ECDC Advisory Forum

Minutes of the Forty-fifth meeting of the Advisory Forum

Stockholm, 12-13 May 2016

Contents

Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) *(Document AF45/01)*

1. The meeting was opened by ECDC Acting Director, Andrea Ammon, who welcomed the participants.

2. Mike Catchpole, Chief Scientist, ECDC, welcomed the AF members and other participants, in particular, Nedret Emiroglu, WHO Regional Office for Europe and Albrecht Werner, DG SANTE – Directorate-General for Health and Food Safety, European Commission. Apologies had been received from Austria, Finland, Greece, Ireland, Italy, Latvia, Lithuania, Malta and the Standing Committee of European Doctors (CPME).

3. Declarations of a possible conflict of interest were made by Carlos Matias Dias, AF Member, Portugal, regarding the active involvement of his department in IMOVE and IMOVE+ consortium; Florin Popovici, AF Member, Romania, who had participated in the training seminar held immediately prior to the AF meeting as the Romanian NFP for training; Irena Klavs, AF Member, Slovenia, as the NFP for training and the representative at the national training site, and Jean-Claude Desenclos, AF Member, France, who pointed out that his agency, Santé Public France, was hosting an EPIET coordinator through an ECDC contract.

4. The agenda was adopted with one additional request for a short item on data sharing with third parties by Sophie Quoilin, AF Alternate, Belgium.

Adoption of the draft minutes of the 44th Meeting of the Advisory Forum (25-26 February 2016) *(Document AF45/02)*

5. The draft minutes were adopted without amendment.

Update from ECDC on the main activities since the last Advisory Forum *(Document AF45/03)*

6. Andrea Ammon, ECDC Acting Director, gave a brief update of the main activities since the last Advisory Forum meeting.[1]

7. Ágnes Csohán, AF Member, Hungary, thanked the Acting Director for the clear summary of Centre's work and highly appreciated the inclusion of the communication indicators in the summary report.

8. Paul Cosford, AF Member, UK, thanked Andrea Ammon for her clear leadership and support and for agreeing to continue in her capacity as Acting Director after no candidate reached the necessary majority at the 35th Management Board meeting in March.

Update on actions arising from the second External Evaluation of the Centre

9. Mike Catchpole, Chief Scientist, ECDC, gave a short update on the context, timeline and actions.[2]

10. Kåre Mølbak, AF Member, Denmark, said that his institute had received an invitation to an expert consultation on the reengineering of the EU surveillance system and asked whether and how this was connected to the ECDC evaluation of the surveillance system and the development of the Atlas since he was concerned that these activities were not being coordinated.

11. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, explained that the two activities were running in parallel. The surveillance system reengineering had begun over a year ago and was evaluating the system developed during ECDC's early years. The idea was to review the

[1] Update from ECDC on the main activities (A Ammon)
[2] Joint Action Plan to Address Management Board Response to Second External Evaluation (M Catchpole)

architecture of the system and its integration with the EU system in order to improve interaction between ECDC and Member States. The evaluation of the surveillance system, which would be taking place in 2017, was more focused on the functional integration of the Dedicated Surveillance Networks (DSNs) established 10 years ago in order to determine whether it was still pertinent and appropriate. The two were therefore connected and the same team was running both reviews, which would ensure that the exercises were coordinated and would be kept updated.

Advisory Forum Scientific Advice Priorities for ECDC 2018 Work Programme

12. Helena de Carvalho Gomes, Head of Section, Scientific Advice Coordination, Office of the Chief Scientist, ECDC, presented the results of the prioritisation exercise[3] and sought feedback on the process.

13. Jaap van Dissel, AF Member, Netherlands, noted that he had not been able to upload data to ECDC's server. Others confirmed that they had had the same experience and had in some cases become so frustrated that they gave up.

14. Jean-Claude Desenclos, AF Member, France, had succeeded but it had taken a long time to upload. Another criticism was that the exercise focused too much on studies rather than just being about prioritising scientific advice and guidance.

15. Kåre Mølbak, AF Member, Denmark, felt that instead of evaluating existing evidence, the exercise should focus on where there was a need for new studies, data and advice, and the AF needed to discuss and identify the areas in which this was required.

16. Niki Paphitou, AF Member, Cyprus, said that it had not been made clear until now that the topics would be translated into ECDC's work programme. She also felt that for some disease programmes there were too many topics and there should be less options to select. She recommended reducing the time taken to complete the survey as it was currently too long.

17. Andreas Gilsdorf, AF Alternate, Germany, said that it was necessary for the AF members to have a good overview and in-depth understanding to be able to complete the exercise. He noted that AF members may need to be given more time to consult those working in the specific areas who are much better equipped to make comments.

18. Sophie Quoilin, AF Alternate, Belgium, agreed with the comments made by other participants and did not see the real added-value of the project. She wished to be able to give a more global overview of future direction instead of highlighting specific topics.

19. Fernando Simón Soria, AF Member, Spain, expressed concern over the fact that any new topic he identified might generate additional demands or work for those working in Member States at national level in the future. Increased focus was needed initially on existing areas in order to be able to complete work being done there.

20. Ágnes Csohán, AF Member, Hungary, said that this year's exercise had been a better experience than last year's. She estimated that around half a day was required for consultations in order to be able to carry out the exercise. She pointed out that, as country representatives, the AF needed to advise ECDC so that it could cooperate more closely with the countries. She suggested discussing the results of the exercise in an AF working group.

