIV, etc where not covered by IHR text); and Contact tracing for tuberculosis. However, there was some disagreement on the priorities with several members having their own examples of why the other topics should be considered first.

88. It was deemed crucial that there was buy-in from those who would need to implement the guidelines. Otherwise they will not be applied and it is a wasted effort. More generally, opinion was divided on whether guidelines should just summarise evidence in order to assist a MS making its own decision, or should give suggested practice.

89. Some members did not feel that it was necessary for ECDC to prepare its own guidelines when guidelines already existed from CDC or at national level.

90. The Director noted the comments and remarked that the discussion covered much of ground already debated the previous year. At that time the approach was agreed, and has been agreed with the Management Board. It was an interesting debate but now things must move forward, not back. JG agreed to review the existing guidelines.

WHO European Immunization Week *(document AF7/17/15)*

91. Pierluigi Lopalco informed the AF of the WHO European Immunization Week, which, after a pilot initiative, has now been made an annual event. ECDC has volunteered to assist WHO by facilitating communication between the EU25 and WHO/EURO. AF members were asked for their views.

92. Members supported the idea, and many had successfully participated in the pilot. However, in countries with already very high coverage initiatives of this kind can be counter-productive, giving impetus to the anti-immunization groups.

93. The Director noted that not all members had been aware of this initiative and that Pierluigi Lopalco should take this back to WHO/EURO and find out who they approached in the MS. The comments would also be fed back regarding the negative effects of such a campaign. It will be important to consider how to deal with anti-immunization groups during the week.

Miscellaneous

94. Dates were requested for the 2007 AF meetings to be circulated as soon as possible.

95. One member asked for more information on the SMI/ESCMID/ECDC conference in November concerning with regards to the number of participants and how widely to circulate the invitation. It was explained that the intention was for a very limited attendance. If one or two extra delegates wish to attend and the MS will pay their travel expenses then that is acceptable but it cannot be an open meeting. The Director agreed in principle that AF members could nominate a more appropriate colleague to attend in their place.