ECDC Advisory Forum

AF16/Minutes

Minutes of the 16th meeting of the Advisory Forum
Stockholm, 9–10 December 2008

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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 to the AF's sixteenth meeting. She relayed apologies from Greece, Latvia, Lithuania and the European Patient Forum.

2. The Director also welcomed Paolo Guglielmetti of the European Commission and Srdan Matic of the World Health Organization's Regional Office for Europe.

3. The Director extended a warm welcome to Reinhard Marre, an observer from the Standing Committee of European Doctors (CPME) and Ruth Gelletlie from the European Public Health Association (EUPHA).

Adoption of the draft agenda and noting the declarations of interest

(Document AF16/2 Rev.1)

4. The Director announced that one member of the AF had requested that three items be added to the draft agenda for further discussion, namely, paragraphs 17 (calls for tender procedures), 32 (EPIET [salaries, host countries]) and 39 (country visits) of the minutes of 15th AF meeting. The Director also pointed out that all three topics would be covered by presentations already scheduled for later in the day or the following day.

5. The Director called for the submission of declaration of interest forms in respect of the agenda items. Kåre Mølbak (Denmark) declared that his employer, Statens Serum Institute, is coordinating the tender for the extension of EUVAC.NET which has just been accepted by ECDC; Gérard Krause (Germany) declared that his employer, Robert Koch-Institute, subsidises EPIET (Item 9) and that his employer has been and continues to be tenderer for ECDC (Item 10); Franz Allerberger (Austria) declared that his employer, the Austrian Agency for Health and Food Safety (AGES), is hosting the National Reference Centre for Pneumococci (Item 5), the biosafety level 3 laboratories processing microbiological samples (Item 7) and the National Reference Laboratories and Reference Centre on Zoonosis (Item 12); Rolanda Valinteliene (Lithuania) declared that her institute is an associated partner of IPSE; Robert Hemmer (Luxembourg) declared that he is a member of the Editorial Board of Eurosurveillance; Preben Aavitsland (Norway) declared that his employer, the Norwegian Institute of Public Health, is contract holder for EpiNorth (Item 11); and Florin Popovici (Romania) declared that he would be making a presentation (Item 8).

Adoption of the draft minutes of the 15th meeting of the Advisory Forum held in Stockholm, 9-10 October 2008

(Document AF16/4)

6. The minutes were proposed for adoption. There were no changes required and the minutes were approved as presented.

Director's briefing[1] and units' updates on the main activities of ECDC since the last meeting of the Advisory Forum

7. The Director updated the AF on ECDC's general activities since the last meeting, including the Management Board's (MB) approval of the 2009 work programme, the resolved budget issues and the completion of ECDC's response to the external evaluation. She also informed the AF that Hubert Hrabcik was elected as the Chairman of ECDC's Management Board and that Jacques Scheres will serve as the MB's Deputy Chairman.

8. The Director was particularly pleased to report that Françoise Barré-Sinoussi and Luc Montagnier, joint winners of this year's Nobel Prize in Medicine, took part in a scientific seminar hosted by ECDC on 8 December 2008. Other ECDC activities included the organisation of the 2008 ESCAIDE Conference in Berlin and the hosting of visits by the Swedish National Board of Health and Welfare and the Austrian Minister of Health, Family and Youth, Andrea Kdolsky.

9. Updates from the Heads of Unit followed: Andrea Ammon (Surveillance), Denis Coulombier (Preparedness and Response) and Johan Giesecke (Scientific Advice) presented their updates as PowerPoint slides.[2]

Discussion

10. Following Johan Giesecke's presentation, AF members expressed their praise for the ESCAIDE Conference, with one member referring to it as 'a model for future events'.

11. In response to Andrea Ammon's presentation, one member of the AF inquired about the current state of the proposed study on healthcare associated infections in nursing homes. According to Andrea Ammon, the planned project is the continuation of a work package of the former IPSE (Improving Patient Safety in Europe) surveillance network. A study proposal will be developed and piloted in the first year of the project. The protocol and the results of the pilot will be presented to the AF and the Competent Bodies for Surveillance for discussion at the beginning of 2010, after which a final decision will be made.