21. Mike Catchpole clarified that the questions were designed for AF Members in their national role, and the breadth of their perspective, to give a balanced perspective on the relative importance of topics rather than covering specific, topic-related interests.

22. Helena de Carvalho Gomes explained that the initial idea had been to set a limit of three proposals from each disease programme, however, in the end, they had included them all in the interests of transparency. Responding to comments on technical difficulties, she explained that ECDC was using a free EU survey tool, and this issue would be discussed with the EU back office. She was aware that the

[3] Scientific advice priorities 2018 - Results of the IRIS exercise 2016 (H de Carvalho Gomes)

survey was restricted to scientific advice and needed to be expanded. Although it was impossible to be an expert in all areas, the role of the AF was to evaluate from a broad perspective, after which she suggested that experts could be called in as or when necessary. ECDC would also try to increase the time available to complete the survey. It was hoped that there would eventually be a link to the outputs produced to enable AF Members to see the full cycle, from the proposal to the final outputs published by ECDC. She thanked all those who had participated.

23. Paul Cosford, AF Member, UK, suggested that it might help to start the exercise at a higher level and take a broader perspective before supplementing it with more detail later on.

24. Sophie Quoilin suggested prioritising the type of problems that remain unaddressed rather than moving into new areas.

25. Mike Catchpole responded that addressing variations in capacity and need was one of the issues that ECDC hoped to pick up in the country support strategy. He noted that from the helpful feedback provided by the AF it appeared that there are three options available for the IRIS process: (1) to continue as at present, focusing on scientific advice but providing more time and context; (2) to consider extending to a wider range of ECDC activities and perhaps even making it more of a two-stage process, or (3) to bring the IRIS process to an end completely. ECDC would revert with a proposal.

HEVNet: Update on progress *(Document AF45/04)*

a) Proposed response to emergence of hepatitis E in humans in the EU/EEA

26. Cornelia Adlhoch, Expert, Respiratory Diseases/Influenza, Surveillance Response Support Unit, ECDC gave a short presentation.[4]

b) Reflections on the provision of a joint sequencing database

27. Jaap van Dissel gave a short presentation on the proposed arrangements for establishing a database,[5] which was followed by a discussion.

28. Jean-Claude Desenclos said that he supported the establishment of HEVnet and the other proposed future activities. However, he wished to see more analytical (case control) studies, given that there were quite a few cases outside of sporadic outbreaks and that the source and vehicles of transmission differed from one country to another. There was a need to look at specific reasons for larger and smaller epidemiological incidences in European countries and he wondered whether there was EU added value in coordinated epidemiological work on HEV.

29. Kåre Mølbak suggested it might also be useful to look at the clinical consequences. The proposal was biased towards genotyping, however, for clinicians, diagnosis was primarily based on serology, so there was a need to look at the pitfalls associated with serology to ensure that, where possible, case ascertainment was done according to the same standards.

30. Jan Kynčl, AF Member, Czech Republic, fully supported the proposed activities, but warned that since in Europe the disease was linked to infection in pigs, and some countries were large exporters of pig meat, the activities might incur a political debate, as had been the case with salmonellosis some years ago. It was also important to focus on the health effect (i.e. for organ donors.)

31. Sophie Quoilin pointed out an error in the slides with regard to Belgium because there was no national notification in Belgium, only surveillance by reference laboratories. She requested clarification on the complementarity of the RIVM project with ECDC's work since Member States already transmitted data on molecular surveillance to ECDC. She wished to know why it was necessary to work differently via RIVM for hepatitis E. Although she was very interested in the transmission of both hepatitis A and E, she wondered whether it really was a public health concern in Europe.

[4] Proposed response to emergence of hepatitis E in humans in EU/EEA (C Adlhoch)

[5] Reflections on a Hepatitis E sequence database: HEVnet (J van Dissel, M van der Sande)

32. While agreeing that experts share their specimens and send them to the Netherlands for genotyping, Fernando Simón Soria, AF Member, Spain, expressed his concern in the case of a new type of surveillance. He pointed out that the genotype circulating in Europe was synonymous with that of the USA, but not elsewhere; thus the issue was essentially a European/USA problem. One of the slides mentioned that over 90% of pigs were infected, but the percentage of people infected was very small in comparison. There were still many unanswered questions on the importance of the topic. If it was still at the research phase the action was voluntary; however, if it was further advanced then it might soon be at the point where countries would be forced to take action, a clarification thereof was sought.

33. Mike Catchpole, Chief Scientist, ECDC, clarified that the proposal was not for an EU surveillance system, but for a service which might help in outbreak situations or could provide useful data if HEV was to subsequently become the subject of EU surveillance. The tool could be of use to those investigating clusters.

34. Birgitta Lesko, AF Alternate, Sweden, noted that, in Sweden, the diagnostics for hepatitis E were performed in Gothenburg.

35. Paul Cosford, AF Member, UK, said he supported the proposal since it was important to understand the genomics of the disease. However, he was unsure about what was expected from Member States in terms of providing surveillance data and asked for clarification. He also emphasised the need for more work on public health consequences which, as he knew from experience, could escalate very quickly to a serious issue, so the public health risk assessment and work with EFSA would be very helpful.

