ECDC Advisory Forum

AF8/Minutes
13 February 2007

Minutes of the 8th meeting of the Advisory Forum
Stockholm, 22-23 November 2006

(approved by the Advisory Forum at its ninth meeting on 13 February 2007)

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Opening and welcome

1. The Chair, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the eight meeting. Apologies were received from Greece and from the representatives of the Standing Committee of European Doctors. The Director acknowledged that an extensive agenda has been prepared for this meeting, and this demonstrates ECDC's interest in involving the members of the AF in its different activities.

Adoption of draft agenda *(document AF8/2)*

2. The Agenda of the AF meeting was adopted without amendments.

Declaration of conflict of interest

3. The representative from France declared his role as supervisor of the heads of EuroHIV and EuroTB; the representative from Denmark declared his role as leader of the disease-specific network EUVACNET; the representatives from Italy and Ireland declared their involvement in the work of the Venice project.; the representative from Germany declared his capacity as chairman for the EPIET Steering Committee; the representative from Netherlands declared that he is a contract holder of the EARRS project.;

Director's briefing on ECDC's work progress

4. The Director presented, in chronological order, the major events that had taken place since the previous meeting.

5. The Director reported on ECDC's participation in the Advisory Group of DG Research. Recommendations from ECDC had been welcomed by this Group and the Centre was requested to do a briefing on research priorities on communicable diseases in March 2007.

6. Questions from the floor regarding this issue were raised. Members of the AF were interested in the possible input of ECDC in DG Research's selection process of research projects related to public health, given that selection is not done through a call for tender. Clarification was also requested concerning possible changes of procedures if research activities from DG SANCO are transferred to DG Research. In response, Stefan Schreck of the European Commission explained the interaction between both DGs, which is being defined in a 7-year program that ensures coherence and preserves the independence of the Public Health Program. Afterwards, the Director highlighted concrete steps that show how ECDC has strengthened its relationship with DG Research: Participation in the Advisory Board, input on research priorities, as well as participation of Johan Giesecke, Head of the Scientific Advice Unit, in the project evaluation team. The Director added that the possibility of giving input in the complex selection process for research projects was limited, but nonetheless the AF is invited to propose ideas on how this could be achieved. The Director

also endorsed the Commission's representative assessment on the good collaboration existing between the DG SANCO and DG Research.

7. Continuing with the briefing, the Director informed on activities related to HIV/AIDS, which would be explained in more detail later in the meeting as a separate agenda item.

8. The Director informed of her participation in the annual hearing at the European Parliament (EP), where support for ECDC's activities was expressed and special emphasis was made in assessing how the Centre dealt with a number of issues. The EP was particularly interested in ECDC's collaboration with the Commission in order to avoid overlapping of agendas, and in the priority that is given to certain diseases like HIV/AIDS, AMR and TB. The presentation of the Centre's work plans served also to demonstrate to the EP that overlaps with the Commission's activities are avoided, and that enough resources are foreseen for activities related to the aforementioned diseases. The required balance between the collaboration with WHO, WHO/EURO and other European institutions was also stressed by the EP. Additionally, the EP was pleased to know that an optimal geographical balance in the composition of ECDC's staff is ensured.

9. Regarding the relationship with the Commission, the Director informed that regular teleconferences with this institution are taking place, and that strategic discussions have been scheduled, the first one starting the week after the AF meeting. Commissioner Kyprianou, visited ECDC to be briefed on the Centre's activities and was invited to participate in the Management Board (MB) meeting in March 2007.

10. The Director explained that a closer relationship between the members of the MB and the AF in their respective countries is being pursued, with each body retaining its functions as stated in their respective mandates. The issue has been addressed by a MB working group and will be raised in the next MB meeting in December 2006 for discussion.

11. On internal work, the Director informed that great effort has been put in the preparation of the 2007 work plans, which will be presented to the AF as a separate agenda item. Additionally, with the approval of the Centre's multianual budget, the strategic 7 year planning has started, and input from the AF will be sought on this matter. The Director then reported on other internal activities of the Centre.

12. The Director informed on recent visits to the Centre by Maria Larsson, Sweden's newly appointed Minister for Public Health, and by Dr Anders Nordström, Acting Director-General of WHO. The AF was also briefed on the Centre's participation in several important international meetings.

Feedback from the Advisory Forum's Working Groups

Scientific Advice

13. The members of this working group reviewed the work plan of the Scientific Advice Unit and presented its content to the AF, with comments on the defined targets. The ECDC Annual Conference and the planned ECDC expert groups were also discussed.

14. **Research on Public Health.** The working group highlighted several issues that are of major concern in this field. On migrant health, importance has to be given to the development of standards and agreements at the European level, the different approaches countries have in testing for TB and HIV need to be considered, the cost-effectiveness of measures undertaken by different countries have to be assessed, and adopted children should be included in a screening strategy. On Public Health reports, the structure should be evidence based and ECDC could be involved in the assessment of which studies have to be done, although this matter needs further discussion.

15. **Country assessment visits**. This multi-year project appears as challenging in terms of goal setting and performing tasks that make a difference. Thoughts have to be given to what aspects have to be included in each visit and how to keep the focus on country specific issues. During the discussion of this presentation, a member of the AF requested terms of reference for the visits.

16. **Annual Conference**. The working group considered this event a welcome initiative, but expressed concern that a joint event may loose some of the crucial elements of the EPIET conference. For training purposes, EPIET fellows should be integrated into the main program, with presentations, and in the organization process. The possibility of rotating the meeting's location was suggested.