Presentation:[3] Feasibility study on pneumococcal surveillance

(Document AF16/5 Rev.1)

12. Andrew Amato (Deputy Head of Unit, Surveillance) presented the findings of a study entitled 'Inventory of current surveillance systems for invasive pneumococcal disease and vaccination policy in the EU' that was carried out during the second and third quarter 2008. A related document ('Enhanced Surveillance of Invasive *S. pneumoniae* Disease [IPD]', document AF16/5 Rev.1) summarises the findings of this study and explores the feasibility of setting up an enhanced surveillance system for pneumococcal disease.

[1] ECDC Director's Briefing & Unit's Update.ppt
[2] ECDC Director's Briefing & Unit's Update.ppt
[3] Feasibility Study of Enhanced Surveillance of IPD - A. Amato.ppt

Discussion

13. Following Andrew Amato's presentation, one AF member opined that the study on pneumococcal disease needed to answer the question whether the surveillance data will be of sufficient quality to indicate whether the vaccine programme is being effective. He also welcomed the concept that ECDC strives to standardise methods to estimate the sensitivity of the surveillance systems in the countries, but cautioned that this was not an easy task. Another AF member lauded ECDC's initiative but noted that it was rather difficult to apply the term 'sensitivity analysis' when the data is derived from sentinel systems as is the case in several countries. He addressed the administration of the meeting when he asked that when a revised version of a report is sent that it would be nice if it was clearly indicated (e.g. by highlighting where the changes to the text were made in order that AF members could compare the different versions of the text more easily and quickly. One member of the AF pointed out that adverse effects of vaccination should be included in enhanced surveillance activities.

14. Most of the other comments by AF members were in favour of proceeding with enhanced surveillance of IPD, but one AF member cautioned against overlap with the data collected by EARSS on S. pneumonia.

15. In response, Andrew Amato pointed out that it was important that there would not be overlap once enhanced surveillance of IPD was initiated; the idea is not to duplicate but to ensure the data are complementary to each other. He agreed that the low impact of vaccination in some Member States was probably due to low vaccination coverage and that this was one of the questions that enhanced surveillance could shed more light on.

16. In summarising the discussion, the Director noted that the AF supported the document, but that some issues were raised that would need to be borne in mind when planning the new enhanced surveillance system of IPD.

Annual Epidemiological Report: Special topic, characteristics, and timetable 2009

17. Johan Giesecke, Head of ECDC's Scientific Advice Unit, updated the AF on the status of ECDC's Annual Epidemiological Report (AER). The 'AER 2008' (2006 data) will be available by the end of the year. The next AER, based on data from 2007, is currently scheduled to be published on 30 May 2009.

18. TESSy (The European Surveillance System) opens for AER data submission on 8 January 2009; it is imperative that data submission is completed by 31 January 2009. Late submissions will not be accepted. Data validation will take place during the month of February. A printed draft version of the AER (2007 data) will be sent to the national Chief Medical Officers at the end of March 2009. The final draft should be available in late April. During the month of May, ECDC's editors and graphic artist will edit, typeset and proofread the AER.

Discussion

19. The proposed timeframe was generally accepted but some AF members expressed concerns that they might not be able to meet submission deadlines for some of the diseases.

20. Johan Giesecke eased some of the concerns by pointing out that the AER 2009 would be based on 2007 (not 2008) data, which should easily be available by the end of January 2009.

21. The naming convention for the AER was criticised. The fact that the 2008 AER ('Annual Epidemiological Report on Communicable Diseases in Europe 2008') presents data from 2006 was seen as confusing. Therefore, the title of the 2009 report should also prominently display the actual date of the data (not just the publication date) in order to avoid confusion. One suggestion was to add the date of the data as a subtitle: 'Based on disease notifications (2007) and detected threats (2007/2008)'.