36. Gudrun Sigmundsdóttir, AF Observer, Iceland, said that her country was not doing any work in the area of hepatitis E, and she would be pleased to participate as it was very useful.

37. Hanne Nøkleby, AF Observer, Norway, said that although there had been some notifications in Norway in the 1990s, there were too few, so surveillance/case reporting had stopped. Recent studies had, however, shown increases in the number of hepatitis E cases among vets and pig farmers and Norway would therefore also be keen to participate. Nevertheless, she too felt that more focus should be placed on epidemiology and the public health impact.

38. Andreas Gilsdorf, AF Alternate, Germany, said that Germany had had surveillance of hepatitis E since 2001. In 2015, there had been 1 200 cases and five deaths from hepatitis E, so this was definitely a public health problem rather than a scientific interest. Moreover, 85% of the cases had been contracted in Germany. He welcomed the chance to pool data and knowledge and wished to support RIVM. In addition, if a decision was taken in the future to cover HEV in EU surveillance it would be useful to have a roadmap to envisage how the work could be incorporated into ECDC's surveillance work. Given that an EU project was currently underway to gather information on hepatitis E, he sought assurance that activities were not being duplicated in the area of data collection.

39. Ágnes Csohán, AF Member, Hungary, fully agreed with comments by the AF Member for Germany and hoped that work done would enable the disease to be placed on the list of those requiring EU surveillance because it was a significant public health concern. She recommended selecting a number of public health institutions where laboratory diagnostics were already in place and where genotyping could be done. She emphasised that these should be representative of the whole of Europe and not just countries with diagnostic capacity.

40. Nedret Emiroglu, WHO Regional Office for Europe, expressed WHO's interest in the work, given that hepatitis E was becoming more of a global priority. An action plan on hepatitis E would be presented at the upcoming World Health Assembly in Geneva and a European hepatitis E control and action plan would be presented to the WHO Regional Committee for Europe meeting in September 2016. More data and evidence would obviously be required at a later date so this project would represent very useful groundwork.

41. Cornelia Adlhoch, Expert, Respiratory Diseases/Influenza, Surveillance Response Support Unit, ECDC, thanked the participants for their input and emphasised that participation in the database would be voluntary. At an EFSA meeting earlier in 2016, there was also significant interest shown by animal and food laboratories. Case control studies done in the Netherlands were unable to identify one common source, which is why it was vital to have the capacity to identify common vehicles across Europe. The coordinator of the EU project mentioned by Andreas Gilsdorf, AF Alternate, Germany, was already contacted, and a common objective for the development of a HEV sequence database identified. As the

EU project will end in October, and no more funding will be available, further discussions related to HEVnet will also include the EU project coordinator.

Update on Epidemic Intelligence

a) The Zika virus

42. Bertrand Sudre, Scientific Officer, Environmental Determinants and Outbreak Response, Surveillance and Response Support Unit, ECDC, gave a short update on Zika[6] and presented some questions for discussion.

43. Sophie Quoilin, AF Alternate, Belgium, thanked ECDC for its useful risk assessments and recommendations concerning Zika. She hoped that this would continue, particularly since Belgium, and possibly other countries, did not have surveillance for Zika and therefore really appreciated the data made available on ECDC's website.

44. Andreas Gilsdorf, AF Alternate, Germany, reiterated his support. He added that since 1 May 2016, Zika cases had become notifiable in Germany; however, interpreting the case definitions was very challenging and it was difficult to cover with standard surveillance systems. He pointed out that recommending condom use gave the impression that Zika was a sexually transmitted public health risk on par with hepatitis and HIV, which was not the case.

45. Jaap van Dissel, AF Member, Netherlands, agreed that the recommendations on sexual contact precautions were very confusing and proposed having an evidence-based suggestion. At present, the recommendations, which were not evidence-based, were causing concern to many travellers. He favoured keeping to a one-month recommendation and leaving the unknowns as unknowns.

46. Paul Cosford, AF Member, UK, echoed thanks to ECDC for its work and in particular for the list of countries with active Zika transmission which was very helpful. What the UK required most was a view from ECDC on whether there was any transmission through the *Aedes albopictus* mosquito and on the issue of sexual transmission. He agreed that there was a perception of Zika as a sexually transmitted disease, whereas the focus should be on the risk of sexual transmission during pregnancy and on protecting the unborn child. Another unknown factor where information was needed concerned the risk of male-to-female transmission through sexual contact during the period when a person was shedding the Zika virus.

47. Kåre Mølbak, AF Member, Denmark, supported what had been said by other AF colleagues and would not like to see guidance on sexual transmission precautions adopted that was similar to that issued by the US CDC as it did not make any sense.

48. Jean-Claude Desenclos, AF Member, France, said that when providing advice, it was very important to interact with clinicians in order to provide information which would be valid in the longer term. It was necessary to exercise caution about the information given and the way in which it was received and perceived. Public health institutes had a duty to try and get the balance right and not give in to pressure from the media, but to rely on the facts available. Advice in relation to sexual transmission should be a balance between evidence and precaution.

49. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, responding to the issues raised, pointed out that in this instance immediate action was the key rather than knowledge to build an overall picture in the long term. European countries were quite aligned in terms of the advice they were giving and the discussions and advocating the use of a condom when returning from affected areas in order to protect your partner was undoubtedly good advice. It was difficult to make recommendations for specific measures in relation to a particular disease and as yet there was no basis for changing anything.

