



ECDC Advisory Forum

Minutes of the 25th Meeting of the Advisory Forum Stockholm, 16-17 February 2011

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Opening and adoption of the agenda and noting the Declarations of Interest, if any (*Documents AF25/2 Rev.2; AF25/3 Rev.2*)

1. The chair, ECDC Chief Scientist Johan Giesecke, opened the meeting and welcomed the Advisory Forum (AF) members and alternates to the twenty-fifth meeting. He also welcomed Andreas Gilsdorf (new alternate, Germany), Frank Van Loock (European Commission), Guénaél Rodier (WHO Regional Office for Europe), Terhi Kilpi (National Institute for Health and Welfare, Finland), and Miriam Sturkenboom (Erasmus University, Rotterdam, the Netherlands).
2. Apologies were received from Cyprus, Italy, Liechtenstein, Luxembourg, Malta, the European Patients' Forum (NGO) and the Standing Committee of European Doctors (NGO).
3. The chair called for the submission of Declaration of Interest forms to the Secretariat in respect of the agenda items. Preben Aavitsland declared that his Institute is a contract holder for the EpiNorth and VAESCO¹ projects (Item 8 – Safety and benefits of vaccines: a) Increase in narcolepsy in young persons in Finland during 2010; b) Rates of Narcolepsy in EU countries: the VAESCO study; c) Narcolepsy; and d) ECDC's role in the future of vaccine safety). He also stated that his Institute is a part of the EuroMOMO collaboration (Item 12 – Update on EuroMOMO). Darina O'Flanagan is a Member of the VENICE Project (Childhood Immunisation Schedule). Sophie Quoilin noted that IPH is a participant of this project (Item 12 – Update on EuroMOMO). Mike Catchpole declared that HPA staff was part of the project team producing the handbook (Item 7 – Presentation of ECDC Handbook on Simulation Exercises in EU Public Health Settings). Haraldur Briem (Item 8 – Safety and benefits of vaccines: a) Increase in narcolepsy in young persons in Finland during 2010; b) Rates of Narcolepsy in EU countries: the VAESCO study; c) Narcolepsy; and d) ECDC's role in the future of vaccine safety) affirmed a high incidence of narcolepsy in Iceland. Petri Ruutu confirmed that he works with THL but is not directly involved with narcolepsy research (Item 8 – Safety and benefits of vaccines: a) Increase in narcolepsy in young persons in Finland during 2010; b) Rates of Narcolepsy in EU countries: the VAESCO study; c) Narcolepsy; and d) ECDC's role in the future of vaccine safety). Ágnes Csohán (Item 13 – Update regarding the Hungarian EU Presidency) noted that she is a representative of the present country of the EU Presidency. Irena Klavs declared that she is an EPIET TS representative (Item 3 – Update from ECDC on the main activities since the last Advisory Forum meeting).
4. The draft agenda was approved with one change: Item 6a (Polio in Central Asia and the North Caucasus Federal Region) was struck from the agenda.

Adoption of the draft minutes of the 24th meeting of the Advisory Forum held in Stockholm (8-9 December 2010) (*Document AF25/4*)

5. The European Commission requested three changes.² An excerpt of the draft minutes reflecting these changes was tabled as a hard copy. As there were no further changes, the minutes were adopted.
6. The chair mentioned that the seating order was changed to an alphabetical one and the participant's home countries were dropped from the name plates.
7. Mike Catchpole pointed out that the e-voting system introduced during the last AF meeting was helpful in terms of its accountability, but only if the vote was sufficiently informed. Including the voting results in the minutes was another matter, especially when responses were of varying quality, due to non-uniform technical knowledge among the participants. Including such results in the minutes would give a 'spurious sense of certainty' to decisions that were not evidence based.
8. Darina O'Flanagan and Marianne Van der Sande both opined that e-voting was an imperfect tool when soliciting scientific or technical (as opposed to personal) opinions.