22. As an overall goal, the AF agreed that the publication date should be closer to the actual date of the data.

Presentation:[4] ECDC's role in incidents of intentional release of biological agents

23. Denis Coulombier (Head of Unit, Preparedness and Response) presented a strategic paper on ECDC's role in responding to bioterrorism attacks.

24. Following Denis Coulombier's presentation, AF members agreed with ECDC's basic tenet to treat every outbreak, regardless of its cause and origin, as a natural outbreak that triggers all standard early-detection and rapid-response mechanisms.

25. Most of the remaining time for discussion focussed on the respective roles of law enforcement authorities and ECDC. AF members agreed that a joint investigation (public health and criminal) would be highly unlikely and that law enforcement authorities would not share classified information with ECDC. As one AF member put it rather pointedly: 'I don't foresee a roundtable discussion with law enforcement.'

26. One AF member pointed out that the paper fell short of outlining research activities. Also, it did not mention where to find bioterrorism experts and outbreak laboratories that can test for rare pathogens. In an actual emergency, it should be ECDC's first and foremost task to help Member States in identifying the necessary expertise to cope with an attack of bioterrorism.

27. It was also mentioned that prevention should be included in the document. Especially 'dual-use' technology — e.g. fermentation tanks that could potentially be used in the production of biological agents — should be closely observed. In some Member States, elaborate legislation in this area is already in place. ECDC could assist Member States by providing legal and scientific expertise. Establishing an 'EU biosafety code of conduct' would also be a helpful measure.

28. The document's overlap with the responsibilities of the Member States and the EU Health Security Committee was an issue of concern for one AF member. His view was seconded by an AF member who remarked that the relationship between ECDC and the EU Health Security Committee was not clearly defined in the document. One AF member voiced

[4] Role of ECDC in Incidents of Intentional Release of Biological Agents - D. Coulombier.ppt

the opinion that the EU Network Committee and the Management Board would be a better forum for this discussion.

29. The Director pointed out that a major overhaul of EU documents on health threats was underway, including a review of the legal framework. Once finalised and approved, these revised documents would make responsibilities much clearer.

30. In response to the comments made during the discussion, Denis Coulombier explained that the presented document was merely a step towards a final strategy paper. The current version will be revised before the presentation of the final version at the Management Board meeting in March 2009. He also clarified that it would be very difficult to include issues such as the prevention of the abuse of technology ('dual-use' technology) into the document as they do not fall under ECDC's mandate.

Epidemic intelligence: Update on recent threats in the EU

31. Denis Coulombier (Head of Unit, Preparedness and Response) gave an update on the epidemic intelligence cases that occurred during the past two months: 32 new threats were opened and 48 threats monitored. Legionellosis remains the main threat in terms of occurrence, but TB in travellers is becoming a routine activity for ECDC, with at least one case almost every week. TB occurred on planes but also on a cruise ship. Two anthrax situations evolved, one in the UK (ECDC appreciated being informed at an early stage) and one in France.

Lessons learned from the oseltamivir resistance experience

(Document AF16/7)

32. Piotr Kramarz, ECDC's Deputy Head of the Scientific Advice Unit, highlighted the 'Lessons learned from the oseltamivir resistance experience' (Item 8). In January 2008, a novel strain of influenza A(H1N1) viruses appeared in Europe. ECDC, the Member States and WHO had to address the phenomenon of the appearance of this strain during the 2007/2008 influenza season. A paper will soon be published on the global consultation on Influenza Antiviral Resistance organised by WHO and ECDC on 13 September 2008. The main strengths of response include the identification of a global issue in Europe for the first time, the publication of a risk assessment by ECDC within 48 hours as well as the overall effective coordination. However, a number of weaknesses shall also be pinpointed, such as: i) some disagreements about objectives/feasibility of epidemiological studies; ii) conflicts in time allocation as well as in sharing clinical/epidemiological case-based data; iii) failure to use the formal mechanism of EU Decision 2119; and iv) burden of communication and problems with developing advice for clinicians. Lessons learned from this experience could also be used as a rehearsal for a pandemic. The plan, which will contain tools, procedures and resources, will be submitted to AF and MB members for advice and comments, shared with the WHO and presented to other EU bodies.