50. Bertrand Sudre said that evidence-based recommendations on preventing sexual transmission to date had been based on two pieces of evidence from two surveys and no other information was

[6] Update: Zika virus and yellow fever epidemics (B Sudre)

available. It was known that the majority of transmissions of the virus was related to symptomatic males returning from affected areas.

51. Jaap van Dissel said that he was not in favour of moving away from science-based recommendations to give overcautious non-science based advice.

52. Denis Coulombier then gave a short update on the outbreak of yellow fever in Angola.

b) Evaluation of Surveillance Systems

53. Phillip Zucs, Acting Head of Section, Surveillance, Surveillance and Response Support, ECDC, gave a short update on the status and the next steps.[7]

Scientific advice: update on assessments, reviews and guidance

a) Proposal for the future location of ESCAIDE *(Document AF45/05)*

54. Polya Rosin, Scientific Advice Coordinator, Office of the Chief Scientist, ECDC, presented a paper outlining three options: a) Stockholm remaining as the only ESCAIDE location, b) ESCAIDE being held every year in a different Member State, and c) a bi-annual rotation model. She then opened the floor to the AF members.

55. Carlos Matias Dias, AF Member, Portugal, pointed out that hosting ESCAIDE in Lisbon in 2010 had led to very positive national results and Portugal now held an annual national public health conference inspired by ESCAIDE. ESCAIDE also served a useful training purpose in that it gave young scientists access to a European audience.

56. Andreas Gilsdorf, AF Alternate, Germany, referred to 2008 when his country hosted the first ESCAIDE conference held outside of Sweden. The conference, in Berlin, had been a huge success, not least because it also raised awareness of public health topics at the Ministry of Health. Restricting ESCAIDE to Sweden would jeopardise this aspect. National Field Epidemiology Training Programmes (FETP) also benefitted from the rotation of ESCAIDE to less expensive locations as it helped them save money – a fact that was not taken into account in the options paper. Holding the conference in Member States could also be more cost-effective. For example, the Lisbon conference, had been significantly cheaper than the Stockholm conferences. He strongly encouraged ECDC to freely circulate ESCAIDE among the Member States.

57. Mike Catchpole noted that engagement with higher political levels could be added to the list of the added benefits of rotating ESCAIDE. He also pointed out that rotation would not automatically result in a lower cost factor since rotation implied that high-cost countries would also have to be included.

58. Jan Kynčl, AF Member, Czech Republic, preferred the rotation proposal, however location was only one of many relevant factors. He pointed out that the conference still predominantly consisted of presentations by EPIET fellows and alumni and needed more variety. ECDC should therefore focus on a more independent, unbiased selection of abstracts and the current content selection progress should be reviewed. Some presentations at ESCAIDE had limited value at the European level and EPIET content should be separated from content with European relevance.

59. Kåre Mølbak, AF Member, Denmark, said that ESCAIDE should focus on a wider range of topics, such as microbiology or general public health. He also supported the rotation model, with ESCAIDE held one year in Stockholm and the next year in a Member State. This would dispel the myth that ESCAIDE was an 'ECDC conference' rather than a European conference. More late-breaker sessions would also be helpful because of their up-to-date information on current outbreaks. Reports on historical outbreaks were old news. Moving the deadline for submission of abstracts closer to the conference and reassessing the timeline would help improve this.

60. Andreas Gilsdorf said that ESCAIDE was closely linked to EPIET and the link should be retained to guarantee strong participation and attractiveness. There were different views on abstracts – EPIET

[7] Evaluation of EU/EEA public health surveillance systems (EPHESUS) (P Zucs)

fellows followed the submission rules more strictly which was perhaps why more abstracts were accepted from them. He suggested that in order to foster development in areas other than epidemiology, the conference could have separate sessions dedicated to these areas.

61. Aura Timen, Observer, EUPHA, suggested organising ESCAIDE back-to-back with other conferences such as the European Public Health Conference (EPH) which attracted over 2000 visitors.

62. Polya Rosin thanked the participants for their input. The reason for the independence of the conference, scientific content and abstract selection not being discussed was that the Management Board had requested a review of the options on budget and location. ECDC had begun reviewing the conference processes two years ago with a view to making improvements. In 2015, ECDC had published selection procedures and introduced a conflict of interest assessment to ensure high quality, independent review of abstracts. It had also significantly improved the pool of reviewers. She stressed that each abstract is anonymised and undergoes independent review by three different reviewers. Abstracts from EPIET fellows follow the same selection, hence there is no bias in the process and if many EPIET fellows get their abstracts accepted this is because of the quality and not the affiliation. The public health training section at ECDC had been advertising a course on abstract writing to ensure that potential contributors write their abstracts in accordance with the ESCAIDE Scientific Committee's criteria. If AF Members had ideas regarding the expansion of the conference content to other topics, she encouraged them to get in contact. However, she stressed that the focus of ESCAIDE on applied field epidemiology is what makes is unique and builds its EU added value.

63. Andrea Ammon, Acting Director, ECDC, pointed out that ESCAIDE would be celebrating its 10th anniversary this year, and that this provided a good opportunity to review and move forward. Discussions in the Management Board two years ago had been in favour of rotation, but not just for the sake of it. They saw the highest value in rotating to countries where public health needed a boost. However, when determining criteria for rotation, it was important to define the approach (volunteers, language capabilities, budget implications, etc.) There is a benefit to the host country but the question to address is how this could be measured. She suggested that these issues need to be developed further.

