ECDC Advisory Forum

Minutes of the 29th Meeting of the Advisory Forum

Stockholm, 22-23 February 2012

Contents

Item 1 – Opening and adoption of the agenda *(Documents AF29/2 Rev.1; AF29/3)*

1. Marc Sprenger, ECDC Director, and Johan Giesecke, Chief Scientist, in his capacity as the Chair, welcomed members to the Twenty-ninth meeting of the Advisory Forum.

2. A specific welcome was extended to José Calheiros, a new member for Portugal, as well as to Frank Van Loock representing the European Commission, Guénaël Rodier from the World Health Organization (WHO) and Elif Bor Ekmekçi, new observer from Turkey.

3. Apologies were received from Ireland, Liechtenstein, Malta, Poland and Sweden; from the observers representing the European Patients' Forum and EU Candidate Countries Montenegro and the Former Yugoslav Republic of Macedonia. It was noted that the representative from Norway would arrive later in the morning and that the Alternate from the Netherlands would only be able to attend the first day of the meeting.

4. No declarations of interest were declared verbally but members were reminded to complete the written declaration forms. In reference to the agenda item 6 (Advisory Forum priorities on scientific advice for 2013 Work Programme), Kåre Mølbak declared that the SSI has contracts with ECDC that may be affected by the priorities for the 2013 Work Programme. Mike Catchpole noted, in reference to item 9 (Integration of molecular typing into EU surveillance), that the HPA has been awarded a contract to undertake systematic review that will inform about this work. He also stated, in reference to item 12, EPIET/EUPHEM fellows – from individual to institutional grants, that the HPA hosts the EPIET and EUPHEM fellows. With regards to the same agenda item, Jean-Claude Desenclos declared that the InVS is funded buy ECDC to contribute into EPIET coordination. Franz Allerberger noted that AGES is a host institution for EPIET in Austria. Ágnes Csohán noted that she is the supervisor of two EPIET fellows in Hungary. And Silvia Declich declared that the ISS is a training site for the EPIET/EUPHEM. She also stated, in reference to agenda item 13 (Update on the 'Burden of Communicable Diseases in Europe' project), that the ISS has been involved in this project for Italy. With regards to item 11 on Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals: preliminary results of 2011 and planning for 2012, Irena Klavs stated that she is the principal investigator for the PPS in Slovenia.

5. The agenda was adopted without amendment.

Item 2 – Adoption of the draft minutes from 28th meeting of the Advisory Forum (7-8 December 2011) *(Document AF29/4)*

6. Some written comments had already been received and the minutes were amended accordingly. These changes related to paragraphs 70, 72 and 77. A hard copy of the amended document was provided to members for reference.

7. Further changes were requested to paragraphs 80 and 110 and those changes would be provided in writing after the meeting.

8. The minutes were approved with amendments.

Item 3 – Update from ECDC on the main activities since the last Advisory Forum meeting

9. The Director gave an update on the main activities of the Centre since the previous meeting.[1]

10. The Heads of Unit then presented updates on the activities of their respective units (Piotr Kramarz, Deputy Chief Scientist, was presenting on behalf of the Office of the Chief Scientist).[2]

11. One member suggested that the social determinant projects mentioned might be presented at a future meeting as the AF had not yet had a chance to discuss these important issues.

[1] Item 3 - Update from ECDC
[2] *Ibid.*

Item 4 – Update regarding the Danish EU Presidency

12. Kåre Mølbak gave an update on the ongoing activities under the auspices of the Danish Presidency of the EU. He focused on the upcoming meeting to be held in Copenhagen on 14–15 March, entitled 'Combating Antimicrobial Resistance - Time for Joint Action'. He stressed that this was a joint initiative of the Ministries of Health and Food, Agriculture and Fisheries, showing the importance of collaboration in this area between the public health and veterinary sectors. He outlined the proposed content of the meeting and its objectives and asked members to encourage their colleagues to participate. Further information could be found at www.EU2012.dk.