Discussion

33. Exchanges focused first on data comparability and accuracy. According to one member, aggregates were weak in terms of public health. With regard to data collection, some delegates contested the idea of creating a central database. In particular, an AF member expressed his concern about putting in place a completely new separate system – with a new

separated group. Another member stated that even if the management of the event had been imperfect, the EU fared better compared to the rest of the world. Data collection with a central database or at the national level could have been discussed, but a decision was made and some documents were subsequently produced.

34. After agreeing that the EU did not perform too badly (even if matters could be improved), another member suggested that a research protocol should be drafted, with a special focus on the point where surveillance and research connect. With respect to the use of Decision 2119 for the collection of data, Piotr Kramarz clarified that there is no intention to force clinicians to submit data. The data collection also faced some complications due to the collaboration procedures utilised by the EISS network. ECDC will devise some procedures to improve data sharing in the future. With regard to the accuracy of data, Piotr Kramarz asked members for input on how to improve data collection to be more suitable for epidemiological study purposes. In response to a query about possible ways (beyond the goodwill of people) to address data sharing and authorship problems, Piotr Kramarz informed that ECDC will be developing some operational rules. The representative of the European Commission encouraged the facilitation of data sharing.

35. A number of AF representatives regretted that the nature of the difficulties and potential solutions had not been clearly identified in the report. In particular, they called for a more precise description of both how Member States shall behave during such occasions and ECDC's role. They pointed out that ECDC should facilitate cooperation between Member States and pledged for a stronger and more coordinated approach from ECDC. A representative complained about the pressure ECDC placed on Competent Bodies on the occasion of this event and called for a redefinition of the relationship.

36. Piotr Kramarz warmly thanked delegates and acknowledged that such investigations place pressure on Member States. Although ECDC's goal was to communicate with Member States through planned conference calls, attempts to acquire data to respond to significant public health queries might have been experienced due to intensified pressure (e.g. by France). In response to a question raised by the representative of the European Commission, Piotr Kramarz remarked that ECDC is still assessing the impact of the decision process. He also clarified that the purpose of such an evaluation is to find ways to increase efficiency and to conduct more uniform data collection if such events occur in the future.

37. Finally, representatives discussed whether lessons could be drawn from this event as preparatory work assessment in the case of a pandemic. Despite the small scale of the event, members agreed that it could be used for preparedness purposes. Piotr Kramarz concluded by underlining the difficulty at the beginning of a study to have clear ideas in terms of hypotheses.

Recent Hepatitis A outbreaks

38. Denis Coulombier briefly presented the recent Hepatitis A outbreaks in the EU. EWRS messages were received from the Czech Republic, Latvia and six other EU countries. During a meeting organised in Latvia last November, participants came to the conclusion that an accumulation of susceptible cases might be the cause for the outbreak. In terms of outbreak response, the options differ from one country to another. A need exists to define guidelines on the use of post-exposure vaccination during outbreaks, which also has implications for

blood donations. The same epidemiological pattern – an accumulation of susceptible cases – may provoke similar outbreaks in other EU countries. Some short- and long-term conclusions were drawn from the meeting. The short-term conclusions include sharing of information between Member States, offer of laboratory support from RIVM and possible situation updates (in *Eurosurveillance*). The long-term conclusions include a serological survey to assess population susceptibility in the EU, a review of post-exposure prophylaxis practices for Hepatitis A, information on Hepatitis A in countries worldwide, and technical guidelines on outbreak response.