64. Sophie Quoilin, AF Alternate, Belgium, was in favour of the idea of using ESCAIDE as a way of constructing a European spirit in the area of public health.

b) Draft Expert Opinion on rotavirus vaccination in infancy *(Document AF45/06)*

65. Kari Johansen, Expert, Vaccine Preventable Diseases, Surveillance and Response Support Unit, ECDC, presented the draft opinion on rotavirus vaccination[8] and sought comments from the participants.

66. Fernando Simón Soria, AF Member, Spain, pointed out that the document erroneously stated that rotavirus vaccination had been used in the Navarra region of Spain. He also asked what was actually meant by public consultation.

67. Jean-Claude Desenclos, AF Member, France, inquired whether circovirus, which had been found to contaminate some rotavirus vaccines, could be easily spread. In France, although favourable advice had been given on implementation of the rotavirus vaccine into the vaccination schedule at national level, the vaccine was not reimbursable. Having specific information on the approach taken in other countries would therefore be very useful – also in the interests of transparency.

68. Sophie Quoilin, AF Alternate, Belgium, pointed out that in Belgium there had been free rotavirus vaccination in children for a long time now and it had proved very effective. Vaccine coverage was very high (over 90%) and there were now only a few hundred cases per year. It was better to demonstrate the effectiveness of the vaccine in general, as seen in Belgium, rather than asking countries to begin performing surveillance in order to demonstrate what was already known.

69. Jaap van Dissel, AF Member, Netherlands, noted that the paper erroneously stated that a negative decision had been taken regarding rotavirus in the Netherlands. No decision had yet been

[8] Draft Expert Opinion on rotavirus vaccination in infancy (K Johansen)

taken. Although his country was not vaccinating against rotavirus they had noted a decrease in the number of cases. The disease burden was highest in the specific group of children at greatest risk of complications.

70. Birgitta Lesko, AF Alternate, Sweden, wished to see information in the opinion on the combination of rotavirus vaccine with other live vaccines such as BCG. She pointed out that parent absenteeism from work played a crucial role when evaluating whether rotavirus vaccine should be included in the Swedish vaccination programme.

71. Paul Cosford, AF Member, UK, said that the UK, like Belgium, had also seen great benefits since the vaccine had been introduced and the incidence of cases had virtually flat-lined after one year. He wished to see more health economics analysis in the paper and was also interested to know what was meant by public consultation.

72. Guðrun Sigmundsdóttir, Observer, Iceland, said that Iceland had only seen around 10 cases during the winter of 2015 and was therefore not considering introducing vaccination or conducting any studies. She was surprised at the significant differences among European countries.

73. Hanne Nøkleby, Observer, Norway, said that introduction of the vaccine had only proved to be cost-effective after putting out the tender for the vaccine, which caused the price to drop. She suggested that the paper should look more closely at timelines and strategies.

74. Kåre Mølbak, AF Member, Denmark, said that the paper did not make reference to an assessment that had been done in Denmark and found the introduction of the vaccine to be cost-effective. However, in the end, rotavirus was not considered to be a severe disease so it was decided not to introduce the vaccine. This type of example, namely, the health policy approaches of governments around Europe, needed to be taken into account.

75. Andreas Gilsdorf, AF Alternate, Germany, suggested that sentinel surveillance or hospital-based surveillance might be one option that could be explored as an alternative to European-level surveillance which was not really necessary.

76. Malgorzata Sadkowska-Todys, AF Member, Poland, explained that rotavirus vaccination was recommended in Poland and asked for the paper to be amended accordingly.

77. Jean-Claude Desenclos said that it would be easy and not too expensive to perform surveillance for rotavirus in France and possibly even some before/after evaluation following the introduction of the vaccine. However, he pointed out the danger of a possible transmutation of the virus in the future, as had happened before.

78. Mike Catchpole emphasised that the document would not go out for consultation until all data had been updated. Public consultation involved checking the accuracy of the information on the current situation and obtaining feedback on whether the information made available was perceived to be useful.

79. Kari Johansen, Expert, Vaccine Preventable Diseases, Surveillance and Response Support Unit, ECDC, thanked the participants for their feedback. She explained that the public consultation was also important for ECDC to be able to interact with industry. She confirmed that porcine circovirus had been identified in rotavirus vaccines and that a project was underway to produce circovirus-free rotavirus vaccines. She apologised for the inaccuracies in the paper and asked AF Members to provide any corrections or amendments that they might have. The paper would be updated and ECDC would revert to the AF.

Update from Public Health Capacity and Communication Unit

a) Implementing the One Fellowship programme *(Document AF45/07)*

80. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication, ECDC, presented an outline of the programme[9] and the floor was opened for discussion of the two options presented.

[9] Implementation of the One Fellowship Programme (K Ekdahl)

81. As for the name of the programme, Jean-Claude Desenclos, AF Member, France, believed that Option 1 (EPIET as an acronym for "the European Programme on Intervention Epidemiology and Public Health Microbiology Training") was better than Option 2 (ECDC Fellowship Programme - EFP). He opined that ownership of the programme was moving away from public health institutes, yet at the same time, the administrative burden was tremendous. He was concerned that the changes to the selection process would weaken the link with the Member States where the training was needed. He felt that it was inappropriate for all the training to be administered by ECDC as one single entry point and believed that this would kill the spirit of the programme.