¹ Vaccine Adverse Event Surveillance and Communication

² Corrigenda - AF25-4 Draft Minutes (Revised Excerpt [comments from EC]).pdf

9. Manfred P Dierich said that he had no objection to adding the e-voting results to the minutes as long as it was made clear that votes were seen as personal statements and not representative of a country's stance on a certain issue.

10. The Director assured that ECDC would add a disclaimer to all voting results. He also said that ECDC would phrase all future e-voting questions in a way that would make it clear that the results would be purely informational and non-binding.

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

11. In his presentation,³ the Director of ECDC briefed the AF on ECDC's reorganisation, which will come into effect 1 April 2011. The overall effect of ECDC's restructuring efforts should be a more efficient organisation that forms a central pillar of the European public health system. The Director described how he and the management team resisted the reflex to replicate the structure of a national health institute. Instead, ECDC opted for an output-oriented organisation.

12. Andrzej Zielinski applauded ECDC's reorganisation and added that he would like to see an increased effort to counter health inequalities in the EU. As ECDC had no power of enforcement, he would also like to see ECDC in a role as an indefatigable promoter of public health efforts, using its 'powers of persuasion' to overcome administrative barriers at the national level.

13. Mike Catchpole also welcomed what was said by the Director, particularly the emphasis on added value for the EU by not replicating national institutes and their activities. He also wondered if and how the new structure would impact the Member States' communication with ECDC and particularly the disease-specific programmes.

14. In response to a question from Jean-Claude Desenclos, Andrea Ammon (Head of Surveillance Unit) pointed out that ECDC's various outputs could be produced more efficiently with the disease-specific programmes (DSPs) as the driving forces behind them. She was well aware of the fact that the negotiation process between the DSP coordinators and the units could be lengthy, but expected a much smoother process once the DSPs negotiated their own resources, thanks to improved workflows. The new structure would definitely benefit disease-specific work and improve output.

15. Another of Jean-Claude Desenclos' questions was answered by the Director who said that *Eurosurveillance* had been separated from corporate communication to emphasise its independence as a scientific journal.

16. As to the communication with ECDC and ECDC contact persons, the Director explained that ECDC's disease-specific programmes would not change, only the way they interacted with the technical units. In addition, ECDC would assure that the contact persons at ECDC would become identifiable 'faces of ECDC'.

17. When asked about the 'Evidence and Support' section in his new Unit, Karl Ekdahl (Head of the Communication and Country Cooperation Unit) explained that this section would be staffed with 'generic experts' that would work with the Member States on awareness campaigns, health communication, vulnerable populations, and related issues.

18. Johan Giesecke was asked whether he could still oversee the whole of ECDC in his new position as head of the 'Office of the Chief Scientist'. Johan Giesecke responded that the new organisation contains a formal control element for the Chief Scientist, a section entitled 'Scientific Advice Coordination Section', which will not only coordinate scientific advice, but keep an eye on scientific integrity and act as an arbiter of scientific quality at ECDC.

19. Updates from the other Units followed: Piotr Kramarz (Deputy Head of Scientific Advice Unit), Andrea Ammon (Head of Surveillance Unit), Karl Ekdahl (Head of the Communication and Country Cooperation Unit), and Denis Coulombier (Head of Preparedness and Response support Unit) presented their updates as PowerPoint slides.⁴

³ Item 3 - Update from ECDC.pdf

⁴ *Ibid.*

20. In response to a question, Karl Ekdahl said that the impact factor for *Eurosurveillance* would be issued in May or June 2012, based on 2011 citations of 2009/2010 articles.

21. Andrzej Zielinski inquired about his previous suggestion that ECDC establish or fund a School of Public Health. Karl Ekdahl responded that he saw ECDC's role primarily as a catalyst: ECDC was in contact with the ASPHER⁵ network, identifying key schools as regional hubs for communicable diseases. Internally, ECDC had made efforts to develop e-learning tools now that a dedicated e-learning expert had been hired.

