ECDC Advisory Forum

AF10/Minutes
17 September 2007

Minutes of the 10th meeting of the Advisory Forum
Stockholm, 7- 8 May 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 tenth meeting. She welcomed Dr Florin Popovici, member appointed by Romania and attending this meeting for the first time. Romania also appointed an alternate, Professor Ioan Bocsan.

2. Apologies were noted from the representatives of Italy and Cyprus who could not attend this meeting as well as from the representative of the Standing Committee of European Doctors. New nominations had been received from Greece who appointed Dr Helen Giamarellou as member and Dr Evaggelia Kouskouni as alternate, both were unable to attend this meeting.

3. Finally, the Director also welcomed Ms Anna Lönnroth, Deputy Head of Unit F3, Infectious Diseases, DG Research, Ms Lönnroth introduced herself briefly to the AF members.

Adoption of the draft agenda and noting the declarations of interest

(document AF10/2 Rev.1)

4. The draft agenda was adopted without changes.

5. The Director proposed a new procedure for noting the declarations of interest: a form would be circulated for participants to note any conflicts of interests in relation to the agenda items. The forms would be collected on the second day of the meeting. It was so approved.

6. On the second day the following declarations were noted: The representative of Sweden declared that he represents ESCMID in negotiations with ECDC for EUCAST (item 16); the representative of Portugal declared that she was the Head of the Centre of Virology at the National Institute of Health in Lisbon (Items 5 and 11 Influenza) ; the representative of Austria declared that the Austrian Agency for Health and Food Safety (AGES) where he was employed, is becoming a member of reference centres and reference laboratories (item 5), that he was a member of Enternet and that AGES was participating in a number of other networks (item 16); The representative of Ireland declared that she was involved in the Venice project (item 16); the representative of Finland declared that he was chairman of Euro-TB Advisory Board (item 11) and team-leader in the evaluation of EWGLINET (item 16); the representative of France declared that Euro-TB was run by his department at the InVS (item 16) and that the was head of department of InVS which host Euro-HIV and Euro-TB as well as team-leader for the evaluation of EASC, EARSS and IPSE (item 16); the representative of Belgium declared that he was member of IPSE network (item 16) ; the representative of Malta declared that she was focal point for her country for epidemiological data for EISS (item 11 Influenza); the representative of WHO/EURO declared that she was involved in WHO activities, strategies and policies (items 11) and that she was a member of the Steering Committee for the evaluation of DSNs (item 16).

Adoption of the draft minutes of the 9th meeting of the Advisory Forum, 13-14 February 2007 *(document AF10/4)*

7. The draft minutes were adopted with only one change, proposed by Stefan Schreck from the European Commission. Para. 67 needs to be amended in line 5 as follows: instead of "This does not require consensus and cannot be blocked", it must read: "This does not require consensus but a qualified majority".

Feedback form the Advisory Forum's Working Groups

Surveillance

8. Jean-Claude Desenclos (France), Chair of the AF Working Group on Surveillance, informed that the two WGs on Surveillance and Scientific Advice were briefed by Johan Giesecke, Head of ECDC's Scientific Advice Unit, on the Centre's strategy for collaboration with laboratories and research institutes in the EU. Members of the WG supported the plans, but cautioned that while the paper presented explained well the Centre's needs, more information is needed on the reasons why laboratories would be interested in participating. They must be encouraged to participate and in this regard issues for discussion are the incentives and meeting the laboratories' interests. Several other comments were raised in the WG on issues concerning accreditation, data exchange in EURlabNets vs the EPI Network, the link between the DSN & EURlabNets and other topics. Additionally, the clarification of the role of ECDC in the harmonisation of diagnostics was discussed in this group, as this issue goes beyond surveillance. Regarding the future of the document, it was recommended to also consult with microbiologists for the review of the strategies.

9. This WG also discussed the TB Action Plan and assessed its added value for each country's own strategy. Recommendations were made on how to improve the plan taking into account that many countries are revising and publishing their own national plans. Depending on the national situation, the MS may take only some aspects of the action plan (e.g. prevention, control of vulnerable groups, MDR). Although the WG was satisfied with the plan, it considers that the timetable was very tight. The ECDC Director explained that the reason was that this document had to be delivered to the Ministerial Forum in Berlin, 22 October. Furthermore, the ECDC Director acknowledged the difficulty of having the consultation process during the months of July and August.

10. Another issue discussed by this WG was norovirus. Comments in this regard included: Follow up of the DIVINE evaluation, need to encourage outbreak investigation and to include other non food-borne norovirus, strengthening of the laboratory capacity for the follow up of new strains. It was also stated that, whereas much importance is given to norovirus in cruise ships, the importance of this disease in care facilities and nursing homes must also be stressed. In answer to a request from the ECDC Director for advice on timing, it was explained that this was not discussed but would be addressed during at a future meeting of the working group.