17. **Expert groups and scientific panels**. The working group requested more clarity on the selection process, the expected outcome, and the role of the AF in the selection of the ad hoc expert groups. Overall, more transparency is needed in selection processes. The role of the AF in the scientific panel reports was also discussed, clearly stating that it doesn't have any influence on the selection of the questions. Regarding lists of experts, the group observed that more names are needed and candidates need to be better informed about what they are committing to before they agree to participate. Therefore, the group suggested that the AF reviews the list and the terms of reference to give input.

18. The Director acknowledged that important issues which need further discussion were raised by this working group. On the issue of the scientific panel reports, it is clear that whenever political or public health implications exist, the input of the AF is sought before publishing results. Regarding country visits, the Director explained that the preparedness assessment visits on influenza follow WHO's methodology. Furthermore, a pilot project of assessment visits to 5 countries has started, with a much broader spectrum and terms of reference agreed with each country. This experience will be useful in refining the methodology for next visits. Karl Ekdahl, Strategic Advisor to the Director, explained that this visits serve the purpose of exploring the possibilities of strengthening relations with the

countries, receiving information on good practices to be shared, and assessing areas in which ECDC's expertise will be of added value.

19. Following requests from the floor for clarification and more information on the terms of reference, the Director confirmed that as soon as an inventory of assets and challenges is finished, AF members can advice on what issues should be addressed in each country. This body will be more involved in the preparation of terms of reference.

Preparedness and response

20. **Outbreak investigation training**. The working group reported on the briefing received on training already performed and plans for 2007. The group approved the prioritization proposed for lots 3, 5 and 1 to be held in the first half of 2007, with Spain, Hungary and Netherlands as sites for the first modules and the remaining lots to be held in the second half of that year. English as the only language of the courses was subjected to debate, taking in consideration that this could prove disadvantageous for some participants. Training materials should be available in other languages and also published on ECDC's training webportal. The group welcomed the planned courses on vaccinology and laboratory for epidemiologists.

21. **Simulation exercises**. The group reported on the information received about planned exercises. The plan of ECDC holding one internal exercise with the contractor HPA in 2007 and a second one with Member States' participating was approved. It was recommended that, additionally, ECDC be present in real events as an observer, as this would serve for training purposes.

22. **International Health Regulation**. The group discussed the Communication from the Commission on International Health Regulations (IHR), and made special emphasis on assessing ECDC's role in its implementation, as it already is a major point in ECDC's 2007 work plan. The group recommends that the possibility of the EWRS serving as a common tool be explored, and also assessed that notification under the IHR is the start of a dialogue between WHO and the countries. It also raised the question whether ECDC, the Commission and other Member States could be involved in this dialogue.

23. **Bioterrorism**. The group agreed with ECDC's dual use approach, that is, the wise use of resources, e.g. capacities and academic intelligence, in events that are more certain to happen, like natural outbreaks, than in unforeseeable ones.

24. **Emergency Operations Centre (EOC)**. The working group approved of ECDC supporting the Member States in building their capacities to respond to emergencies. It was proposed to rename the EOC, since the current name is misleading and conveys the wrong message; it will not be used only in emergency situations, but also for periodical meetings. The term "Risk Assessment Communication Centre" was proposed as more appropriate.

25. No comments or questions were raised from the floor regarding this presentation.

Surveillance

26. The working group first expressed its satisfaction with the fact that these kinds of discussions take place, because they constitute an effective mechanism of interacting with ECDC. Then the different points evaluated in the group's agenda were presented.

27. The Surveillance working group (SWG) reviewed he draft ECDC paper on the laboratories strategy. The specific points that came out of this discussion are reflected in the discussion on this item below.

28. The SWG also discussed quite extensively the issue of estimating the burden of infectious diseases through DALYS. Although the members of the surveillance working group acknowledged that estimating burden of disease is desirable, all felt that it was not appropriate to do it in a rush for the purpose of the 2005 annual report. The previous discussion in the AF had been very limited on this issue. The question of how and who should do it was also raised and there was a trend to recognize that this was more an academic and research work that would need a project to bridge researchers and infectious disease epidemiologists with some defined protocol before embarking in the exercise. The question of choosing the appropriate diseases was also raised (some felt that HIV-AIDS and TB that are chronic infections and for which European data are more comparable were the ones to start with). All members felt that the quality of the data by country, particularly those in the BSN was too heterogeneous at this stage to produce burden data that would be enough representative and meaningful. Before doing it at EU level a national approach would be more appropriate for some of the WG members. It was explained by ECDC staff that this work came out of discussion between ECDC and WHO and that it would serve for making priority. The members of the surveillance working group, although they agreed that it was a valid argument, felt that a priority exercise could not be done solely on the basis of burden estimate and DALYs. If this is the objective it was also recommended that burden of disease estimate should be integrated in a broader collaborative work between ECDC and MS and would need a discussion in the AF first. In conclusion the members of the Surveillance Working Group felt that there is a need to develop burden of disease in Europe, but that it was an ambitious project that needed to involve the various stakeholders, in particular those who produce the data at a national level. All felt that it was not appropriate to do with so little delay for the first annual ECDC report."

29. The group analyzed the proposals for data flow for the interim period in 2007, focusing on how this has to be dealt with, how WHO and EFSA can be integrated, and what common principles and standards have to be made available to all participants. They agreed to the proposal for the data flow in 2007 foreseeing the basic data to be sent to ECDC for those diseases where there is no DSN and to the DSN for the diseases they cover. Then ECDC will have an agreement with the DSN to receive these data from them

30. The working group felt that the surveillance of AMR and nosocomial infections needs a more considered discussion in a next meeting, since these are complex issues and crossovers exist. For the preparation of this discussion the Chair of the surveillance group would be in contact with the Head of Surveillance and Communication Unit.