22. Denis Coulobrier was asked if there were any plans to discuss training sites for EPIET, to which he replied that a final paper on EPIET training issues was currently in its revision stage and would be available for the March meeting of the Management Board.

23. The members of the Advisory Forum seemed to be in agreement that guidance on molecular typing would help the Member States save money by advising which tools/tests to use and whether new typing methods should be applied (cost-benefit analysis). The discussion on this issue was moved to the next day and referred to ECDC expert Marc Struelens (see below).

24. Piotr Kramarz' call to encourage national scientists to join ECDC's 'Expert Candidate Registry' (see ECDC website: 'Apply to become an ECDC external expert') was met with scepticism by some members. Without additional ECDC funding, not many experts would be willing to apply.

Priorities for Scientific Advice

25. Piotr Kramarz provided an overview of suggested topics for ECDC's scientific advice⁶ for 2012, which also included some topics carried over from last year's work plan.

26. Kåre Mølbak considered some of the suggested topics as rather academic but suggested that HPV vaccination in persons above 20 could be a worthwhile topic as many countries had noticed increased pressure for this vaccination.

ECDC Annual Epidemiological Report

27. Andrea Ammon explained that it had been intended that for the new AER data already published in disease-specific reports (TB, HIV) would be used for the comprehensive AER. However, many Member States updated also these data sets, so that on the one hand it was double work and on the other hand the numbers for certain countries are now different in the disease-specific reports and the AER. Details can be found in her presentation.⁷

Epidemic Intelligence: update on recent threats in the EU

a. Feedback on West Nile Situation in Europe

28. Following Annick Lenglet's presentation⁸ on West Nile fever, Anders Tegnell expressed doubts that the new risk assessment tool would be very helpful in his country: risk assessment was subject to various approaches and his Organisation's way of assessing risk was different. He added that the EU Blood Safety Directive⁹ was not open to interpretation, and if the provisions of the Directive were incompatible with the needs of Member States, one had to work towards amending the Directive.

⁵ Association of Schools of Public Health in the European Region. ASPHER is dedicated to strengthening the role of public health through the training of public health professionals for both practice and research. Founded in 1968, it has over 70 institutional members.

⁶ Item 4 - Priorities for Scientific Advice (P Kramarz).pdf

⁷ Item 5 - ECDC AER (A Ammon).pdf

⁸ Item 6a - Feedback on West Nile situation in Europe (A Lenglet).pdf

⁹ Commission Directive 2004/33/EC of 22 March 2004 implementing Directive 2002/98/EC of the European Parliament and of the Council as regards certain technical requirements for blood and blood components.

29. Annick Lenglet pointed out that the goal of both the Blood Safety Risk assessment tool and the WNV Risk Assessment tool was to provide a comprehensive picture of associated risk. Both tools were generic and specifics could be added depending on the local situation.

30. Sotirios Tsiodras mentioned that sentinel surveillance data in Greece would soon be augmented by data derived from pigeons: a recent study had shown that in the areas affected by WNV, 60% of pigeons were positive for West Nile virus.

b. Legionellosis

31. Denis Coulombier updated the AF on a recent outbreak during a fundraising event connected to a larger conference in Santa Monica, California. The outbreak is currently under investigation by the Los Angeles County's Department of Public Health. Details are available in his presentation.¹⁰

Presentation of ECDC Handbook on Simulation Exercises in EU Public Health Settings (*Document AF25/5*)

32. Comments regarding the new ECDC Handbook on Simulation Exercises in the EU were either slightly critical (larger than expected, lack of examples and checklists) or roundabout positive (ideal for countries with limited or no experience in simulation exercises). All speakers agreed that the publication was a helpful background document and that translation into local languages would increase its appeal.

33. Paula Vasconcelos, who had coordinated the production of the handbook at ECDC, pointed out that the publication contained a host of examples, available through a list of related internet addresses. She also explained that during the production of the handbook, the authors had to balance the needs of different countries with different levels of technical expertise.