Scientific Advice

11. Darina O'Flanagan (Ireland), Chair of the AF Working Group on Scientific Advice, presented a summary of the discussion on the issues of ECDC's external "working groups" (WGs) and the static vs. dynamic reporting.

12. The WG assessed that ECDC needs to work with external experts but the remit and procedures for inviting and working with them need further definition. The purpose of the groups should determine the profile of the expert. Harmonization is needed with the EC with regard to their working group procedures and the number of groups dedicated to similar topics. Four types of external WGs were discussed:

a. Ad hoc scientific panels, for independent scientific advice. The list of experts for this needs improvement.
b. Working group, for specific issues with participants selected by the MS.
c. Technical experts groups, for risk assessments, guidelines. Clear terms of reference are needed here.
d. Expert Committee, a type of "standing committee/semi-permanent body" on specific topics. The committee needs to have a broader expertise compared to the technical experts group.

13. It was informed that the WG was briefed by Prof. Angus Nicoll, Influenza Coordinator at ECDC, on the external WGs needed for the Influenza Horizontal Project.

14. On the item of reporting, the WG discussed the specifications for the TESSy system and evaluated the advantages and disadvantages of dynamic vs. static reporting. It was agreed that for every report a footnote is needed to indicate "this data is taken as of…" and that the "dynamic" quarterly trends data should only use the information that was available at the end of each quarter – not the finalised yearly data.

Preparedness and Response

15. Preben Aavitsland (Norway), Chair of the AF Working Group on Preparedness and Response, informed that the WG's discussion focused on the Emergency Operations Centre (EOC). The group welcomed the fact that this facility will soon be ready, and suggested that it should be used for the everyday communications between ECDC and the MS, so that ECDC staff can familiarize itself with the use of the equipment.

16. The group also discussed the update on the EWRS. In addition to the proposal it is expecting the corresponding report. It was suggested that other tools, like mobile phones with web browsing functions, be taken into consideration, in order to cover all the current technologies available. The criteria for using the EWRS were also discussed. A request was made for volunteers from ECDC as well as from the AF to review and compare the threat reporting. Additionally, the WG suggested that the EWRS report be made public after it has been reviewed by all participants.

Director's briefing on ECDC's work progress

17. The Director briefed the AF on the main events that had taken place since the previous meeting.

18. The interim Influenza Pandemic Preparedness Report was finalised and work is in progress with further assessment visits. A final report will be sent to the EC in October and then to the Council meeting in December.

19. The AF was also informed of the recent visits to the new EU member states Bulgaria and Romania.

20. The participation of ECDC in the Bremen Conference on HIV/AIDS was highlighted, and the Director expressed gratitude to EURO/HIV for their support.

21. An outline of the main decisions by the Management Board during its most recent meeting in March was presented, and information was given on the activities undertaken by the Commissioner for Health, Markos Kyprianou, during his visit to ECDC, when he addressed the MB.

22. An overview of past and upcoming events was presented. The Director informed that for the first time ECDC had organized a scientific seminar on TB at the European Parliament with high level participants, to mark World TB Day. The Centre will participate in the Steering Group of the TB Ministerial Forum to be held in Berlin in October. Workshops on Climate Change and Social Determinants of Communicable Diseases were held at ECDC, and regarding the first topic, the Director proposed that discussions on this important issue should be included in the agenda of a future AF meeting.

23. An update on the activities undertaken by the different ECDC Units followed. While briefing on the recent activities of the Scientific Advice Unit, the Director expressed her apologies for the fact that Terms of Reference (TORs) for country visits were not yet ready and therefore had to be taken out of the agenda for this AF meeting. Therefore, the TORs will be discussed in a future AF meeting. On the work of the Surveillance Unit, the Director explained that several issues would be discussed in detail as separate agenda items during this AF meeting. Regarding the activities of the Preparedness and Response Unit, the Director informed that the new deadline for the handover of the EWRS to ECDC was set for September and discussions are taking place with the EC on realistic targets for the handover. Additionally, the AF was informed of the creation on May 1st of a new Unit: Health Communication. Its recent activities were outlined and it was informed that Prof. Karl Ekdahl had been appointed as Head of this new unit.

24. After the presentation, an update was requested from the floor regarding ECDC's role in assisting the countries in the implementation of the International Health Regulations (IHR). In reply, Stefan Schreck from the European Commission informed of meetings that have been taking place with WHO, in which issues like how ECDC will forward the EWRS data and the progress made in appointing national contact points were discussed. A meeting between these contact points with the EC, EWRS and WHO is planned. He informed that another issue that

is being discussed with WHO is how Decision 2119/98/EC will be used to apply the IHR, a matter currently being reviewed with DG SANCO's legal services.