Item 5 – Proposed new system for Advisory Forum scoring of issues for scientific advice

13. Andreas Jansen, Head of Section, Scientific Advice Coordination, Office of the Chief Scientist, presented a new framework for setting priorities for scientific work at ECDC that takes account the scoring by AF members.[3]

14. One member commented on the lack of supporting documents for many important items on the agenda, including this one. He felt strongly that it was not possible to give any meaningful comment solely on the basis of a short presentation and that this was not the right way to work with the Advisory Forum. Several members endorsed this view, and the broad consensus was that this method looked potentially useful, but it was not possible to assess it and comment in depth without further information.

15. Johan Giesecke apologised for the perceived lack of supporting documents for this item, which was based on a misunderstanding. He explained that the goal at this stage was to inform the AF, rather than taking a decision.

16. Some members expressed concerns that, while possibly helpful, it might be more labour-intensive than previous methods. There was a suggestion that the tool would have added value if it could be adaptable to national conditions and used in the Member States. Andreas Jansen confirmed that it was indeed the idea that the project would result in a tool to be used at national level.

17. One member raised the point that the quality of feedback received in such a tool is dependent on the evidence and background documents provided to members as no one can be an expert in every area; hence it was unfortunate that this item had no background documentation to enable a proper discussion.

18. The criteria of 'impartiality' was highlighted by one member, saying that although it is very diplomatic, in reality there will always be specific groups at risk and so he was unsure that it would work in practice. It was explained in reply that this appears as an important criteria in any discussion of the subject but if it does not work then a change could be considered.

19. A pilot was suggested on just one or two issues so that members could have the opportunity to use the tool and discuss it properly at the next meeting. It was confirmed by Andreas Jansen that this had been planned.

20. There was a question as to whether there is any evidence that such prioritisation methods actually change what institutions work on. Andreas Jansen explained that it is difficult to find such evidence because very few bodies apply these methods in public health. One of the objectives of this exercise at ECDC is to evaluate it and see whether it does cause a change.

[3] Item 5 - AF scoring of issues for scientific advice (A Jansen)

Item 6 – Advisory Forum priorities on scientific advice for 2013 Work Programme

21. Johan Giesecke presented the comments received from the AF members on the 2013 Work Programme.[4] Only four members had submitted comments which did not call for a radical change from ECDC's current direction.

22. The Director took the opportunity to present some of the overarching issues that would have an impact on ECDC's work in the future, with particular focus on the current economic climate and how he proposed to mitigate its effects and refocus ECDC's work.[5]

23. There was broad support for giving priority to the core work of risk assessment and scientific advice. On the topic of surveillance, although important, it was felt by some members that it is harder to demonstrate the benefit to the Member States at the same time as it creates a burden on countries to supply data. In reference to this, there was a suggestion that if IT tools are used effectively to automate much of the surveillance collection, analysis and output, then more resources can be devoted to research and studies. Likewise, ECDC needs to continue to support Member States to enable them to provide the quality of data required to tackle the public health problems that Europe is facing.

24. One member was slightly more critical and reflected that similar statements on strengthening capacity and focusing on quality had been heard from the Director on previous occasions, but no changes had been evident. The member was interested to see how ECDC would decide which requests from Member States and the Commission would be responded to as it was at present not a transparent process. In reply, the Director explained that in deciding whether to respond to such requests he always considers the availability of expertise in house.

25. Referring back to some figures in the Director's presentation, another member made the suggestion that it might be helpful for the ECDC management to look at the 15% of projects which had not been completed in 2011 and investigate what are the reasons for this.

26. The representative from WHO stressed that much effort goes into ensuring that there is no duplication of work between the two organisations and that they complement each other.

Item 8 – Biosafety/biosecurity issue(s) in the EU: GM-A(H5N1) viruses in the Netherlands

27. Roel Coutinho summarised the situation that had arisen regarding the creation of GM-A(H5N1) viruses in a laboratory in the Netherlands, but explained that no new information had become available. He drew members' attention to the information on WHO's website concerning the recent meeting to discuss these issues.

28. Johan Giesecke thanked the AF members for their assistance with the preparation of ECDC's risk assessment on this matter and, in answer to a question, stated that the outcome of the WHO meeting had been incorporated in the latest draft the risk assessment.