82. Andreas Gilsdorf, AF Alternate, Germany, had not completely understood the trigger behind the initiative for the one fellowship programme. It involved a great deal of work and had implications for the future of both programmes. Putting both paths into one programme would not necessarily strengthen them. The single largest problem was still the extensive administrative burden and this should be solved first before integrating the programme. He also pointed out that combining the programme at ECDC would not change the situation in the countries, which would still have two sites, and it might just make their work more complicated. He hoped that the combination of the paths would not have a negative impact on collaboration between EPIET and EUPHEM. It was also important to discuss the redistribution of seats in the programmes soon rather than later, while it was still possible to have an influence on the outcome.

83. Sophie Quoilin, AF Alternate, Belgium, could see very few differences between the content of the EPIET and EUPHEM training courses, which was a cause for concern. Member States had less resources available and therefore had to be able to decide upon the most appropriate programme for their needs.

84. Hanne Nøkleby, Observer, Norway, totally agreed with comments by the AF Member for Germany on the work burden and pointed out that this would be the deciding factor as to whether or not to take more candidates. Referring to the public health leadership training element, she did not see the need for this and it was more important what the fellows learned in the programme generally. It was also difficult to understand the process behind the selection of candidates/training sites so clarification was needed on this. Point 12 in the Rationale section talked about steps towards 'one-health' however this term was usually used when referring to human and animal health and antibiotic resistance and was perhaps inappropriate in the context.

85. Fernando Simón Soria, AF Member, Spain, agreed that microbiologists were specialists with their own background and training, as were epidemiologists, and although they should be able to work together they should not be in the same programme. There should be separate tracks with separate courses for the two completely different professions.

86. Kåre Mølbak, AF Member, Denmark, supported the idea of merging the two paths because these days microbiologists did very little 'wet work'. The world was changing all the time and the programme would need to adapt too. He proposed that in the future there might possibly be a need for a programme on public health bioinformatics. The programme paths could be merged and then specific areas could be enhanced as necessary.

87. Karl Ekdahl said that he shared the AF Members' frustration on administrative issues. ECDC had a genuine desire to ease the burden as much as possible. One additional fulltime person had already been reassigned at ECDC to look at how it might be possible to simplify administrative processes, and a minor reorganisation had also taken place within the programme to strengthen the administration of the programme. It was hoped that merging the programmes would be a step in the right direction to help ECDC to streamline wherever possible. However, this was only one part of the rationale behind the one fellowship. It also represented an opportunity to examine content issues. He agreed that the selection procedure needed to be reviewed and would therefore be asking the AF working group and the coordination committee of the NFPs for Training to work together to examine the criteria. With regard to the public health leadership proposal, if there was no support for this in the main programme it would be moved to profession-specific core competencies. While the AF Member for France noted that his country was no longer involved in the pre-selection of the EU track fellows (with salaries funded by ECDC), this was attributed to remarks made by the auditors in 2015. There had been discussions with the NFPs for training at their meeting the day before about ensuring more transparency in the process and taking further steps in this area. He assured the AF that ECDC would be doing everything possible in the near future to review each step of the administrative process.

b) ECDC Survey on Training Needs Assessment *(Document AF45/08)*

88. Arnold Bosman, Head of Section, Public Health Training, Public Health Capacity and Communication Unit, ECDC, presented a short evaluation.[10]

89. Andreas Gilsdorf said that it had been difficult to complete the survey both in terms of obtaining the necessary information and understanding the meaning of the questions. Many of the responses involved guesswork and the whole experience had been disheartening. A tool and methodology was required that could define needs at both national and sub-national level.

90. Irena Klavs, AF Member, Slovenia, said that training needs assessment showed evidence that there is a substantial need for training and that implementation of the new ECDC training strategy should be allocated appropriate resources. She also said that it was a serious concern that ECDC together with the Member States have not estimated the desirable number of specialists and their related skills as suggested by the Internal Audit Service to ECDC. One approach in triangulating estimates obtained by different approaches might be a simple in-house activity at ECDC looking at core activities planned at EU level that need to be implemented in each Member State and using in-house knowledge to estimate the country capacity needed for such implementation.

91. Sophie Quoilin agreed that it had been impossible to respond to the survey but somehow training needs had to be assessed. She suggested that it might be possible to train people at other levels than the EU level or through exchanges of knowledge and information on a more ad-hoc basis between countries.

92. Kåre Mølbak said that one way to assess training needs was by determining whether there were enough field epidemiologists available at all levels of the political hierarchy. It should be possible to ensure that public health was taken into account in every decision taken at the political level, for example, within the Ministry of Health. Until such time as public health became an integrated part of the political culture, there was still a need for training.

93. Karl Ekdahl agreed that new forms of needs analysis for training had to be developed and ECDC was currently looking at different options for this. He sympathised with the AF Alternate for Germany in trying to complete the needs assessment survey for a federal country. It was clear that some form of tool kit was needed in order to be able incorporate both national and local needs.

94. Fernando Simón Soria said that he did not understand the objectives of the survey, since it was impossible for ECDC to ever understand training needs in all EU countries. He suggested that a different approach should be taken.