Discussion

39. Initially, the discussion focused on the implementation of practical measures (e.g. vaccines) to contain the outbreak in Latvia. Some representatives welcomed the initiative to call for a meeting, but expressed their surprise that vaccination was mentioned as the only way to stop the epidemic (especially if the outbreak is the consequence of an accumulation of susceptible cases) and doubted the cost effectiveness. A member queried whether universal vaccination against Hepatitis A had been considered. The representative of the European Commission answered negatively to the question whether resources could be allocated to purchase vaccines. However, he pointed out that some mechanisms could be put in place, especially for pandemic vaccines. Denis Coulombier underlined that civil servants from affected countries requested evidence that vaccination is the correct approach in order to convince their ministers to buy vaccines. Ideally, vaccination is effective, but the timeline has to be considered: it might already be too late by the time the vaccines arrive. Vaccination can be part of the solution, but the response should be based on a more global strategy. Various options exist, depending on the stage of the epidemic and the affected population (e.g. a village or an IDU population). Experts not only considered vaccination but also isolation (not very effective or cost effective; implemented in Latvia).

40. A number of AF members considered travellers (e.g. people socially isolated, young children returning from North Africa) as a mode of transmission and suggested discussing social programmes targeting these populations. They called for a special focus on vulnerable populations and proposed to consider specific issues such as vaccination of children returning from pandemic areas.

41. A member pointed out that there are different genotypes in different populations (e.g. IDU). For instance, even what appears to be a single epidemic can in fact be several epidemics. The WHO representative pointed out that the nature of the Hepatitis A epidemic has changed. Therefore, the time is ripe to examine the epidemic, its containment and long-term prevention. He underlined the importance of how an outbreak is perceived. He also agreed on environmental actions. Denis Coulombier acknowledged the validity of a Member's statement about going one step further and stated that current thinking is evolving (e.g. U.S.A.). That being said, guidance on how to deal with specific outbreaks is still lacking. Finally, Denis Coulombier clarified that the short- and long-term conclusions were listed in order of discussion, not priority.

Presentations on West Nile Fever[5]

42. Jean-Claude Desenclos (France) focused on the transmission of West Nile Fever (WNF). From 1 May–30 November 2008, a seasonal surveillance was conducted in the French Mediterranean districts. Tests were performed at the National Reference Centre. The surveillance was organised via an inter-ministerial circular. With regard to blood donor prevention, preventive measures were put in place (e.g. no blood collection in some areas, 28-day delays for people emanating from affected areas). Depending on the time of the year, national pre-alert and alert systems for cases acquired within or outside France can be launched. WNV surveillance at the EU level may vary from one country to another. Conducting proper risk analysis is difficult albeit crucial when implementing surveillance at the EU level.

43. Ágnes Csohan (Hungary) concentrated on the detection of WNV cases. The syndromes are identifiable. In 2003, the first human cases appeared. WNV laboratory analyses have been performed since 2004. However, Ágnes Csohan underlined problems with delays and noted that acquiring results of the analysis can take more than two weeks. The reference laboratory reported the first two cases on 19 September, although they occurred in mid-August. The Hungarian surveillance institute then promptly shared information at the national level in order to raise the awareness of the health infrastructure (e.g. hospitals, national blood services). The blood donor selection procedure was strengthened with regard to both medical examinations and interviews. The challenge is to improve detection and control procedures, particularly a faster laboratory analysis.

44. Florin Popovici (Romania) focused on the epidemic that occurred in 1996, with 393 confirmed neuro-infections, the largest one caused by WNV in Europe. The outbreak was confirmed in Bucharest and 14 districts neighbouring the Danube River. Clinicians observed the cluster in mid-July but reported it only in mid-August. Despite a 1996 clinical case definition, it was quite complicated to have a case confirmation, as no commercial kits were available; however, the U.S. army laboratory provided support. 352 WNV cases were confirmed, with 17 deaths. Identified risk factors were mosquitoes in living quarters and flooded basements. After 1996, Romania developed a regional seasonal hospital based surveillance system. Sporadic cases occur each year within the districts neighbouring the Danube River. In 2008, the surveillance methodology was revised and the case definition for reporting amended. 120 possible cases were reported, two cases were confirmed.