29. A variety of opinions were put forward by members, reflecting the complexity and controversial nature of the issues.

30. One member lamented the lack of a platform in Europe to have these discussions and take decisions on scientific publication with the result that European countries are *de facto* led by decisions taken in the United States. WHO can provide a forum for discussion but has no authority to make decisions.

31. Another member reported that colleagues were divided between advocating publication of the results and the view that such research should not have been undertaken at all.

[4] Item 6 - Priorities from AF Members (J Giesecke)
[5] Item 6 - WP2013 Vision for ECDC (M Sprenger)

32. On the subject of biosecurity, the view was expressed that the likelihood of hostile application is small, given the difficulty of the work; however, regarding biosafety, there was always a risk of accident, however high the security level of the laboratory.

33. A member commented specifically on the ECDC risk assessment, noting that the recommendations were political and diplomatic, rather than practical. Further, the issue for ECDC was not about science but about how to ensure the virus remained securely in the laboratory.

34. The representative of the European Commission reminded the AF that legislation is already in place in Europe controlling biosafety, biosecurity and dual-use material, and that this was currently being assessed to identify gaps. This process necessarily involves colleagues from many different Commission services. He went on to explain that in Europe there has been a tendency towards openness regarding publication of research findings by clarifying any restrictions on publication at the initial funding stage of the research project, rather than restricting publication after the fact.

35. There was some confusion as to whether ECDC prepared the risk assessment on its own initiative or at the request of the Commission; members had received contradictory information on this. It was clarified that it was ECDC's own initiative, although the Commission supported it.

Item 7 – Epidemic intelligence: update on recent threats in the EU

7a – The Mycoplasma pneumoniae situation in Denmark

36. Kåre Mølbak presented the situation of *Mycoplasma pneumoniae* in Denmark.[6]

7b – Role of ECDC in the context of the Mycoplasma pneumoniae increase in the EU

37. Annick Lenglet, Expert, Outbreak Response, Surveillance and Response Support Unit, gave an overview of ECDC's role in the context of *Mycoplasma pneumoniae* increase in the EU.[7]

7c – Schmallenberg virus: situation in Germany

38. Andreas Gilsdorf, Alternate, Germany, reported on the situation of the Schmallenberg virus in Germany.[8]

7d – Schmallenberg virus: data from the Netherlands

39. Roel Coutinho, Alternate, the Netherlands, presented the data from his country.[9]

7e – Schmallenberg virus infection in ruminants in the EU: Overview of the situation and next steps

40. Katrin Leitmeyer, Senior Expert, Emerging and Vector Borne Diseases, Surveillance and Response Support Unit, presented, ECDC's view of the situation and ECDC's actions to date.[10]

41. The discussion praised the collaborative efforts of the national authorities and ECDC. There were concerns over how widespread the virus might be but that will be clearer in the coming months once the calving season starts (cows have a longer gestation period than sheep) although it was thought that it is likely to be more widespread than currently reported.

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[6] Item 7a - M pneumoniae situation in Denmark (K Mølbak)
[7] Item 7b - Mycoplasma pneumoniae in the EU (A Lenglet)
[8] Item 7c - Schmallenbergvirus, data from Germany (A Gilsdorf)
[9] Item 7d - Schmallenbergvirus, data from the Netherlands (R Coutinho)
[10] Item 7e - Schmallenberg virus-Implications for the EU (K Leitmeyer)

Item 9 – Integration of molecular typing into EU surveillance (CSI)

42. Denis Coulombier, Head of the Surveillance and Response Support Unit, gave the background to why molecular surveillance was on the agenda.[11]

9a – Development of roadmap for integration of molecular typing into EU surveillance: development plan 2012

9b – Molecular typing for EU surveillance: pilot phase 2012-2013

43. Marc Struelens, Chief Microbiologist, gave presentations on the development of the roadmap for integration of molecular typing into EU surveillance.[12][13] He outlined the project and stressed that due to its complexity and technical challenges ECDC will conduct a series of structured consultations with Member States to identify what are the relevant and feasible components of molecular surveillance to consider over the next 5 years. He presented the objectives, endpoints and evaluation plan for the two pilot molecular typing projects to be launched in 2012-2013 on selected foodborne pathogens and multi-drug resistant tuberculosis.