95. Andreas Gilsdorf said that there were two issues involved, the content of training for those already in the public health system and then, closely linked to this was the question as to whether there were enough people in the system at present. He suggested that it could be easier to ask existing public health specialists in what areas they might need training from a broader point of view, rather than trying to analyse the in-country situation. ECDC's analysis needed to take a wider perspective.

96. Arnold Bosman said that it was important to have a tool to estimate capacity and in this connection, ECDC was looking at ways in which to link to specific core functions in disease programmes to obtain terms of reference for alignment of disease programmes. Responding to the comment by the AF Alternate for Belgium, ECDC had also thought about having dialogues and brainstorming, but it was difficult to know who to do this with. Responding to the comment by the AF Member for Denmark and the need for decision-makers to base their decisions on public health evidence, he pointed out that there was a specific track at the EPIET summer school which focused on policy, but went outside the scope of the fellowship programmes. Responding to the comment by the AF Member for Spain, he noted that ECDC had a responsibility to help with training and that if it was unable to do this, it would have to be done at national level, but a needs assessment would still have to be carried out.

[10] ECDC Training Needs Assessment of EU/EEA countries – Methodology & Survey 2015 (A Bosman)

97. The Public Health Training Section will continue the dialogue with the National Focal Points for Training on best approaches to assess training needs.

Point prevalence surveys of healthcare-associated infections and antimicrobial use in acute care hospitals and long-term care facilities in 2016-2017: participation of EU/EEA Member States

98. Dominique Monnet, Head of Disease Programme, Antimicrobial Resistance and Healthcare-Associated Infections, OCS, ECDC, gave a short presentation on the state-of-play of the two point prevalence surveys.[11]

AF Working Group topic - ECDC Scientific Strategy: Priorities for Scientific Development and Coordination - Feedback from Working Groups *(Document AF45/09)*

Working Group A – Use of mathematical modelling and qualitative methods

99. Carlos Matias Dias, AF Member, Portugal, Chairperson of the Group presented the results (see slides)[12] and the floor was then opened for discussion.

100. Kåre Mølbak, AF Member, Denmark, said that mathematical modelling and qualitative methods were two completely different ideas and it was confusing that they had been put into one group. The main objective was to have a critical attitude to modelling and to be able to assess in what ways it was useful.

101. Jean-Claude Desenclos, AF Member, France, shared his colleague's concerns, pointing out that the forecasts for Ebola in West Africa using mathematical modelling had been completely wrong. Mathematical modelling was a tool which should be included in a larger framework with specific parameters. Although it was useful to estimate numbers at the start of an outbreak, it was also important to be very careful with such estimates.

102. Sophie Quoilin, AF Alternate, Belgium, fully agreed with her colleagues, pointing out that, depending on the elements put into the model it was possible to demonstrate more or less whatever was required. However, for certain elements, it was useful, one example being the ECDC burden of disease tool.

103. Fernando Simón Soria, AF Member, Spain, said that he was in favour of mathematical models, but they should examine what would be likely to happen under specific conditions which were pre-set in the model and not assumptions.

104. Mike Catchpole, Chief Scientist, ECDC, agreed that it was necessary for the epidemiologists and the modellers to work closely together.

Working Group B – Incorporation of the scientific understanding of disease determinants into scientific advice outputs

105. Jean-Claude Desenclos, AF Member, France, and Chairperson of Working Group B, presented a summary[13] of the Group's discussions before comments were invited from the floor.

[11] Point prevalence surveys of healthcare-associated infections and antimicrobial use in acute care hospitals and long-term care facilities in 2016-2017 (D Monnet; C Suetens, P Kinross, T Kärki, D Plachouras)
[12] Working Group A. Use of mathematical modelling and qualitative methods
[13] Working Group B: Incorporation of the scientific understanding of disease determinants into scientific advice outputs

106. Carlos Matias Dias, AF Member, Portugal, pointed out that both qualitative and quantitative aspects were important for linking to determinants and alliances one possible way of linking the three areas could be through a planning approach.

107. Jean-Claude Desenclos asked how ECDC intended to use the results of the Working Group discussions and how often ECDC used social determinants in giving scientific advice.

108. Mike Catchpole responded that the statements in the external evaluation had been very broad and it was really a question of deciding where ECDC should focus. ECDC had already examined determinants in some of its papers but it was helpful to review. He agreed that it was necessary to take a planning approach and that this issue had been raised at meetings with EFSA and EMCDDA in the hope that efforts could be made to dialogue with other EU agencies and improve planning.

109. Denis Coulombier said that in terms of epidemic intelligence and threat assessment, ECDC was currently exploring travel-related information as a determinant and was in discussion with IATA, with a view to looking at Zika exporting areas and linking this to areas where cases were being seen in Europe. Similarly, they were also examining environmental factors, such as suitability for vibriosis in the Baltic Sea and the Black Sea. They were also working on refining suitability criteria for mosquito populations and characterising environmental suitability for vectors.

110. Niki Paphitou, AF Member, Cyprus, advocated the idea of closer collaboration between ECDC and clinical societies, pointing out that if ECDC did not have the capacity to produce guidelines in relevant areas, it could still in certain cases endorse those produced by clinical societies.

111. Kåre Mølbak suggested that some of ECDC's work in connection with the Member States could reprioritised to free up capacity in order to act on some of the suggestions that had come out of the Working Group discussions.

Working Group C – Scientific alliances

112. Kåre Mølbak, AF Member, Denmark, Chairperson of Working Group C, presented some slides[14] summarising the Group's discussions before comments were invited from the floor.