Discussion

45. Denis Coulombier introduced Hervé Zeller, a virologist who recently joined ECDC and announced that ECDC would be organising a meeting to review the options for surveillance in the first quarter of 2009.

46. A representative underlined the impact of climate change in the diffusion of the WNV in the EU.

[5] West Nile Fever - France.ppt; West Nile Fever - Romania.ppt; West Nile Fever - Hungary.ppt

Update on main activities of the European Commission[6] since the last AF meeting

47. The Commission's representative briefly introduced the draft Work Plan for 2009 for implementation of the second programme of Community action in the field of health (2008–2013). He focused on the first priority of the plan, that is, 'Improve citizens' health security', which most concerns ECDC. In addition, the Commission's representative provided an update on developments pertaining to the draft Commission Decision amending Decision 2000/57/EC on the early warning and response system for the presentation and control of communicable diseases under Decision N° 2119/98/EC of the Parliament and the Council. He also remarked on the ongoing work regarding the quality of data in surveillance of communicable diseases in the EU. He also announced the recent steps of the Communication and the proposal for a Council recommendation on patient safety, including the prevention and control of healthcare associated infections.

Discussion

48. At the request of the Director, the Commission's representative agreed to send the Work Plan for 2009 to ECDC once approved. The Commission's representative also remarked on the latest developments in the tender procedures on reference laboratories.

Country activities update[7]

49. John O'Toole (External Relations and Partnerships, ECDC) introduced the recent mission ECDC conducted in Oslo for an evaluation of the EpiNorth project. The meeting concluded that the contribution from ECDC should continue as the EpiNorth project is performing well and represents an excellent contribution to European public health activities. The four topics presented by John O'Toole were: (i) a call for tender on country support follow-up visits (eight follow-up visits from January to June 2009, with a situation analysis and a report); (ii) country profiles following a consultation of the AF members (18 countries answered – shortened country profiles as a result); (iii) ECDC country inventory on the capacities of Member States in the field of communicable diseases and country inventory; and (iv) activities support project (County Information and Support project — the call for tender has been re-launched). The main general principle is a planned, coordinated approach to minimise the burden on the countries.

Discussion

50. The Director underlined that conducting follow-up visits in eight countries was a decision of the Management Board. ECDC is currently testing this new approach.

[6] Update by the European Commission.ppt
[7] Country Activities Update - J. O'Toole.ppt

Presentation[8]: Update on the European Programme for Intervention Epidemiology Training (EPIET)

51. Arnold Bosman of ECDC updated the AF on current EPIET activities. His presentation addressed several contentious issues such as inequalities between EPIET fellows, the selection process of EPIET training sites, and EPIET's upcoming external evaluation.

Discussion

52. Following Arnold Bosman's presentation, AF members agreed that the hybrid approach to training was combining the 'best of both worlds'. One AF member pointed out that EPIET should also offer one- or two-month training courses for senior public health workers. Currently, EPIET primarily reaches young and geographically mobile professionals, and by offering short training modules, EPIET could reach different target groups. Several other AF members echoed this view by suggesting that EPIET refresher courses would be very helpful.

53. Arnold Bosman replied that ECDC was exploring such training options further and that currently five short-term training courses are available, which could already be considered as 'refresher courses' for seniors, as well as advanced courses for mid-level epidemiologists. These courses include 'Managerial Skills in Outbreak Investigations', 'Technical aspects of outbreak investigations', 'Vaccination issues for epidemiologists, 'Time Series Analysis' and 'Microbiological and epidemiological aspects of outbreak investigation'. Each of these courses is linked to the ECDC list of core competences for epidemiologists. Four out of five short courses originate from the EPIET curriculum. Based on more detailed needs assessment for training, planned in 2009, ECDC will consider additional short courses. As to attracting more senior public health experts, Arnold Bosman remarked that ECDC is presently identifying suitable topics in order to invite senior experts to participate in an exchange for short periods (1-3 months) between Member States.