44. Several members commented that the plans for the roadmap development appeared appropriate, and that although there are still a number of key issues to consider the foreseen consultation process was adequate and included the key stakeholders. With the roadmap development process clarified, the description of the pilot projects also looked more informative and acceptable.

45. It was pointed out that ECDC should work closely with national level authorities regarding the submission of data. One member stressed the importance to involve epidemiologists in the system. Although the coordination with EFSA regarding animal health was welcomed, it was also suggested that ECDC should also be able to track information from the food laboratories as well even if this will require careful agreement on the role of players and work processes. One member questioned whether the countries would be able to produce enough information to populate such an overarching data-sharing project, given resource constraints in the current fiscal climate. The roadmap will need to address resource management issues like sampling frequency and indication for typing. Although ECDC states 18 countries have the capabilities, this is different to how many laboratories exist in those countries and their capacity. One member commented that the timeframe for the activities presented, in particular on the roadmap, is very optimistic and not likely to hold.

46. The European Commission noted that standard operating procedures are needed on how the data will and will not be used. It was noted that if data is collected on emerging cluster of cases then ECDC has an obligation to take action as a result. The legal implications should be investigated. The Commission also welcomed that planning should be done on the second wave of Member States to join the project.

47. The AF was called to vote on whether the Pilot project for EU molecular surveillance should be initiated as proposed or not. Twenty three members voted in favour of the proposal and two voted against of the 31 total possible voters.

9c – Demonstration of TESSy V3 for cluster detection

48. Ivo Van Walle, Expert, Surveillance and Response Support Unit, gave a demonstration of TESSy v3 for cluster detection.[14]

[11] Item 9 - Feedback on consultation on molecular surveillance (D Coulombier)
[12] Item 9a - Molecular surveillance roadmap (M Struelens)
[13] Item 9b - Molecular typing for EU surveillance (M Struelens)
[14] Item 9c - Demonstration of TESSy V3 for cluster detection (I Van Walle)

Item 11 – Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals: preliminary results of 2011 and planning for 2012

49. Carl Suetens, Senior Expert, Healthcare-associated Infections, Surveillance and Response Support Unit, presented the initial results for 2011 and planning for 2012.[15] Some AF members expressed concerns over the publication and/or sharing of the collected data. Irena Klavs said that Slovenia would not be submitting its data until TESSy's disclosure terms are tightened. She said that they have worked hard to build the trust of healthcare institutions in terms of providing data to them and thus there is a fear that further sharing of this would risk undermining their anonymity. Carl Suetens pointed out that other countries have similar concerns related to ethical or legal agreements with their hospitals and that therefore country TESSy users can currently only view or download their own and not any other country's disaggregated data. Modalities for access to data on healthcare-associated infections (eg access to aggregated data through a query tool only) need to be further defined

Meetings of the Advisory Forum Working Groups

Working Group A: Appraisal of public health microbiology capability: indicators and disease prioritisation method

50. Petri Ruutu reported back from Working Group A.[16] He explained the group had a lot of discussion on the definition in an attempt to eliminate confusion arising from different terms used in different countries. The group considered both the generic and disease-specific elements of laboratory capacity and surveillance capability. There was a feeling that it was better to define representative data for disease-specific surveillance as it would be too difficult to do for the whole system. It is also important to know what the indicator data will be used for.

51. The main problems regarding disease-specific indicators were outlined: testing activities are different in different countries; the EQA needs for clinical and public health microbiology are very different; samples are increasingly sent across borders which affects data on the number of samples per country.

52. The group also looked at prioritisation criteria and felt that methods other than mathematical may need to be considered. Some amendments were proposed for the paper under consideration and although not all questions were answered, the working group had tried to provide some general direction.

53. One member suggested that clinicians should also be considered since they are the ones who initiate lab work. In response, Petri Ruutu noted that clinical labs were more directed towards individual patient management, although the public health relevance does arise in situations like outbreaks.

54. Another member stressed the importance of other similar attempts at such an inventory in order to avoid duplication.

Working Group B: Facilitation of application for calls for tender or proposals for National Public Health Institutes

55. Ruth Gelletlie summarised the discussions of Working Group B and outlined some of the proposed solutions to the problems raised.[17] The group felt that ECDC should try to use the procurement process to build sustainable partnerships with the organisations in the Member States, whereas now the relationship ends with the delivery of the product.