25. Regarding the meetings with WHO, some concerns were raised from the floor that countries might not be getting the information with sufficient time in advance in order to be able to participate in this important gathering. Stefan Schreck explained that these meetings are usually very difficult to organize, but reassured that an effort will be made for planning with more advance notice for the future meetings.

SMI/ECDC/ESCMID Joint Scientific Symposium on Infectious Disease Surveillance and Preparedness

26. In the afternoon, the members of the AF participated in this Joint Scientific Symposium, organized by ECDC, ESCMID and SMI, with the aim of discussing the rapid and coordinated European response to infectious disease threats. Topics discussed included: New and emerging infections, Clostridium difficile, deliberate release of microbes, microbiological tools in epidemiological outbreak investigations, new methods in epidemiological surveillance and novel technologies for outbreak detection.

Strategy proposal for ECDC cooperation with microbiology laboratories and research institutes in the EU *(document AF10/5)*

27. The strategy proposal was presented by Dr Johan Giesecke, Head of the Scientific Advice Unit. AF members were invited to comment on the long-term objectives and proposed pilot projects of the plan, and suggest ways in which ECDC could approach the identification of national laboratory focal points in their countries.

28. The Director added that some useful suggestions on this point had already arisen from the working groups the previous day. These included: coordinating with existing DSN networks; a more strategic approach; discussion with WHO so as to avoid conflicting networks; and the need for in-depth discussion with the Commission and others before fixing a short-term strategy. The Director then opened the floor to discussion.

29. The strategy was welcomed by commentators from the floor, with one saying that the previous day's paper had been a fantastic step forward. However, this same commentator suggested that there should be a slight shift in emphasis so that epidemiologists and microbiologists do not only collaborate through ECDC. Johan Giesecke agreed that closer collaboration between these two fields at a local and national level is important. One suggestion from the floor was to appoint laboratory focal points and give them a half-time function at the ECDC, with the aim of fostering the connection. Another mentioned that not all Member States have the same set-up, and in some countries it may be necessary to approach learned societies. Johan Giesecke agreed that such a strategy may be necessary, depending on the circumstances.

30. Another suggestion was to submit the strategy to ESCMID for consultation first. A concern was raised over the way in which data would be communicated between ECDC and

laboratories – although data would not be transmitted directly to ECDC, the Centre may nevertheless learn of it informally. Johan Giesecke agreed with this assessment, and said that communication lines would have to be very clearly defined to avoid this.

31. The Director thanked the members for their contributions. She suggested that, once the list of Competent Bodies has been compiled, to identify those that do not yet have this function and consult with the AF on a one-to-one basis. She also suggested consultations with microbiologists from competent bodies and ESCMID and national societies. She said she would present the strategy paper with comments to the Management Board in June to seek guidance there, and would return to ask the AF for further comments in September.

Role of the Advisory Forum in the implementation of ECDC programme of work 2007 *(document AF10/6)*

32. The Director gave a presentation on the role of the AF in the light of the evolving role of Competent Bodies (CBs). She said she hoped to finalise the list of CBs by the June meeting of the Management Board and to publish it on the ECDC website. In September/October, she hopes to invite the CBs' directors and colleagues to ECDC to discuss roles and responsibilities. She said that for AF members, this would mean they could continue their role, hopefully with a reduced workload. She stressed that AF members advise in their individual capacities, and so do not represent the official views of their countries.

33. Members were invited to advise ECDC on how to make ECDC, AF and CBs fit together and mutually support each other; the composition of the AF agenda; the role of AF members regarding CBs; and the best way forward for the AF working groups. She opened the floor to comments.

34. Some AF members felt that the difference between the AF's and CBs' roles needed further discussion and clarification among the AF members which would be done in the coming months as soon as the CB's are in place. The Director promised to draft a paper on this issue early next year taking into consideration the experience of the last 6 months of 2007.

35. One member pointed out that if AF members became involved in CB's as well, their workload would increase, and they would also have to wear different 'hats' at different meetings: independent versus official. Another member pointed out that a role of the AF is having close ties with the CBs, and that it appeared that the new plan was for AF members to take on a 'go-between' role.

36. The representative from the World Health Organization (WHO) wanted clarification on the role of the CBs. The Director said they would be similar in scope to WHO Collaborative Centres, and that she would discuss the issue in more detail with WHO/EURO.