54. He also pointed out that the noticeable inequality between fellows in terms of salaries and at the administrative level (e.g. missions, insurance) cannot be resolved currently. This issue will be considered during an external evaluation of EPIET, which is scheduled for the spring of 2009. For the time being, EPIET depends on 'local creativity' and the 'stamina of the fellow' when it comes to overcoming such inequalities.

55. The Director pointed out that the Management Board would review many of the issues addressed after the conclusion of the external EPIET evaluation. Other issues (e.g. separation versus integration, motivating Member States to establish field epidemiology training programmes [FETPs], evaluation of short-term courses) would be added to the work plan.

[8] Update on EPIET - A. Bosman.ppt

Presentation:[9] Calls for tender

56. At the request of an AF member, Elisabeth Robino (Legal Adviser and Acting Head of Administration, ECDC) reviewed ECDC's procedures for calls for tender. The presentation listed the number of published calls for tender and covered aspects such as evaluation, quality control and the specific tasks of all involved ECDC personnel.

Discussion

57. One AF member pointed out that some calls for tender had such a heavy bureaucratic burden and such highly specific deliverables that even some very qualified and competent consultancies had to refrain from applying.

58. The selection of EPIET fellows was briefly discussed. Denis Coulombier of ECDC said that relatively rigid contracts, which are a consequence of recruiting fellows as ECDC staff members, would probably be gradually phased out in favour of a more flexible grant approach.

59. The total number of calls for tender was met with scepticism by one member of the AF who considered the sheer number of calls as potentially detrimental to quality. If the delivered materials were of poor quality, ECDC's reputation in the scientific community could suffer. In addition, he criticised the practice of some consulting firms that are drawing upon Member States' resources when applying for tenders or implementing the related contracts. He reiterated that this practice ties up a considerable amount of Member States' resources. He added that ECDC should ensure it does not outsource tasks that go beyond its mandate.

60. Overall, AF members found it acceptable that ECDC issues a large number of calls for tender during what was still considered ECDC's start-up phase. Eventually, the number of calls for tender would decrease as ECDC was adding more experts to its staff.

61. The Director suggested that it would be instructive for the AF to look at some examples of recent calls for tender. During the next AF meeting, ECDC will present to the AF examples of calls for tender that illustrate good and bad practice. For the 2010 work plan, ECDC endeavours to share with the AF all areas for which calls for tender are planned and solicit the AF's expertise and support.

Discussion and Feedback from the AF Working Groups

Molecular epidemiology in future surveillance (based on the draft concept presented during AF 15)

(Document AF16/8)

62. The Chairman of the working group, Roel Coutinho, presented the findings of his group.

63. The working group recommended building on existing work, focusing on EU-added value, starting with a potential success story, and building capacity in countries that require

[9] Call for Tenders - E. Robino.ppt

support. Some of the open questions that the working group raised included how to ensure that molecular typing actually delivers tangible public health benefits, how to identify suitable laboratories, and how to ensure the representativeness of samples for surveillance.

64. One member recalled that selecting suitable laboratories was a national decision. He also added that Member States would be more inclined to participate in the collection of molecular typing data if there was a clear European priority shared by all Member States. Another AF member added that only the combination of data from several European countries would result in 'EU added value': isolated data from individual countries do not yield enough information to detect an outbreak early so it can be quickly contained.

Purpose of the paper on proposal for definitions of MDR, XDR and PDR bacteria other than mycobacteria (presented during AF 15)

65. Jean-Claude Desenclos presented[10] the results of the discussions in the working group he chaired.

66. With the proliferation of terms such as MDR, XDR and PDR for bacteria other than mycobacteria, the need for a common terminology emerged. A new common terminology/ nomenclature should be equally meaningful to microbiologists, clinicians, public health, researchers, and policy makers.