[15] Item 11 - Point prevalence survey of ARHAI (C Suetens)
[16] WG A - Appraisal of PHM capability
[17] WG B - Facilitation of application for calls for tender

56. It was also noted that calls for proposal were being used less frequently than before, although they were felt to be more beneficial to the recipients of the grant. Andrea Ammon, Head of the Resource Management and Coordination Unit, explained that the Centre had been forced to move towards calls for tender, rather than calls for proposal, in order to better manage the budget.

57. Commenting on some of the proposed solutions, Andrea Ammon further explained that work has already started to provide an advance notice of forthcoming calls for tender and that this could be made available to the Advisory Forum as well as the Management Board, giving potential tenderers more time to prepare. The possibility of offering training in responding to calls would be investigated and ECDC will also look into how other similar Agencies manage these issues.

58. One member required information on ECDC's level of satisfaction of the output from these contracts, including whether there was in-house capacity to follow up on the deliverables and make good use of the resulting information. ECDC agreed to present an overview of procurement activities and the quality of the deliverables at the next meeting.

Working Group C: Current criteria for EPIET-MS track fellows' selection that may need to be revised

59. Andreas Gilsdorf presented the suggested changes to the existing criteria and put forward two questions for the Advisory Forum regarding whether to still offer available seats to zero-scoring countries and whether to randomly distribute seats between equally scoring countries.[18] He stressed that the allocation should be based on the needs in the Member States, not on political considerations.

60. There was considerable discussion over the financial implications for Member States who might be offered a second seat and some suggestions were made to re-allocate funds from the EU-track EPIET programme. One member pointed out that as the places were generally taken by existing staff, there was in fact no increase in the overall salary budget. In any case, Johan Giesecke asked members to concentrate on the criteria only, rather than on the financial issues, as the latter could not be dealt with on this occasion.

61. Addressing the questions posed by the Working Group, one member commented that as long as it only affected a small percentage of the whole, he would not object to a random allocation in the event of equal scores.

62. One of the AF members cautioned that any hasty decisions should be avoided by looking at the effect the proposed criteria would have had on the last cohort. In response, it was explained that this was not possible since the MS-track has only run for one year. Further, Karl Ekdahl, Head of the Public Health Capacity and Communication Unit, stressed that a decision was needed urgently in order to handle the upcoming cohort.

63. The Director rounded up the discussion and asked whether the AF supports the proposal or not. After a show of hands there were no votes against it.

Item 10 – Stockpiling strategies to prevent shortages of vaccines

64. Lucie Jean-Gilles, Expert, Public Health Capacity and Communication Unit, presented this topic to the Advisory Forum on behalf of her colleague Sybille Rehmet.[19] The next step regarding this issue will be a presentation to the European Commission and thereafter it will be for the Commission and Member States to decide on how to proceed. The representative of the Commission stated that it is a part of the work on cross-border threats preparedness. Negotiations for a political and legal agreement are continuing.

[18] WG C - EPIET-MS Track
[19] Item 10 - Stockpiling strategies to prevent shortages of vaccines (L Jean-Gilles)

Item 13 – Update on the 'Burden of Communicable Diseases in Europe' Project

65. Alessandro Cassini, Expert for Burden of Disease and Forecasting, Health Impact Section, Office of the Chief Scientist, presented an update on the BCoDE project.[20] Despite not participating in the December workshop, Mike Catchpole and Ágnes Csohán expressed that the UK and Hungary are interested in being involved in the project. The comments were generally positive in respect to the tool; however, a query arose regarding the actual follow-up of the tool beyond reporting of its own performance. Silvia Declich said that Italy's experience has been very positive so far, not merely in terms of the tool itself, but also the training and follow-up.