31. No questions were raised from the floor. Andrea Ammon informed that a proposal for data flow will be sent to all AF members after the meeting.

Adoption of the minutes of the 7th meeting of the Advisory Forum, Stockholm, 14–15 September 2006 *(document AF 8/3)*

32. The minutes of the 7th AF meeting had been circulated for comments through written procedure as usual. The representative of Denmark pointed out that it was not the alternate but himself as member who attended AF7 and made a declaration of interest. Paragraph 5 should be amended accordingly.

Update on the evaluation of the surveillance networks *(document AF8/5)*

33. Andrea Ammon, Head of the Surveillance and Communication Unit, reported on the progress of the evaluations of the surveillance networks, with four teams briefed and six other networks with team leaders already identified. Seven networks lack team leaders, therefore the members of the AF were asked to suggest persons as team leaders and laboratory experts for the remaining network evaluations. She then informed that a steering group has been assembled to ensure an open, transparent and objective evaluation and assessment process. This group will hold its first meeting the week after the AF. Other issues highlighted included the success of the hub visits, the effectiveness of the electronic surveys for the evaluation of networks, and thanks to the State Epidemiologists for investing time in answering the questionnaire on the usefulness of the networks.

34. In response to a clarification on the linkage of the Zoonoses Report with food borne outbreaks, Andrea Ammon explained that the issue of correct definitions is already being monitored with the Commission, and a working group of EFSA is working on term definitions.

35. The usefulness of WHO participating in the evaluation process was suggested from the floor. The Director reminded the group that WHO is already involved in the process through its participation in the aforementioned steering group.

ECDC strategy for cooperation with microbiological laboratories and research institutes in the EU *(document AF8/6)*

36. Johan Giesecke, Head of Scientific Advice Unit, presented the second version of the paper that was discussed in the past AF meeting. The first document led to the set-up of a working group, and after a series of consultations a revised document was drafted, with a "Long term vision and the first steps of a strategy to get there", which was presented to the AF for discussion. Comments and consultations were requested particularly on the start-up of the "Laboratory Network Partnership 2007" and the establishment of a clinical microbiology expert group.

37. Johan Giesecke addressed a question that was raised in one of the AF working groups, regarding the meaning of data sharing. He explained that it referred to the sharing of information with the laboratories, not surveillance data.

38. It was explained in the presentation that each member state does not need to have a reference laboratory for each pathogen; especially for rare diseases only a few laboratories will be sufficient at EU level. Two possible approaches for the cooperation were mentioned: Either a supranational laboratory system with a select set of European "Community Reference Laboratories", or a network approach with a network of Member State partner laboratories for the more common pathogens - "Laboratory Network Partnerships" (LNPs). The latter is the approach outlined in the paper. Johan Giesecke explained that the challenge at this point is to follow up on this project with the input of the AF and the working group, and to select a pilot LNP.

39. The Director stressed the importance of the consultation process with the AF in developing this paper. One member of the AF expressed that this is a welcome document and a useful tool for countries that don't have a set reference laboratory system. An extensive round of discussion and comments followed the presentation. Issues addressed included:

- Need for a more precise definition of what a National Reference Laboratory is and revision of the term. Clear definitions, expectations and minimum standards need to be included.

- Perception by some that the paper emphasizes too much on first level diagnosis, but needs to focus more on strategies to build the countries' capacities. In contrast, others perceived a focus on primary diagnosis as being positive.

- Need for more clarity on ECDC's needs and priorities, with examples.

- Implications, also political, of appointing a "State Microbiologist". More information on his role in the national laboratory structure needed.

- The term "Public Health Microbiology" needs definition.

- Lack of risk analysis in the paper.

- Need to take into account the different national laboratory systems, the use of capacities that already exist and the importance of countries recognizing the selected laboratories. Also need to avoid overlapping of functions between the European laboratories and the laboratory system from WHO.

- Need to address legal issues when assigning tasks to one laboratory, e.g. in aspects like development of vaccines and property rights.

40. Johan Giesecke clarified various issues raised. He acknowledged that defining National Reference Laboratories is difficult. He stated that the paper does not focus only on first level

diagnosis, which anyhow it is an important aspect, but accepted that this could be improved. He pointed at the Appendix I of the paper, where various needs of ECDC's units are reflected, and accepted that the list can be complemented, also with inclusion of examples. He acknowledged that names can be reviewed. The term "State Microbiologist" could be changed keeping in mind the importance of counting on a person with the overview of existing capacities in each country. The term Public Health Microbiology could also be reviewed, as it is not well known. He reassured that differences in national systems and avoiding overlap with WHO's network will be taken into account, and acknowledged the need of setting minimum standards. Certain laboratories will continue to be the focal points for specific pathogens, but the paper does not go into that level of detail. Legal implications will be analyzed further.

41. The Director explained the process of selecting a National Reference Laboratory. The Centre communicates with the national health institute and uses the Management Board's inventory of appointed competent bodies to work with the ECDC on this issue. Reassurance on the fact that ECDC acknowledges the specific characteristics of each country's system was again expressed. Regarding the relation with WHO's laboratory system, the Director informed that the issue will be addressed in a meeting in December, with the aim of avoiding duplication or setting up a parallel system. It was also accepted to redo the definitions. The AF was called to agree on the Centre proceeding with the planned steps of the strategy, in view of the much needed collaboration with the laboratories.

42. The representative from the European Commission, Stefan Schreck, expressed that the paper constitutes a very good basis for future discussions, and mentioned the provisions included in the new Public Health Programme on funding for community reference laboratories.