Safety and benefits of vaccines

a. Increase in narcolepsy in young persons in Finland during 2010

34. In her presentation,¹¹ Terhi Kilpi outlined the Finnish narcolepsy task force's efforts to investigate a potentially increased risk associated with the Pandemrix brand of H1N1 flu vaccine. The task force concluded that the evidence suggests there is a connection: "Based on the preliminary analyses, the risk of falling ill with narcolepsy among those vaccinated in the 4–19 years age group was 9-fold in comparison to those unvaccinated in the same age group. This increase was most pronounced among those 5–15 years of age. No cases were observed among those under 4 years of age. Also, no increase in cases of narcolepsy or signs of vaccination impacting risk of falling ill with narcolepsy was observed among those above 19 years of age." Further details can be found in Terhi Kilpi's presentation.

b. Rates of Narcolepsy in EU countries: the VAESCO study

35. Miriam Sturkenboom introduced an ongoing VAESCO¹² case control study on European narcolepsy rates.¹³ Final results are expected in May or June 2011.

¹⁰ Item 6b - Legionellosis (D Coulombier).pdf

¹¹ Item 8a - Narcolepsy in Finland (T Kilpi).pdf

¹² Vaccine Adverse Event Surveillance and Communication. VAESCO is an ECDC-funded project coordinated by the Brighton Collaboration. Among other activities, it will perform: 1) a calculation of background rates of specific adverse events of special interests using a distributed network approach (10 countries); 2) EU-wide hypothesis-testing studies of Guillain-Barré syndrome and other adverse events of special interests comprising a source population of 40 to 50 million subjects.

¹³ Item 8b - VAESCO narcolepsy (M Sturkenboom).pdf

c. Narcolepsy

36. During the discussion that followed Miriam Sturkenboom's and Terhi Kilpi's presentations, it was noted that in Iceland (but not in Sweden or Finland) the increase in narcolepsy was also seen in those who were not vaccinated. Haraldur Briem stated that the vaccine was not statistically associated with narcolepsy in Iceland: 50% of the population was vaccinated, five cases were reported, three in vaccinated individuals, two in persons who had not received the vaccine.
37. The AF was surprised to hear that the VAESCO study noted a marked increase in narcolepsy among the non-vaccinated group (20–59) in the Netherlands.
38. Many AF members ventured guesses on the cause behind Finland's narcolepsy cases. One or several confounding factors could lie behind the increase in narcolepsy; the vaccine would then be a correlating but not causative factor. The results of the study, Terhi Kilpi said, indicated that any confounding factors would have to be very closely connected to the vaccine itself.
39. Factors that were mentioned (and, ultimately, refuted) included childhood obesity, viral infections, gender, number of doses administered, and interference with the seasonal vaccine.
40. While Finland has stopped using GSK's multivalent Pandemrix vaccine, other countries have not formally banned the vaccine. Some reported using alternatives such as Novartis' Focetria, a monovalent A(H1N1) vaccine. It was estimated that only two or three countries were still using Pandemrix.
41. In recalling the situation in Ireland, Darina O'Flanagan said that the relatively good coverage in children has led to a reduction of serious H1N1 cases. Most cases that were admitted to ICUs were now adult cases.
42. The association of Pandemrix and narcolepsy did not have a negative impact on vaccination uptake in Finland, Terhi Kilpi said when asked by an AF member. The childhood vaccination programme continued, people were still getting vaccinated, and there had been only a slight dent in seasonal vaccination uptake. The hardest hit were vaccination trials with children.
43. When the chair proposed an anonymous e-vote on whether 'ECDC should issue a statement on using the seasonal flu vaccine instead of adjuvanted monovalent vaccine', several AF members pointed out flaws with this question. For one thing, seasonal flu vaccines could also be adjuvanted, but even more importantly the question pre-imposed an 'either/or' decision when in fact there were several valid alternatives. It was also not clear who the recipients of such a 'statement' would be.
44. The chair's suggestion to skip the vote was countered with a motion to proceed with the vote. This motion was carried by an overwhelming majority.
45. Immediately before the vote, Jean-Claude Desenclos formally opposed the chair's earlier assumption that the Advisory Forum had withheld advice in this matter: in order to take an informed decision, the Advisory Forum needed additional background information on the scope and implications of any e-voting question. Simply putting up a question for an e-vote was insufficient. Therefore the controversial discussion on the e-vote had been necessary and relevant.
46. The e-vote proceeded, resulting in 14 'yes' votes, 8 'no' votes, and 1 vote for 'I don't know'.