Proposal for the 2006 Community zoonoses report data collection *(document AF10/11)*

37. Andrea Ammon, Head of ECDC's Surveillance Unit, presented ECDC's proposal for the collection of data for the 2006 community zoonoses report, and invited discussion from the floor on: a proposed timeline; whether it would be advisable to collect data on toxoplasmosis and Q-Fever; and whether or not Haemolytic Uraemic Syndrome (HUS) as a variable to vero toxin-producing Escherichia coli (VTEC) cases should be added to the report.

38. Some questions were about the current deadline for the transfer of outbreak data. One member suggested sending the data transfer protocol to the directors of surveillance centres, on account of the short deadline. Another member stated that sending to CBs could be quicker than through ministries of health.

39. It was felt that Q-Fever was relevant to include, but questioned how surveillance could be done on it. Regarding toxoplasmosis, the floor generally agreed that it was not a good idea to include it, as the interpretation of data is very problematic. It was also suggested that ECDC prepare scientific advice on the issue.

40. One member was dissatisfied with the lack of transparency in the procedure to collect data, with EFSA and ECDC asking for different things at different times, sometimes from different people. Andrea Ammon replied that outbreak data should go directly to EFSA, and that discussions about reporting mechanisms are ongoing with them: another meeting on this issue will be held in June. She concluded that the zoonoses report would follow the same procedure as last year: HUS would be included, but toxoplasmosis not. Q-Fever would be introduced next year.

Update on the EWRS transfer to ECDC - ESANReP project and user requirement survey for the EPIS communication platform *(document AF10/10)*

41. Massimo Ciotti, Deputy Head of ECDC's Preparedness and Response Unit, presented an update on the transfer of the Early Warning Response System (EWRS) to ECDC, after which the Director invited questions and comments.

42. One question from the floor regarded the possibility of an SMS messaging service in the new EWRS, asking if this would be available to Member States or only DG Sanco of the European Commission and ECDC. Massimo Ciotti replied that this would be a decision of the EWRS committee, but that the technology meant it would be possible for the MS to also have this capability.

Roles and functions of ECDC working groups and expert committees

43. Johan Giesecke gave a presentation on the roles of ECDC's working groups and expert committees. The Centre wants to clarify and streamline the functions and terms of reference of these groups. There are presently eight different types of groups, and Johan Giesecke

proposes reducing this to four, namely: scientific panels, working groups, technical expert groups and expert committees. He explained the proposed roles for these groups, and said that Standard Operating Procedures for them could be prepared by the next AF meeting.

44. The proposals were welcomed enthusiastically from the floor, with several members noting that the structure was greatly improved. One member wanted to know if the expert committees would be nominated by Member States or ECDC, and Johan Giesecke replied that this would probably be a combination of the two. Another member wanted to know more specifically what the permanent expert committees would be asked to deliver: Johan Giesecke said these would be overarching, rather than dealing with specific vaccine.

45. Stefan Schreck commented that the European Commission is currently considering the question of a vaccine policy decision-makers forum. Member States have been invited to nominate experts to discuss HPV vaccines: the first meeting of this group will take place shortly, and one result may be that MS feel there is a need for a coordinated EU-wide policy. He raised the idea that ECDC could take a role in this.

46. Johan Giesecke noted that there are radically different recommendations for vaccines in different MS. One AF member asked the Commission to comment on ongoing efforts to harmonise vaccines in the EU. Stefan Schreck clarified that the task of ECDC and its committees is to provide scientific advice for the basis of decision-making. The Commission takes the advice from the ECDC panel, then discusses whether it is a good idea to have a clear and coherent policy in MS.

47. Finally, the Director said that the terms of reference of the working groups and expert committees will also be discussed with the Management Board at its June Meeting and that she will inform the AF of the outcome. AF members asked to receive a copy of the PowerPoint presentation on this subject.

ECDC multiannual strategic programme 2007-2013 *(document AF10/7)*

48. The Director presented and explained the background to the ECDC's multiannual strategic programme, and asked for comments, especially on whether or not the priorities of the plan seemed appropriate.

49. One suggestion from the floor said that, while the document was clear, more emphasis should be given on the control of vaccine-preventable diseases, and in particular on how ECDC would support the elimination of measles. The Director replied that there would be a section on vaccine-preventable diseases in the plan, and that indicators are currently being developed for this.

50. One member queried the repeated use of the phrase 'scientific excellence' in the document considering the ECDC's limited in-house scientific capacity. The member suggested creating such a capacity, with a limited budget for ECDC staff to carry out research. The Director said this was a possibility, but that ECDC also needs to build a network of the best scientists who can then be drawn into its work. As ECDC would never

have its own research institutions or laboratories the challenge is rather to collaborate with the best institutes and experts in the EU. She said that the Competent Bodies were a way to build such a network. She agreed on the importance of recruiting microbiologists. Other members suggested having an arrangement with PhD students to work part-time at ECDC or for in-house staff to conduct research into the data being collected by the Dedicated Surveillance Networks. The Director said these issues could be considered.