67. The paper[11] presented during the AF meeting attempted to simplify AMR resistance patterns of bacteria in order to achieve a more meaningful classification in relation to the availability of effective drugs.

68. The advantages of such an approach would be evident in surveillance, early detection, information/communication, research, and antibiotics policy, to name only a few areas. However, following some controversial discussions, a number of AF members questioned the usefulness and sense of such a unified definition at the European level.

69. Jean-Claude Desenclos also outlined a timeframe leading to the publication of the finalised paper in the second or third quarter of 2009.

Vector-borne diseases — priorities

70. The chairperson of the working group on vector-borne diseases, Petri Ruutu, presented[12] the results of the discussions in his group.

71. The guiding principle for all activities in this field should be their 'European added value'. It was therefore agreed to focus on common issues with obvious public health implications.

72. The geographic distribution of VBDs is of particular importance: in order to act effectively, existing risks have to be assessed at the regional level. Responding to VBDs is part of the 'general preparedness approach'. Equally important is the improvement of risk

[10] Working Group B.ppt
[11] Proposal for definitions of multidrug-resistant (MDR), extensively drug-resistant (XDR) and pandrug-resistant (PDR) bacteria other than mycobacteria. Document AF 15/9.
[12] Working Group A.ppt

assessment methodologies and ensuring that expert knowledge is translated into meaningful public health action.

Disease Programme activities

a. Presentation:[13] HIV, STI and blood-borne viruses

73. Marita van de Laar (Programme Coordinator HIV/AIDS, STI and Viral Hepatitis, ECDC) presented her programme's activities. Particularly noteworthy is the December 1 release of the joint surveillance report by ECDC and WHO Europe 'HIV/AIDS surveillance in Europe 2007'. Other activities included the transition of HIV/AIDS surveillance to a joint WHO Europe/ECDC database. The transition of ESSTI is being prepared for 2009.

74. ECDC's focus on determinants and key prevention strategies was also mentioned, as were the programme's country-specific activities, such as country visits to Bulgaria, Estonia, Poland, Portugal and Romania.

b. Presentation:[14] Food- and Water-borne Diseases (FWD) and Zoonoses

75. Carmen Varela Santos (Deputy Programme Coordinator Food- and Water-borne Diseases and Zoonoses, ECDC) presented her programme's activities. At present, the programme focuses on six diseases (campylobacteriosis, VTEC/STEC infection, listeriosis, salmonellosis, shigellosis, yersiniosis) and aims to improve surveillance and early detection for these diseases. The comprehensive 'Zoonoses Report 2007' will be released in the near future. During a simulation exercise based on a fictitious international FWD outbreak scenario in November 2008, the information flow and collaboration between stakeholders proved to be excellent.

76. Other areas of activity include capacity strengthening, prevention and international cooperation.

Discussion

77. One AF member suggested that ECDC should intensify its cooperation with the European Food Safety Authority (EFSA) on food-borne outbreak investigations. She reported that due to a reorganisation in her country, the area of food-borne outbreaks was not specifically covered by a government organisation and fell into a grey area.

Other matters and closure

78. One AF member requested ECDC to accommodate a discussion on the main points of Pierluigi Lopalco's (ECDC) paper (document AF 15/12), 'Childhood Immunisation Schedule' during one of the forthcoming AF meetings, either in a working group or in a plenary session.

79. The Director announced the names of AF members who had agreed to contribute to the development of a paper reviewing the role of the AF in the light of the Competent Bodies (CBs): Ágnes Csohán, Jean-Claude Desenclos, Ruth Gelletlie, Robert Hemmer, Olga Kalakouta-Poliadji, Gérard Krause, Kåre Mølbak and Andrzej Zielinski.

[13] Update HIV AIDS, STI, Hepatitis - M. van de Laar.ppt
[14] Food- and Water-borne Diseases & Zoonoses - C. Varela Santos.ppt

80. Finally, the Director thanked all AF members for contributing to the working groups and for having proposed discussion topics. She also thanked ECDC staff members for their contributions.