d. ECDC's Role in the future of vaccine safety

47. In his presentation,¹⁴ Piotr Kramarz outlined ECDC's role in post-authorisation vaccine safety monitoring.
48. Darina O'Flanagan voiced strong support for VAESCO and I-MOVE¹⁵ and expressed her hopes that both projects would receive continued and generous funding, as both projects clearly added value for Europe.

¹⁴ Item 8d - ECDC's role in the future of vaccine safety (P Kramarz).pdf

¹⁵ I-MOVE: ECDC-funded consortium that will conduct a series of 8 case-control studies and 4 cohort studies on influenza vaccine effectiveness in the 2009-2010 season using standard protocols. Additional studies may be performed. The objectives

49. The Director explained the various budgetary restraints that ECDC faces, but concurred that both projects are extremely important. Unfortunately, they were also extremely expensive. But ECDC would look into the available options.
50. Andreas Gilsdorf supported Darina O'Flanagan's passionate plea for continued VAESCO and I-MOVE financing. During the pandemic, he said, it became clear how important it was to have independent views, and not just those of the manufacturers.
51. Frank Van Loock reminded the AF that the transfer of pharmaceutical policy to DG SANCO away from DG Enterprise represented a change of policy emphasis from industry to public health. The Commission stressed the need to coordinate closely with EMA before making any statement on the use of pandemic vaccine.
52. Kåre Mølbak said that in Denmark studies were facilitated by access to national registers that provide data on the population's use of health services. He added that several countries had issued recommendations to vaccinate pregnant women, a marked departure from standard practice as pregnant women are usually advised not to be vaccinated.
53. Andrzej Zielinski advocated the inclusion of adverse vaccination effects in surveillance activities. He also said that any new vaccine hitting the market should come with a data collection scheme that facilitated association studies.
54. ECDC's efforts to start the EVER project (European Vaccine Epidemiology Resource) were welcomed by Preben Aavitsland, who said that it was important to pool experts and data. He recommended that sero-epidemiology studies should be included to measure vaccination impact. Surveillance should be expanded to include severe disease due to vaccine-preventable infections. He also mentioned that communication and behavioural studies on facilitators and obstacles to vaccination would be helpful.

Surveillance Issues: Results of concordance study for case definitions of healthcare-associated infections

55. Carl Suetens informed the AF about the results of the concordance study of case definitions of healthcare-associated infections.¹⁶ Given that IPSE/HELICS case definitions are in excellent agreement with globally used CDC/NHSN case definitions for HAI, and are also integrated in the European Point Prevalence Survey protocol, he proposed to adopt the IPSE/HELICS case definitions as EU HAI case definitions under Decision 2119/98/EC.
56. Andrea Ammon added that in her talks with the experts from the network she had opted for keeping a standard format for all case definitions. The case definitions for healthcare-associated infections clearly broke the mould by following a different format.

Results of the Working Group Sessions

Working Group A: Burden of Disease Project: Advice wanted

57. Haraldur Briem summarised the results of the discussions in his working group (Burden of Disease Project: Advice wanted). An overview of the Group's comments can be found in their PowerPoint presentation.¹⁷

will be to measure laboratory confirmed influenza vaccine effectiveness (IVE) for various circulating strains by vaccine brand, age and risk groups. The studies will provide an overall estimate of vaccine effectiveness and estimates of IVE by age, vaccine and strain.