51. It was also noted from the floor that the link between animal and human health was under-represented in the programme. An explanation of budgetary plans, especially regarding resources to external partners, was also felt to be lacking. The Director said that around 50 percent of ECDC's budget goes towards operational funds, a large portion of which is used in open calls for tender for external partners.

52. Some members suggested scaling down the ambitiousness of the programme, concentrating only on what ECDC could deliver and identifying some areas where it could prove a powerful advocate for action, but not necessarily be the body taking that action. The Director agreed with this, and said work would be done on the document to make it more pragmatic.

Update on Influenza *(document AF10/13)*

53. Angus Nicoll, ECDC's Project Coordinator for Influenza, presented an update on the activities of the Influenza Horizontal Project.

54. It was felt that the 'menu of options' devised by Angus Nicoll and his team was a very promising initiative, although it was noted that little was mentioned about modelling. Angus Nicoll said that much of the menu was informed by modelling, but that different modellers create different results.

55. It was suggested that the document clarify whether or not the uptake of vaccine for seasonal influenza falls within usual risk groups or has expanded. Angus Nicoll said that documents on immunization uptake will be more specific on this point. One member asked if the situation on masks had evolved at all from the last update, and Angus Nicoll replied that it had not, although the flu newsletter had contained information about interesting developments in Canada.

56. In response to a question on the H5N1 virus, Angus Nicoll reported that there had been no major development in it, and there had been some encouraging results from Egypt showing that early treatment of the virus does seem to affect the outcome positively.

57. Regarding the issue of countries holding back virus samples from international authorities, referenced in the presentation, one member requested clarification from the Commission representative on what the strategy in Europe is to head off such a predicament. Stefan Schreck replied that the mandate of the Health and Security Committee was extended and prolonged by the European Council in February. One part of that mandate, he said, is to deal with flu pandemic preparedness issues, so that is the forum in which H5N1 is being discussed. He said that the sharing of samples is a complicated issue and the Commission is

currently investigating the issue to see what can be done to make sure a fair solution for everyone is found that would also ensure that the virus samples are shared in an appropriate way. He concluded that the Commission is very much aware that this issue needs to be addressed.

58. The representative of the WHO added that a paper on the situation regarding samples in Indonesia will be published shortly.

Annual Epidemiological Report 2005 and proposed content and timeline for the 2006 report *(document AF10/9)*

59. The ECDC Director presented to the AF, Dr Andrew Amato, Deputy Head of the Surveillance Unit, who has been working on the finalization of the Annual Epidemiological Report (AER).

60. Andrea Ammon, Head of the Surveillance Unit, then briefed the AF members on the status of the report. Updates were received by the MS up to the agreed deadline, and no more updates are possible as the most important information has been incorporated in the Executive Summary, which is to be printed and presented at a press conference scheduled for June 4, during which also a leaflet with the "citizen's version" of the report will be presented. The full version of the report will be published on the website first, and a printed version will follow.

61. A presentation with a proposal for future AERs followed. The different difficulties encountered while preparing the first report where highlighted, including gathering data from different sources and in different formats. The main lesson learned while preparing the report can be summarized as follows: It is important to have one integrated EU database (TESSy) for all the diseases under EU-wide surveillance. To optimize the work on the 2006 report procedures were suggested, which included: a defined standard format for data submission; a clear and realistic deadline; the preparation of a draft report to be sent once (instead of several times) to the countries for comments and editing remarks; as well as the appointment of one person from each country as focal point. It was remarked that a timeline for the next report is included in the document distributed to the AF on this agenda item.

62. Different formats for the AER 2006 were suggested by Andrea Ammon. Every 3-5 years a comprehensive report similar to the 2005 AER could be published, and every year a report on selected communicable diseases (CD) or disease groups could be produced. The yearly report would of course include monitored threats and actions taken in the previous year as required by the ECDC Founding Regulation, but would then concentrate on an in-depth coverage of one or two CDs or disease groups chosen with the input of the AF. The TESSy database would ensure on-line electronic updates of the data and provide an updated summary of the overall trends in CD in the EU which could be included in the annual report on the selected communicable diseases as a separate chapter.

63. The AF was asked if it agreed on the future concept of the AER and the proposed formats, with a full report at regular intervals, a time span of either 3 or 5 years for the full report, and subject-oriented yearly reports. Then it was asked if ECDC should continue with

annual reports on specific diseases like influenza, TB, HIV. Additionally, comments regarding the timetable and the subject of the next report were requested.

64. From the floor numerous congratulations were expressed for this important work and comments were made regarding the proposals for future reports. Several countries agreed to the production of an annual report dedicated to specific or key diseases. One member commented that since the priority diseases have already been discussed, this could serve as a guideline for the next yearly reports. For a full report, most of the AF members that intervened expressed that a 3 year time span would be appropriate.