ECDC's role in threats related to bioterrorism *(document AF8/12)*

43. Massimo Ciotti, of the Preparedness and Response Unit, made a presentation on the role of ECDC in threats related to bioterrorism. For the first time the issue was discussed in an AF meeting. He assessed that a better term to use when referring to this issue could be "accidental release of chemical agents", as it covers more aspects, e.g. accidental releases from laboratories.

44. One member remarked that the issue of bioterrorism is not part of ECDC's role. The Centre can only be involved in the phase of outbreak investigation when a release of chemical agents has occurred, but not any further as soon as an act of bioterrorism is confirmed. Another member acknowledged the sensitivities this issue raises in Member States, but remarked that ECDC does play an important role assessing what has occurred, might even be involved in activities like sending samples, and could even have access to classified information.

45. The Director clarified that, as long as a case is of unknown origin, ECDC can investigate on its own responsibility, but as soon as the origin is determined, a decision must be taken on continuation of responsibilities. When a biochemical incident has been established, the Centre must stay out.

46. Stefan Schreck of the European Commission also intervened to clarify this issue. Any kind of outbreak has to be notified via EWRS, and while the source is unknown, ECDC is in charge. Once biochemical use has been confirmed, its role ceases unless Member States or the Commission decide otherwise, for example by asking for scientific advice. He also informed that the week previous to the AF meeting the Commission adopted a Communication on Security Issues, in which no distinction is made via source of a threat on ECDC's role as scientific advisor. This document also states that the security clearance for information on public health actions is performed by the Health Security Committee.

Update on influenza *(document AF8/8)*

47. Angus Nicoll, of the Scientific Advice Unit, gave a presentation on this disease horizontal project, drawing attention to the annexes of the paper presented for discussion and inviting the members of the AF to forward these to the person responsible for influenza issues in their respective country. The AF was also briefed on other activities, like the status of the Pandemic Preparedness Report –which was sent to the Commission and Member States for input–, the pandemic preparedness workshops that have been organized by the Centre, and the studies that the aforementioned Unit is doing on H5N1 immunization. The AF was also asked to convey the findings of an ad hoc Scientific Panel on Influenza and Pneumococcal Vaccines to the appropriate people in member states.

48. Stefan Schreck of the European Commission expressed his gratitude for the Pandemic Preparedness Report, highlighting its quality and interesting content. He informed about the plans to deliver it to the Health Ministers at the forthcoming EPSCO Council meeting on 30th November, if the item is included in the agenda set up by Presidency and the Member States.

49. The Director explained that input from the AF on the Pandemic Preparedness Report would be highly appreciated, but because the Council would take place in due date, she requested the advice of the Commission on how to proceed in regards to having this document sent first to the AF. Stefan Schreck explained that no set procedure has been defined for this particular situation, and also recognized the importance of the AF's input. The Director then asked the AF for approval to deliver the Report first to the Health Ministers, and later it would be put on a restricted part of the website for AF members to review.

50. Comments were raised by the floor on this proposal. The fact that the AF has already given an input to the report was acknowledged, so the procedure was accepted. One member warned that, for security reasons, the document should later be only posted on a restricted part of the website if it was encrypted.

51. Regarding the content of the Report, one member proposed that the quality of the modelling and the assumptions based on weak evidence be reviewed.

52. Some queries were received on immunization issues included in the Report. It was asked whether ECDC offers a clear statement on all types of influenza immunization, also whether ECDC will collect data and follow up on possible adverse events from countries that plan prepandemic vaccination. Angus Nicoll explained that the Report does not include such statement on all types of immunization; it rather focuses on good practices. Regarding

prepandemic vaccination, it was clarified that countries are not deploying this at the moment and is not included in the Report's questionnaire. Nonetheless, it was agreed that this issue could be further explored with EMEA, and then presented in the next AF meeting. The Director added that a mapping of the role of different institutions –Commission, ECDC and EMEA– on vaccination issues is being done.

53. Stefan Schreck of the European Commission took the opportunity to acknowledge ECDC's work on prepandemic and seasonal influenza vaccination.

Update on Tuberculosis *(document AF8/9)*

54. Karoline Fernandez de la Hoz, of the Surveillance and Communication Unit, presented the work plan of this horizontal project for 2007. AF members were asked to provide their opinion and suggestions on main areas or work.

55. During the discussion of the presentation, one member of the AF raised various issues, concerning the need for performance markers for the objectives stated in the paper, so as to allow measurement of results, the need for effective modelling and the importance of balancing the outcome with the political pressures when issues on immigrants/migrants are addressed. Another member was interested in knowing what measures are planned regarding assistance of funding for Bulgaria and Rumania, since they will increase the load of TB in the EU statistics significantly. It was also suggested to assess the usefulness of the new blood-based tests for TB. Another suggestion was to have more detail in the analysis of the prevalence of TB in risk groups, presenting also how the disease is spreading among groups to assess what measures are needed. Additionally, ECDC was called for more input on which measures are most effective to combat the disease.

56. Karoline Fernandez de la Hoz acknowledged that more in-depth work has to be done on the issue of TB, and agreed to include the suggestion of including performance markers in future papers. The vulnerability of migrant population and their role in the increase of TB in some countries was also acknowledged. The AF was informed that a plan of visits to the new Member States has high priority, and that Baltic countries would also be visited as stated in the work plan for 2007. It was also agreed that an ECDC position will be needed on issues like threats and diagnosis of TB. Information was given on a project funded by the Commission on molecular epidemiology.