¹⁶ Item 9 - Concordance study for case def of HAI (C Suetens).pdf

¹⁷ Working Group A – Burden of Disease Project.pdf

Working Group B: Epidemic Intelligence Information System (EPIS) module for antimicrobial resistance (AMR) and healthcare-associated infections (HAI)

58. The results of the second working group (Epidemic Intelligence Information System (EPIS) module for antimicrobial resistance (AMR) and healthcare-associated infections (HAI)) were presented by Jean-Claude Desenclos. A summary of the Group's discussion can be found in their PowerPoint presentation.¹⁸

59. Three members expressed support for use of EPIS in AMR and HAI. Some defended the view that EPIS in this area should be informal, with no specific criteria, in order to stimulate exchange of information. Two members suggested that ECDC initiate the system with examples to help its development, and one recommended using EWRS for information that could potentially lead to major consequences.

Working Group C: Working with the disadvantaged groups in relation to vaccination coverage

60. The conclusions of the third Working Group were presented by Florin Popovici. An overview of the discussion can be found on the group's presentation slides.¹⁹

61. Commenting on the topic, Angel Kunchev reminded the AF members about how important this issue is for countries like Bulgaria and Romania, especially when dealing with the Roma population. He insisted that this is not a national problem and proposed the item to return to the table in the next AF meeting, with, perhaps, presentations from representatives of Bulgaria and Romania.

62. Karl Ekdahl, Head of the Country Cooperation and Communications, ECDC, informed the AF that how to work with disadvantaged groups is already in ECDC's work plan for 2011 and EUR 50,000 have been allocated for a call for tender with the objective of helping identify major problems and solutions. The subject is also on the agenda of the European Union Agency for Fundamental Rights, in Vienna.

63. Andrzej Zielinski added that the problem is not only working with the Roma population but many other vulnerable groups that mistrust public health measures. He defended that a multisectorial approach to the problem should be taken, also involving law enforcement. He reminded the colleagues that vulnerable groups are not uniform and public health activities should be independent of legal status.

64. The Director assured the members of the AF that ECDC will give a lot of attention to this issue, and commented that he has been invited to Romania in the spring to ascertain the situation of that country.

65. Kåre Mølbak informed about a paper²⁰ on the subject of measles and vaccination, which will be appearing in a special issue of JID (to be published in June 2011), showing that it is not only the Roma population that represents a problem in terms of vaccination. He suggested that this paper could be useful for future discussions on the topic.

Update on ECDC strategy for public health microbiology

66. Marc Struelens, ECDC, provided an update on the Proposal on ECDC Public Health Microbiology Strategy 2011–2013. More details can be found in his PowerPoint presentation.²¹

67. AF participants were then presented with a question for e-vote: Do you think it is necessary and feasible for ECDC to map Member States' public health microbiology capacity at primary clinical

¹⁸ Working Group B – EPIS for AMR and HAI.pdf

¹⁹ Working Group C – Disadvantaged groups in relation to vaccination coverage.pdf

²⁰ Muscat M. Who gets measles in Europe? J Infect Dis 2011; in press.

²¹ Item 10 – Update on public health microbiology strategy (M Struelens).pdf

laboratory testing? A few delegates requested clarification of the question, which was promptly provided by Marc Struelens. The result of the voting: 14 'yes'; 6 'no'; and 2 'no opinion'.

68. A couple of delegates pointed out that it would have been useful to receive a document outlining the microbiology strategy before the meeting. That would have allowed time for discussions with colleagues beforehand to properly digest the information. One delegate mentioned that Competent Bodies for surveillance should be one of the partners included in the project. Another highlighted the importance of having the overall picture of diseases in Europe and keeping the marriage of microbiology and epidemiology very tight.