65. As the report to be published is presenting data from 2005, one member of the AF stressed the importance of speeding up the production process so that a 2007 report can reflect 2006 data. This was agreed to by Andrea Ammon, but she stressed that this will not only depend on ECDC, but also on how fast countries present their consolidated data. Therefore, for achieving this goal a joint effort is needed.

66. A discussion then followed on the status of the TESSy system for supplying the data for the next AER. Andrea Ammon informed that for a next report the data of all the DSN will not be available via TESSy. It is estimated that this will be achieved by 2008. In response to a concern raised from the floor regarding access to the TESSY database, , she explained that an agreement need to reached in order to avoid misinterpretations.

67. As clarification was requested on the issue of numbers of revisions of the AER drafts by MS, Andrea Ammon informed that after the data has been received from each country a first revision would be performed by each country, and when the report is finished a second revision would take place.

68. In answer to further questions regarding the future steps for the launch of the first AER, Andrea Ammon confirmed that the full report would be made visible and accessible on the ECDC website, and it would be launched with a press conference. Copies of the report will be sent to the MS for distribution. The ECDC Director added that the Executive Summary would be distributed to policy-makers, e.g. Commissioner and the hierarchy in the Commission, ministers of health and members of the European Parliament. She reminded the AF that the launch will take place on June 4 with a press conference and the presence of the German EU Presidency and the EC. On this occasion the Executive Summary and the citizen's leaflet will be presented. It is envisioned to have different versions of the future reports in order to address different target audiences. The Director then invited the members of the AF to submit further input to these proposals for future AER and thanked all the countries for their contribution to the good quality of the data.

Burden of Communicable Diseases *(document AF10/8)*

69. The ECDC Director welcomed the guests from the RIVM, Netherlands, Dr Prof Arie Havelaar and Dr. Alies van Lier, authors of the pilot study of the disease burden of seven infectious diseases, done in collaboration with ECDC and with input from WHO, HPA and EC. She also welcomed the representatives from WHO Geneva, Dr Colin Mathers and Dr Claudia Stein, who would join the discussion.

70. This pilot study investigates whether the Burden of Disease (BoD) approach can be successfully applied specifically to CDs and if so, how this can be done more comprehensively and inclusively across the EU. The results of the 3 month pilot indicate that the BoD approach has potential for CD and that a full study, to be performed over 2 to 3 years involving all EU MS and key partners such as EC and WHO, should be launched. Such a study could also provide evidence to help the countries to strengthen investment in public health. The ECDC Director then suggested that a small WG from the AF be set up to advice on a methodology for performing the full study and to ensure that all relevant institutions in EU MS, researchers with interest in BoD, EC and WHO are involved. With the input from such a WG, ECDC could then launch a call for tender.

71. The ECDC Director thanked all persons and institutions involved in the preparation and review of this study, and highlighted the professional work done by Dr Havelaar and Dr van Lier.

72. Arun Nanda, WHO Liaison and Adviser to the Director then presented an outline of the AF paper on the BoD. The importance of a study of BoD was stressed. The activities performed, outcome and scope of the pilot study were summarized. Then the next steps were introduced. The AF's comments were sought on the suggested extracts (Annex A of the paper presented to the AF) to be included in the AER 2005 and on the proposal for an EU-wide BoD study to be launched in 2008.

73. Dr. Alies van Lier (RIVM) followed with a presentation to brief the AF on the characteristics and methodology of the pilot study performed. The main goals of the project were explained: Illustrate the potential of the approach; explore the data availability and quality; recommend future studies and stimulate a debate. Additionally, the origin of the data used and the limitations faced regarding data availability and quality were described. Some of the results and the overall conclusions of the study were then presented, followed by general recommendations. The importance of performing a full burden of disease study that takes into account epidemiological modeling and includes a systematic and critical review was stressed.

74. The Director invited the members or the AF to express their comments on the next steps. It was asked if a full BoD study should be performed and a WG should be set up.

75. Before the floor was opened for comments from AF members, the two representatives from WHO present at meeting were invited to give their input. Both complimented on the report and expressed their support to further collaboration between WHO and ECDC on studies on BoD. Dr Colin Mathers informed that the Bill Gates Foundation had recently agreed to fund a mayor project on BoD with WHO and international epidemiological institutions. The WHO representative considered that this and ECDC´s study could complement each other, therefore the collaboration and interrelation of the expert groups involved in both projects would be of great interest. Then the other WHO representative, Dr Claudia Stein informed of a study on BoD performed by WHO on food-borne diseases – to be found in the organization's website – which serves as an example of an area where future collaboration can be envisioned. She also mentioned another study dedicated to the BoD of tropical diseases.