57. The Director stressed that the migrant situation is very sensitive; it is a political issue that has to be discussed in a future AF meeting. Therefore, political issues have to be taken into account when talking about measures.

58. After the presentation of the disease project, the Director introduced John O'Toole, External Relations and Country Support, to the AF and asked him to brief on the role of ECDC in the "Stop TB Partnership for Europe". John O'Toole stressed the importance of this initiative, which has produced a 10 points strategy and aims at raising the level of attention given to this disease in Europe, including new EU Member States and neighbouring countries.

59. From the floor some comments on the TB Partnership were raised and the importance of this initiative was acknowledged, welcoming ECDC's liaising role. A question was raised regarding the possibility of ambivalences occurring if the country delegates working on TB were not involved in the collaboration The Director expressed that the aim is to keep this hub together, but ECDC can only finance countries so an agreement with WHO has to be reached, especially for the network's meetings. More details on the 10 point strategy of the Partnership were requested from the floor, and it was agreed that ECDC will send to members of the AF the corresponding website link.

Update on Vaccine-preventable diseases and invasive bacterial infections *(document AF8/10)*

60. Pierluigi Lopalco, of the Scientific Advice Unit, gave a presentation on activities planned by this new horizontal project for 2007. He informed the members of the AF about the expert groups to be set up to deliver scientific guidance on issues like the new Human Papilloma Virus (HPV) and Varicella vaccines, the response to a possible imported polio case in EU, and a Pertussis risk assessment. Other plans of the project include providing scientific evidence on childhood vaccination to facilitate a convergence process, preparing an inventory of training needs, identifying good practices and improving vaccine preventable disease surveillance in the EU. He stressed that the importance of the vaccination issue is confirmed by the large amount of questions sent to ECDC about this matter. He also requested for the AF's input in this project by giving comments that help to improve guidelines and other documents to be delivered next year, and also by collaborating with the endorsement of these documents at national level. Advice from the AF on the setting up of working groups was also sought.

61. During the discussion session different issues were commented on. One member remarked that a reference in the paper to vaccination on Pneumococcal conjugate disease was missing, a matter that even though expensive, should not be disregarded. In another comment, the urgency of guidance from ECDC on HPV vaccination was highlighted, as there is a lot of pressure from the pharmaceutical industry and gynaecologists. It was suggested to reword the strategy regarding serosurveillance and microbiology. The need of another working group of experts on Polio surveillance was challenged, since this matter is already being addressed following WHO' guidance; nonetheless, the importance of the Polio issue was regarded. It was also reminded that ECDC should share similar targets and performance indicators as those already existing.

62. The Director stressed the fact ECDC's approach is on harmonization. Regarding Polio surveillance, ECDC has met with WHO, and this organization stressed that Europe has lost the interest on surveillance, therefore suggesting that this be kept high on the agenda and support WHO's activities worldwide. Anyway, this issue should be discussed more in depth in future AF meetings. Regarding targets, these are aligned with WHO's in the multianual plan of ECDC, but it was stressed that the Centre's role is not to influence the Member States in reaching them; instead, ECDC will pontificate on the necessity of achieving them. Additionally, and in response to one of the questions, Pierluigi Lopalco agreed that pneumococcal vaccination is sensitive, but the Centre has received a request for advice and has it on the agenda of scientific questions to be answered.

Update on HIV, STI and blood-borne viruses *(document AF8/11)*

63. Marita van de Laar, of the Surveillance and Communication Unit, presented an update of the progress achieved by this horizontal project since the last AF in September. Various meetings and consultations that have been taking place were mentioned, and informed was given about the outcome of the workshops on HIV prevention and the results of the survey on HIV prevention, with a final report expected by the end of the year. The status of the collaboration with ESSTI network and the presentation of the WP for 2007-2009 were also part of the presentation.

64. Comments from the floor concerned a request for clarification on what plans of surveillance will be put in place regarding Hepatitis B and C. Marita van de Laar informed that a consultation with former project leader of EuroHepNet t will start in order to discuss the approach. In the basic surveillance networks it is included, but the information is not enough to assess how the diseases move between Member States. Members will receive more information on this issue at the next AF meeting.

65. The work plan was regarded as positive by the group, but it was suggested that for surveillance issues the different approaches of northern and southern countries be acknowledged, and also that consultations with the AF are needed. Marita van de Laar assured agreed to the consultation with the AF.

66. Regarding a question on the role of ECDC in World Aids Day, it was informed that for this year the Centre's participation was not feasible due to the short time this disease project has been in place, but for next year ECDC plans to participate.

67. Another member asked if ECDC has reflected on the issue of HIV testing, citing the example of USA's approach with an opt-out solution for testing of all people admitted into a hospital. The Director explained that this approach has been subject of intense discussions in October in the European Conference and is on the agenda of a Think Tank currently taking place. If asked by the Commission, ECDC will issue a comment on this matter.

Update on food and water-borne diseases / Update on other diseases of environmental and zoonotic origin / Update on antimicrobial resistance and nosocomial infections

68. Due to the limited time available and to the fact that some of the heads of these disease projects were on missions abroad, the presentations on this three disease horizontal projects were postponed until the next AF meeting.

Update on the transfer of EWRS operations in ECDC *(document AF 8/13)*

69. Denis Coulombier, Head of the Preparedness and Response Unit, delivered an update on the progress in the transfer from the EWRS operations from DG SANCO to the ECDC, a process which takes place in three phases and is to be completed by April 2007. Some

adjustments in the process might be necessary to ensure consistency with the IHR procedures. It was stressed that this is a joint project with the Commission, with the objective of integrating all available tools and sources.