69. Mike Catchpole declared a possible conflict of interest as the UK Health Protection Agency, of which he is part, is working on a project for the European Commission on microbiology surveillance. He pointed out that there was no mention of this programme in Marc Struelens' presentation.

70. The Director explained that this is just the start of a long-term project and the idea was to discuss initial thoughts with the AF. The strategy presented was a preview of what ECDC thinks should be developed and input from AF delegates is encouraged.

71. One delegate pointed out that this ECDC project would have large consequences for surveillance and the AF is not fully aware of these consequences yet. Another suggested that a list of priorities be made, given that the project is very ambitious and covers many topics.

72. Through video link from Luxembourg, Paolo Guglielmetti, European Commission (EC), joined the discussion. He stated that one point of the EC position is to build on existing material and much is already available. He mentioned that there are 15 initiatives funded by the EC that could have consequences for laboratories. Paolo Guglielmetti added that EC and ECDC have been meeting regularly for one and a half years to identify overlapping of projects, and the AF will be updated on their development.

Responding to the new Seasonal Influenza 2010-2011: Managing the challenges of this season including further enhancing collaboration between ECDC and WHO

73. Angus Nicoll, Influenza Coordinator, ECDC, presented a risk assessment approach to the European Seasonal Influenza 2010–2011.²²

74. Several delegates related their countries' experiences in this influenza season. Sotirios Tsiodras described a severe season in Greece, in which older age groups were more affected than younger. An ad-hoc surveillance system was created there for intensive care units (ICUs) and non-ICUs.

75. In Ireland, according to Darina O'Flanagan, the influenza season was worse this year than during the pandemic, but the ICU surveillance worked very well. Kåre Mølbak described a similar situation in Denmark, where many patients needed ventilation support. Angel Kunchev thanked ECDC for organising a videoconference on the subject, and Preben Aavitsland together with Petri Ruutu advised that the risk assessment approach should be repeated again with selected Advisory Forum members for the next epidemics in the 2011/2012 drawing on this experience and ECDC's work on severity.

Update on EuroMOMO

76. Kåre Mølbak updated the AF on EuroMOMO, a project that monitors mortality across Europe. More details on his PowerPoint presentation.²³

77. Jean-Claude Desenclos pointed out that maintaining the EuroMOMO project would be important and suggested the possibility of merging efforts with SSS, an EU project funded by DG SANCO and coordinated by the French Institut de Veille Sanitaire. He proposed to present on this initiative in a future AF meeting.

²² Item 11 - Seasonal Influenza Risk Assessment 2010-2011 (A Nicoll).pdf

²³ Item 12 - EuroMOMO (K Molbak).pdf

78. The representative of the EC, Frank van Loock, stressed that talks between EC and ECDC on how to deal with duplication of work are ongoing and invited ECDC to get involved early on activities funded by the EC to identify where these projects, like EuroMOMO, could find a home after their funding is over.

79. The Director stressed the importance of working together with DG SANCO and DG Research and expressed ECDC's willingness to find a solution for the continuation of EuroMOMO. For this, he said, the Management Board of ECDC must be involved since they have decided on the Centre's budget for this year.

Update regarding the Hungarian EU Presidency

80. Ágnes Csohán gave an overview of public health-related activities foreseen for the duration of the Hungarian EU Presidency period. More details in her PowerPoint presentation.²⁴

Any other business

81. There was no other business.

82. The Director thanked the AF for a meaningful dialogue and fruitful discussions on vaccines and microbiology. He added that in the future, ECDC would make an effort to send consequential documents to the AF for their review and counsel in advance of the meeting. He pointed out that ECDC is in transition from the first to the second phase of its consolidation period and is rethinking its position. The reorganisation, he continued, is a work in progress and suggestions are most welcome.

83. The Chair announced that the next meeting would convene on 5-6 May 2011. He thanked all participants for their constructive feedback and wished all of them a safe journey home.

²⁴ Item 13 - Hungarian Presidency (A Csohán).pdf