Item 14 – Guidance on Management of contacts of MDR-TB and XDR-TB patients *(Document AF29/5)*

66. Andreas Sandgren, Expert, Surveillance and Response Support Unit, presented this draft report to the Forum.[21] Comments from members were largely positive but with some constructive criticism. It was suggested that the language in the report was often too imprecise and vague, to which Anders Sandgren replied that it is an unedited draft and in order not to run over existing national guidelines, some of the language has been kept purposely vague. Other comments included that the document should state more clearly from the outset that the evidence is unclear and that limits the level of guidance that can be offered.

67. Other notable points made included that the report should reflect that some countries lack rapid laboratory capacity which, in turn, affects treatments, as well as how will the document be kept 'alive' as it is hoped. This, and many of the other points, will be taken up and addressed in the edited version of the report.

Item 12 – EPIET/EUPHEM fellows – from individual to institutional grants

68. Arnold Bosman, Head of Section, Public Health Training, Public Health Capacity and Communication Unit, presented ECDC's plans for the EPIET fellows programme.[22] A number of the interventions in the short discussion were broadly supportive of the proposal but with some concerns on the implementation. Concerns were expressed that for national sites, which will be following national rules, fellows could end up being excluded if those sites have hire freezes, for example. There was also concern over the administrative burden of the programme and why a full proposal had not been provided to the Advisory Forum already. To this, Arnold Bosman replied that ECDC was aiming to have a lighter process to ease the administrative burden and the legal department had advised against sharing a draft proposal in order to avoid confusion with future versions.

Item 15 – Update on External Evaluation of ECDC for 2012

69. Jan Mos, Seconded National Expert and Senior Advisor to the Director, presented this topic on behalf of Andrew Amato, Deputy Head of the Surveillance and Response Support. He informed the AF members that the terms of reference for the tender of the external evaluation are in development. It is planned that the call for tender will be launched in early March with an aim to finalise the contracts in early June. AF members expressed disappointment regards to this delay and some commented that ultimately there are only a handful of contractors in Europe who might be able to do this work. It was also stressed that the Advisory Forum should be a part of this evaluation process. ECDC assured that the AF would be involved.

[20] Item 13 - Update on BCoDE project (A Cassini)
[21] Item 14 - Guidance on Mgmt of contacts of MDR-TB and XDR-TB (A Sandgren)
[22] Item 12 - EPIET update (A Bosman)

Item 16 – Inaugural ECDC Country Cooperation Strategy (CCS) Workshop

70. Denis Coulombier, Head of Surveillance and Response Support Unit, presented the plans to modify the country cooperation meetings in September from last year's format.[23] The proposal was to combine the meetings of National Microbiology Focal Points, National Focal Points for Surveillance, Coordinating Competent Bodies and the Advisory Forum.

71. Several members were positive to these plans, stating that they saw an increased opportunity to interact with other elements of ECDC's management structures which can potentially be highly valuable.

72. There were also members who were sceptical of the plans. Concerns were expressed over: a) whether countries would send the right people to attend the different portions of the meeting or whether they just send smaller delegations; b) attendees' energy levels when participating in (up to) three full days of meetings; c) as well as the pressures on ECDC staff to deliver this.

73. Several AF members expressed the opinion that the current Advisory Forum meeting had not been as useful as it might have been due to poor preparations, and, as a corollary, a sizeable number suggested reducing the number of meetings to three times a year. Denis Coulombier recalled ECDC's Founding Regulation, which stipulates that four Advisory Forum meetings shall convene on an annual basis.

74. It was decided that those who had participated in the discussion, excluding Kåre Mølbak who excused himself, should form an ad hoc working group to take this idea forward. The working group participants comprise: Franz Allerberger, Silvia Declich, Jean-Claude Desenclos, Ruth Gelletlie, Andreas Gilsdorf, Jan Kynčl and Herman Van Oyen. Ágnes Csohán also participated in the debate but on a parallel topic.

Item 17 – Any other business

75. The AF was informed that the Twenty-ninth Advisory Forum meeting was the last for Preben Aavitsland. He was therefore warmly thanked by ECDC's management team and all the AF members for his contribution to improving Europe's public health.

76. The Chair and the Director adjourned the meeting, thanking everyone for the fruitful discussions. The next Advisory Forum meeting will convene in Stockholm on 3-4 May 2012.

[23] Item 16 - AF-CB-NFP annual meeting (D Coulombier)