70. Several compliments were expressed to ECDC for this important process. Comments were received on the efficiency of the existing system, which some participants perceive as filled with "noise" and lacking control procedures and guidance on what information is to be posted. Therefore, the transfer process is viewed as a welcome opportunity to review the existing system, incorporating features of national systems regarded as efficient. Another participant stated how two events, the World Soccer Championship and the Lassa Fever outbreak demonstrated the importance of the system, so all efforts to improve and strengthen it are welcome.

71. Discussions took place on the four side approach presented for the operation of the EWRS, with the ECDC and national surveillance institutes performing risk assessment, and the European Commission and the national health authorities performing risk management. Comments were raised questioning this artificial division and highlighting the fact that these processes are interrelated. A question regarding the possibility of incorporating a discussion on the risk assessment before the information goes to the EWRS was raised, taking into account that also political issues might need to be cleared beforehand. Guidelines as to what are the responsibilities of the National Surveillance Institutes and the National Health authorities were also requested.

72. Stefan Schreck clarified several aspects of the roles of Member States, Commission and ECDC based on the legal framework. He explained that Member States are responsible for the risk management. The Commission is only a facilitator for this process, but he accepted that perhaps this should be explained more clearly. On the functioning of the EWRS, he informed that the Commission has held meetings with the EWRS Contact Points and a report will soon be issued, in which one of the issues analyzed is the quality of the information in the system. It has been considered to publish more detailed guidelines for the Member States as to what kind of information needs to be posted. He stressed that the Contact Points are nominated by the Member States, they are the focal points for improvements, and the countries have the legal responsibility for the information posted, according to the criteria set forth in a Decision by the Commission, which might also be subjected to revision. Therefore, neither the Commission nor ECDC could act as filters or moderators for the information that goes into the system.

73. Denis Coulombier expressed his apologies for the simplification that the presentation on the four side approach entailed. He acknowledged that risk management and risk assessment are continuously interacting and therefore the corresponding slide in his presentation will be corrected. Regarding the implications of the IHR for the EWRS, it was explained that further discussions will take place in order to incorporate features and tools that will add value to the existing system. The aim is to develop a platform that avoids the "noise" currently in the EWRS but takes on all the useful features of this system.

74. The involvement of WHO in the EWRS was another issue that was raised, with some participants reminding that a procedure had already been discussed in a past AF meeting.

Denis Coulombier assured that the new system will keep the feature of sending the messages also to WHO.

75. The Director stated that the process of transfer has to be speed up in order to test the system in a Common Ground exercise. Members of the AF will be kept informed of the projects development.

Update on the training strategy *(document AF 8/15)*

76. Carmen Varela, of the Preparedness and Response Unit, presented an update of ECDC's training strategy, informing about activities conducted in 2006 and plans for 2007. Advice from the AF is sought in several issues, like needs in assessments visits, meetings, assessing training resource capacity and a training manual in applied epidemiology. It was informed that the AF will receive a draft list of core competencies for field epidemiologists for discussion. In training resources and needs assessment visits, prioritization is done according to individual Member State requests and in combination with country visits from other units. Member States are also encouraged to collaborate with the planned activities for EPIET in 2007. As requested in a previous AF meeting, a web portal with a "training material-bank" in several languages is being planned for next year.

77. After this presentation, the Director announced that the country visits which ECDC regularly performs will have a more coordinated approach, so as to integrate various activities in one visit and avoid over-burdening the countries with activities and requests.

78. In the following discussion, clarifications on certain aspects of the planned training activities were sought. One question regarded how the planned courses related to the EPIET module. Carmen Varela assured that the interaction with this program is being considered.

79. On training materials, comments from the floor considered that translation of training materials and posting on a training web portal were positive initiatives. It was also recommended that during country visits materials available in local languages be collected to include them in the portal. The possibility of translating materials into Russian was raised, but regarding this the Director explained that the matter had to be reviewed according to the language policy to be discussed with the Management Board.

80. In relation to country visits, recommendations were received as to consider the different existing systems, e.g. the role of Public Health Schools, in order to access the relevant key players. The suggestion was welcomed, and Carmen Varela assured that Public Health Schools will be taken into account. The Director added that for the contact with counterparts on training issues, ECDC refers to the inventory of relevant training institutions included in the list of competent bodies.

81. For the planned regional courses, it was advised from the floor to consider also the incorporation of Rumania and Bulgaria in the planning.

ECDC draft work plans for 2007 *(document AF 8/14)*

82. The Director explained the process of approval of the work plans and the responsibilities of the different bodies: The AF gives advice on priorities, the Management Board gives the final approval (in December-January) and the Director is responsible for the implementation. The AF was reminded of the importance of its input in the selection of working groups.

83. During the introduction to the work plans, which were presented to the AF for review, the Director expressed that these documents were very ambitious. Background information about the process of preparing the work plans was given, and it was informed that the Centre's start up phase will be finished by 2007, when an external evaluation of the activities will take place in order to assess the impact and the achievements of ECDC. Then the content of the document was presented to the AF and particular aspects of the work plans from different Units and horizontal projects were explained.

84. One member wanted clarification as to if comments made by the working groups are incorporated in the work plans. The Director informed that this is done so.

85. Concerns were expressed by several members of the AF regarding the limited time that they have been given for reviewing the work plans. Therefore, the fact that they could not express extensive comments in this meeting should not be interpreted as an approval, because they need more time to review the extensive document. The Director assured that next year the work plans will be ready earlier and will be submitted to the AF for revision and discussion of priorities at the beginning of autumn. The AF was also advised to concentrate on the revision of the key products.