76. Regarding these comments, the ECDC Director highlighted that it would be of interest for the AF members to receive the information on the website link to access the aforementioned WHO study, and also informed of another interesting study, performed by the EC, on the BoD on AMR.

77. Numerous comments from the floor highlighted the importance of the ECDC/RIVM pilot study and supported the continuation of the work, as well as the establishment of the working group. One member of the AF stated that by calling attention to the costs and consequences of diseases, this kind of study served to enforce prevention.

78. The comments also included recommendations for improvements to be taken into account when performing the full study. One member of the AF had remarks regarding the use of the word "incidence" in the pilot study when referring to the number of cases in a certain period. Another AF member suggested that the full study should concentrate on diseases that already have a high burden and that efforts be made in order to improve the quality of the estimates obtained. The use of additional data to grasp the consequences, mortality and severity of the diseases was also suggested. Regarding data, another comment from the floor stressed that the countries themselves should work on ensuring the best possible estimates and stay involved in the production of the study. The need to look into the consequences of stopping prevention measures was another suggestion.

79. The ECDC Director summarized the comments received and noted the requests to perform a full BoD study. The Working Group to be established would meet in autumn in order to prepare the call for tender, which is planned for 2008 as stated in the work plan. The AF members interested in participating in the WG were asked to express their willingness and it was clarified that the Chairs of the 3 AF WGs should be included. The Director then took note of the names of those interested in participating in the WG: Mike Catchpole (United Kingdom), Roel Coutinho (Netherlands), Kåre Mølbak (Denmark), Agnes Csohan (Hungary), Florin Popovici (Romania). She also said that a representative of the European Commission and of WHO would be welcome.

80. The first meeting could be linked to the next meeting of the AF and the subject could also be part of the agenda of the WGs.

81. Some comments addressed the input requested from the AF regarding the contents from the BoD pilot study to be included in the AER 2005. Clarifications were requested, as target and intended effects must be assessed. Presenting it as a separate report and not as part of the AER was suggested by some members of the AF. It was also mentioned that, when performing a full study, different formats and timelines need to be considered, taking into account the complexity of such an undertaking. The ECDC Director took note of the comments and said that the full results of the pilot study would not necessarily need to be part of the annual epidemiological report, they could, as suggested be published in the Eurosurveillance and on the Centre's web site.

Research on infectious diseases in the 7th Annual Framework Programme (FP7 207-2013): presentation by Anna Lönnroth, DG Research

82. Anna Lönnroth presented a comprehensive description of the aims and characteristics of the 7th Annual Framework Programme (FP7 / 2007-2013), with special emphasis on the Cooperation Programme in which the funding for health projects is included. The main policy drivers for the collaborative research for health in the FP7 are: Improving health of the European citizens, increasing competitiveness of European health-related industries and addressing global health issues, including emerging epidemics. Details were given regarding the two first calls for the health theme. One refers to "Large scale data gathering" (closed on 19 April) and the second to "Optimizing the delivery of health care" (with deadline of 18 September). The presentation also included information on the main areas of research at EU level on infectious diseases. Special emphasis was done on the work concerning AMR, and then it was informed that on Aids, Malaria and Tuberculosis the focus has been set on the needs of developing countries, especially in Africa.

83. Anna Lönnroth then explained the work on EU Research on Emerging Epidemics. Additionally, it was mentioned that for the next year the DG plans to launch a mayor project on preparedness. Mention was also made of the work on neglected infectious diseases (NID).

84. As to the future, the representative from DG Research informed that for the Work-Programme 2009-2010, a new approach is being discussed in order to asses broader research topics. A two-way evaluation procedure will allow applicants to send a short outline of the projects for a first screening, and then they would be invited for a more in depth evaluation. This could empower participants to highlight the most important research needs.

Update on The European Surveillance System (TESSy) *(document AF10/16)*

85. The AF members were invited to attend a presentation by Per Rolfhamre and Daniel Faensen of the Surveillance Unit to demonstrate the characteristics and use of the TESSy system. After the key concepts were explained, a demonstration on the test website took place, with examples of how to upload data and of resulting graphs. After the presentation, members of the AF had the opportunity to raise questions and discuss the tool. Questions included the way the system handled data problems related to sources, status and reporting, as well as clarifications on how the access to the data will be controlled.