86. The format of the work plans was regarded as very positive by some members, and the usefulness of time frames was highlighted.

87. One question was raised regarding the procedure to decide which guidelines have to be issued. Johann Giesecke replied that the input of AF is very positive in informing about areas where European guidelines are needed. In addition, the Director expressed that the mapping of needs will be done taking into account existing guidelines, gaps and relevance at EU level. The AF was reminded that in the past meeting agreement was reached on the three areas where guidelines need to be developed.

88. One member stressed the importance of keeping the integration of the DSNs in ECDC as priority, but according to the document, not one single network is going to be integrated in 2007. Therefore, the policy on this matter needs to be clarified. Andrea Ammon responded that the integration of DSN occurs after the evaluation process. Regarding data bases, she explained that the regulations call for them to be transferred to ECDC, but on the 3 networks that will continue to be run by the Commission, databases will be kept by that institution. Reassurance was also given as to the fact that the expertise of the network coordinators is consulted.

89. Concerns were expressed by numerous countries regarding the ambitiousness of the work plans, with a large amount of tasks planned that in turn will impact their public health institution's workload. Time needs to be saved for the follow up of activities and the assessment of the impact of the Centre's work. The large amount of meetings has also to be considered, and planning needs to be done well ahead of time to guarantee that members of the AF will be able to participate and comply with different requests, e.g. deadlines, questionnaires. The difficulty of finding volunteers for evaluation teams is already a sign that it could become problematic in the future to find enough people to help in other projects; therefore, considerations on what can be outsourced, where a working group could provide help, and which activities can be delayed until 2008 must be made. Also, it has to be taken into account that some institutions in the Member States have not increased their budget and have stopped recruitment; therefore, funding issues also have to be considered.

90. The Director accepted that this comments were good advice and expressed that care will been taken as to not put too much burden on Member States. An example of this is the more coordinated approach for planned visits and meetings. It was also explained that the activities planned for 2007 are a continuity of work already in progress from the two previous years. The new addition is the planning for the horizontal disease projects, and in these a more phased approach is possible. On the issue of finding volunteers, it was explained that the fact that these responsibilities are not being remunerated poses a problem, therefore the issue will be raised in the next Management Board, to explore the possibility to give remuneration to those who invest much time in activities related to ECDC. Regarding funding issues, the Director informed that this is a subject to be discussed in the Management Board, and that the AF will be kept updated on decisions taken. Furthermore, it was agreed to establish a working group (as already exists with the Management Board) to review how the agenda of the AF is planned and what are the best working practices, also to assess where meetings could be substituted by another form of contact, e.g. written procedure.

91. From the floor a suggestion was made in order to tackle the issue of being too ambitious in the work plans. The proposition was to review them, assessing which activities are mission- critical, which are the ones that the Centre will be evaluated on. Whatever does not fit the criteria could be kept as "intended activities". The proposition was accepted by the Director, and it was agreed to prepare of a priority list to be discussed in the next AF meeting.

92. One member of the AF stated that the review of the activities should always take into account the added value for Europe they offer. Another member added that, as soon as a public health crisis emerges, all work plans are bound to fail, therefore it is important to know which activities have priority. The Director then explained that a plan for emergency situations exists and is being updated, and an internal procedure is in place for the announcement of an emergency situation.

93. Stefan Schreck of the European Commission informed that the work plans were discussed with the Commission in order to avoid overlaps in activities. He expressed understanding for the country's concerns about an increased workload, but clarified that from the moment ECDC was founded it had to be clear that this could have practical consequences for the Member States. He also remarked that for incorporating any activity in the work plans, the criteria is the added value for Europe. Following his intervention, a question was raised regarding DG SANCO's work plan. Stefan Schreck explained that it was part of the

Commission's work plan, which will be finalized by the end of the year. The possibility of presenting it in the next meeting of the AF was mentioned.

94. One member clarified that all the comments made regarding the work plans, their feasibility and logistics of implementation are to bee seen in the context of the AF's interest in seeing ECDC succeed with its activities.

Annual epidemiological report (including methodology for reporting on the burden of disease) *(document AF8/4)*

95. The Director presented an introduction to the document distributed to the AF, thanking all persons and institutions involved in the preparation of this initial draft document. Input from the AF, the Management Board and an official consultation done with the Member States will be added before the final version is prepared. It was remarked that chapter 11 of the document, in which actions are incorporated, is still missing because content has to be aligned with ECDC's strategic planning. The Director expressed apologies for the fact that this document was handed out to the AF members this day and not earlier, the reason being that the first version was only finished one day before this meeting.

96. Andrea Ammon stressed that this document was a joint work of DG SANCO, the DSNs coordinators, ECDC staff, consultants and RIVM. The members of the AF were thanked for their help in updating data of their respective countries, and were reminded that not all updates have been yet incorporated into this document. The plan is to have a final draft ready by mid December, and comments are welcome before that. The document will be sent to the Management Board the week following the AF meeting.

97. Andrea Ammon then described the content of the report, stressing that the data contained is for 2005. The most extensive part is dedicated to the description of the diseases. Advice from the AF is sought in regard as if the contents and direction of the report satisfy the AF's expectations, if the tables and graphs presented are appropriate and if additional data should be given in a supplement and which format would be preferred for this (e.g. printed, included in a CD or only on the Internet). Ideas on which areas deserve a more in depth analysis are also welcome.