Update on the evaluation and assessment of surveillance networks (*document AF10/17)*

86. In her presentation, Johanna Takkinen from the Surveillance Unit, explained the status of the evaluation and assessment of the surveillance networks. The process has been completed for EUCAST and DIVINE, workshops for all evaluation teams have been held, several hub visits have been performed and others are planned – with the last one to be held in July –, and the Steering Group meeting is scheduled for 28 May 2007. This outline of

activities was followed by a series of recommendations for the EUCAST and DIVINE assessments. Finally, the future position on norovirus outbreak surveillance was presented for discussion. ECDC supports the continuation of norovirus outbreak surveillance at EU level as part of a future food-borne surveillance system and various arguments in support of this were stated, but input from the AF was sought on this matter. The presentation ended with the explanation of a series of future objectives for norovirus outbreak surveillance.

87. The ECDC Director opened the floor for discussion, reminding that while ECDC advocates for the continuation on the surveillance of norovirus the AF is called upon to express their opinions on this matter.

88. One member of the AF expressed support for the continuation of the surveillance due to the fact that around half of the media news on outbreaks refer to norovirus. But during the discussion other members cautioned about the capacities of the norovirus surveillance system. One participant stated that surveillance should not be used too much in the source evaluation system and a series of pending questions regarding norovirus need to be answered first before performing EU wide surveillance. Other countries supported this position. It was stated that while norovirus is an important issue and the added value of the network is recognized, more studies are needed. One member suggested that a solution could be to integrate norovirus into another outbreak monitoring system.

89. In relation to EUCAST, one member of the AF cautioned that it is not designed as a surveillance network but rather regarded as a scientific exercise.

90. Andrea Ammon, Head of the Surveillance Unit, clarified that as the contract with the DIVINE network is finishing at the end of May, a decision is urgent, therefore the request to the AF for input.

91. The ECDC Director summarized possible approaches to resolve the issue. She acknowledged that EU-wide surveillance of norovirus was not perceived to be so vital, as norovirus is not in the list for EU wide surveillance, but it could be included in some context of outbreak surveillance. It was suggested to continue with the present arrangement for a period of time, and with a slight modification in the terms of reference norovirus could then be more linked to the activities of the Preparedness and Response Unit on outbreaks.

92. Andrea Ammon then underlined that the present conditions had to be maintained for DIVINE to keep the hosting of the network as it is currently.

93. Further comments were expressed from the floor. Two members of the AF suggested including the surveillance of rotavirus in the work with norovirus, to which Andrea Ammon stated that this could be discussed further. Another member requested clarification on how many countries actually participate in the norovirus surveillance system. When Andrea Ammon explained that only thirteen countries do so, this member suggested to change the name of the network, as it is not working at EU-wide level, and to aim for a collaboration of the thirteen laboratories within the network.

94. At the end of the discussion, the ECDC Director explained that the appropriate course of action would be to extend until the end of the year the work on norovirus and aim at expanding the scope of laboratory capacity. It was so agreed.

Update on ECDC tuberculosis activities *(document AF10/12)*

95. Karoline Fernandez de la Hoz, from the Surveillance and Communication Unit, focused her presentation on the TB Action Plan for the EU, which is being developed by ECDC at the request of the Commission and will be fed into the Ministerial Forum in Berlin on 22 October. The goals of the EU Action Plan and the diverse epidemiological situations in the EU countries were explained. This was followed by a description of the structure of the document and the development process of the Plan. It was stressed that the aim is to include all partners in order to guarantee ownership and efficiency, but time is short. A first draft will be available mid June, with a consultation process taking place in July and beginning of August. A second draft with the integration of the consultation feedback would circulate at the end of September, in order to have the document ready for 22 October. An Action Plan will then go to the Council meeting for approval.

96. The AF was requested to give input on the content and way of approaching this project, and on how the consultation procedure with MS should take place.

97. One comment from the floor addressed the importance of focusing not only on those countries most affected by TB but also on those with low TB incidence rates and approaching an elimination phase.. Another country highlighted the importance of the ECDC assessment visit in order to raise the importance of the fight against TB at the political level.

98. The ECDC Director informed that the AF would be kept updated on the progress in the Action Plan and highlighted the importance of having the list of persons to be consulted in each country for this project. It was stressed that the AF shares ownership for the project and its input is vital. She concluded the discussion stating that WHO and other partners would also be involved in the consultation process.

Update on the Public Health Emergency Plan and implementation of the Emergency Operations Centre *(document AF10/15)*

99. Massimo Ciotti, Deputy Head of the Preparedness and Response Unit, presented the status of the implementation of the ECDC Emergency Operations Centre, started in January and due to end in June. Information was also presented on the latest updates made to the Public Health Event Operations Plan, with descriptions of the roles of staff, supporting infrastructure and planned relocation of resources. A slide show provided a photographic overview of the progress achieved in finishing the EOC. It was explained that an internal test to be performed in June will serve to test the system.

100. No comments from the floor were received, and with this agenda item the 10th AF Meeting was closed.