98. The Director acknowledged the difficulty for the AF to give extensive comments during this session of the meeting. Comments given at this stage or in the next days could not be incorporated in the version to be sent to the Management Board, but would be annexed in separate sheet. Asked about a timeline for corrections, the Director informed that after the review has been finished, another three months will be needed before publication. Input from the AF and corrections can be delivered at the latest the first days of January, preferably earlier. It was agreed to send information to the AF on how to proceed with corrections.

99. The importance of this document was acknowledged during some of the comments received from the floor. One member of the AF stated that this document is proof of the added value that ECDC can offer and is one of the most important products from this agency.

100. Some remarks were made regarding data that was missing because of the network system used for sending it, also about disease statistic tables where some countries appear as performing badly. Therefore, explanations as to what the figures mean are needed, since countries could face communication challenge if asked by media about the figures. Another member suggested using denominators when comparing countries and clarifying reasons for data of a country not appearing in some tables. Andrea Ammon agreed that this issue will be addressed when reviewing the document, taking into account the information about the systems in which the data was supplied.

101. It was asked if the difference between acute and chronic Hepatitis B and C is taken into account in the report. Andrea Ammon explained that this cannot be incorporated, since some countries don't make this differentiation in their data.

102. On member stated the importance of a final scientific review of the report, especially in the area of terminology to avoid errors. The classification on the list of communicable diseases and the space given to some rare diseases were also questioned. Regarding the classification of the diseases, Andrea Ammon explained that this has been done in accordance with the Commission's Decision. She also informed that the order was heavily debated and the compromise solution reached was to present diseases alphabetically. It was agreed to review the issue of too much weight of the information on certain diseases.

103. Comments were received on the table in page 34 (Table 8: HIV diagnoses). The headings don't match and data was not accurately captured. Another remark was done regarding graphs in which present the 25 countries. They are difficult to understand; therefore, the information should be presented in a table.

Methodology for reporting on the burden of disease

104. As a complement to the presentation of the Annual epidemiological report, information about the pilot project on the "Burden of Infectious Diseases in Europe" was given to the members of the AF. Arun Nanda, Adviser to the Director and ECDC/WHO Liaison, offered background information on the decision to perform this project. Due to the fact that the incidence of communicable diseases at European level presented in the annual epidemiological report cannot fully reflect the full impact (including mortality and complications) of such diseases, an estimate of the disease burden of communicable diseases (with Disability Adjusted Life Years – DALYS - as a composite measure) is being produced by RIVM – Netherlands at the request of ECDC.

105. The Director introduced Dr. Arie Havelaar and Dr. Alies van Lier, from the RIVM-Netherlands, who presented some draft interim results and explained the methodology applied. Due to the limited time available, it was proposed to discuss this pilot project more in detail once it is finished in the next AF meeting. The Director also informed the AF that a Technical Briefing was scheduled for immediately after the formal AF meeting and those members that could stay were welcome to attend.

Update on International Health Regulations

106. Time constraints determined that Stefan Schreck, from the European Commission, was able to present only a brief summary of the "Communication from the Commission to the European Parliament and the Council on the International Health Regulations" -COM(2006) 552 final. He agreed to explain it in more detail in the next AF meeting. The group was asked to review the document, so that in the next meeting comments can be made on the interaction of the IHR and public health organizations. He informed that Commissioner Kyprianou, European Commissioner for Health and Consumer Protection, will present this document at the EPSCO Council on 30th November, in order to ensure the political commitment to this initiative. The Director agreed that the importance of this topic called for sufficient presentation and discussion time in the next AF meeting.

Miscellaneous

107. The proposed dates for meetings of the AF in 2007 were accepted.

108. The Director informed about the decision to postpone a planned SMI/ECDC joint Scientific Conference for various reasons. This event will start the afternoon of the 8th of May 2007, immediately after the AF meeting on 7-8 May. The agenda is being developed and will be sent to the group by email together with the program. Advice on the scientific excellence is sought, rather than comments on the content of the agenda. Some comments on the setting up of the agenda were received, and one member remarked that input on the content of the agenda should also be accepted, in order to guarantee that it will be of interest for the members of the AF. The Director reminded the group that this event is not only intended for the AF, that an agenda was already distributed in the past meeting, and that ECDC wants to spare the group time for content work. But given the interest, the Director agreed that comments on the agenda will also be received.

109. A short briefing on the process of handing over the coordination of Eurosurveillance to ECDC in 2007 was made by Karl Ekdahl, Strategic Advisor to the Director, who also introduced to the group Ines Steffens, incoming Managing Editor of this publication. For the first year, no major changes in format or periodicity are planned, as agreed in the recent meeting of Eurosurveillance's Editorial Board in Berlin. The full editorial independence of the team working in this publication was highlighted. Some comments were received regarding the indexation of the publication and the fact that some authors prefer to publish in high ranking journals. Karl Ekdahl mentioned that the plan is for this publication to evolve into a high ranking publication itself. In answer to a question about the possibility to have an Ombudsman in this publication, he informed that this has been discussed, but priority will be given first to the internal work required to take full control of the publication; therefore, perhaps at a later stage this discussion could be reassumed.

110. Stefan Schreck of the European Commission thanked ECDC for the work done in updating the case definitions and explained further steps to be taken within the EU's legal procedures to incorporate changes in the corresponding regulation. In response to concerns expressed by the group regarding the lengthy procedure to update the case definitions and the fact that they are still a legal document, even though ECDC could make the revisions faster,

Stefan Schreck clarified that compliance with EU's legal procedures has to be ensured and that ECDC doesn't have regulatory functions. In any case, the role of ECDC regarding case definitions could only be reassessed once the mandate of this Centre is revised.

111. Immediately after the AF meeting, a technical briefing on the Methodology for reporting the burden of diseases was presented by RIVM.