113. Sophie Quoilin, referring to future challenges (e.g. communication, genomics, data sharing) said that it would be possible to deal with them by taking a public health approach to communicable diseases. At present, the focus was too much on microbiology and the rest was being forgotten. She used the analogy of it being preferable to be on the train rather than running after the train.

ECDC Polio Strategy 2017-2019 *(Document AF45/10)*

114. Donato Greco, SNE, and Lucia Pastore Celentano, Head of Disease Programme, Vaccine-Preventable Diseases, Office of the Chief Scientist, ECDC, presented a draft paper on poliomyelitis strategy in EU/EEA[15] and sought feedback from AF Members.

115. Jan Kynčl, AF Member, Czech Republic, agreed that there were still a number of polio-related actions to be undertaken, however, he wished to see more mention of closer collaboration with WHO in order to coordinate activities. He asked about the issue of a stockpile of monovalent vaccines – an issue which had been discussed at Commission level for many years – and wished to know what had been done and what acts were planned.

116. Malgorzata Sadkowska-Todys, AF Member, Poland, clarified that Poland had used the trivalent vaccination but had moved to IPV as of 1 April 2016.

117. Jaap van Dissel, AF Member, Netherlands, agreed with the AF Member for the Czech Republic and questioned the necessity of starting a new programme. On other hand, there were still other issues requiring work where WHO was as yet not active, such as vaccination of migrants, or improving knowledge on chronic polio excretors.

118. Florin Popovici, AF Member, Romania pointed out that Romania had been 'red-flagged' in a WHO risk assessment due to its proximity to the Ukraine and pockets of unvaccinated children in the north

[14] Feedback from WG C: Scientific alliances

[15] ECDC strategic plan for Poliomyelitis Prevention and Control (D Greco)

of the country. There were many useful proposals in the ECDC plan including obtaining a clear picture of the environmental sampling situation across Europe and the proposals related to containment.

119. Birgitta Lesko, AF Alternate, Sweden, had similar concerns and wanted more information on vaccine stockpiling in the event of an outbreak and the surveillance of sewage. Sweden had carried out sewage surveillance for a couple of years but had then discontinued it as a low-risk country.

120. Ágnes Csohán, AF Member, Hungary, queried what was meant in the presentation by the statement that one IPV dose had been introduced in all countries in 2016. In her opinion, there was only one urgent task for ECDC – to produce a technical paper on polio vaccination strategies for migrants, particularly those arriving from polio-endemic countries, preferably with a unified European approach.

121. Lucia Pastore Celentano, Head of Disease Programme, Vaccine-Preventable Diseases, Office of the Chief Scientist, ECDC, confirmed that most of the content in the paper reflected collaborative work between ECDC and WHO. ECDC had been working closely with WHO since 2015 to determine where there were gaps in Europe and where help was needed. She confirmed that containment, preparation plans and environmental surveillance were high priorities and that ECDC's role was to support EU countries in implementing the strategic plan.

Update: Influenza Vaccine Effectiveness Studies Proposal (IMI2 JIVES)

122. Maarit Kokki, Senior Adviser, Head of Section, International Relations, Director's Office, ECDC, gave a short update on the proposal.[16]

123. Mike Catchpole, Chief Scientist, ECDC, recalled the prerequisites that the AF had previously proposed for ECDC involvement in the IMI2 JIVES project, which ECDC had accepted. These prerequisites are that industry should not have a decision-making role in the design, conduct, analysis, and primary publication of results of vaccine effectiveness studies.

124. ECDC Chief Scientist subsequently read out some written comments submitted by Mika Salminen, AF Member, Finland: 'Finland supports the development of an EU-level mechanism for vaccine impact and authorisation studies. The new mechanism should ensure sustainable funding and decision-making based on public health priorities. Finland's new National Institute for Health and Welfare, THL, is considering supporting the proposal, providing that the public health sector has a clear leading role in study design, implementation, data analysis and reporting. According to THL, this project is an important test case on how a transparent public/private partnership can provide a scientifically sound evidence base required by the EU to weigh the benefit risk of vaccines used in national immunisation programmes. In response to the question as to whether ECDC should join at the second stage, Finland supports the participation of ECDC. The governance model should emphasise the leading role of national health institutes and ECDC.

125. Sophie Quoilin, AF Alternate, Belgium, asked Maarit Kokki to give her thoughts and share her experience on the first project to date (IMI/ADVANCE).

126. Maarit Kokki said that there would be a mid-term review of the ADVANCE project in a few weeks' time. The most awaited aspects at present were the governance structure and the code of conduct, which would be reviewed by the implementability panel, organised by ECDC, later this year. Although it had been difficult in the beginning, the public and private sectors had found ways to work together and were now talking more and more openly about the problems they faced

127. Jean-Claude Desenclos, AF Member, France, asked whether she would consider recommending that ECDC should participate in the second stage. He would neither consider recommending that his Institute participate nor would he recommend that ECDC should join the second stage either.

128. Jaap van Dissel, AF Member, Netherlands, said that he would be in favour, provided that there was a minimum number of countries participating to have broad support.

[16] Update: Influenza Vaccine Effectiveness Studies IMI 2 Call 9 (M Kokki)

129. Andreas Gilsdorf, AF Alternate, Germany, said that his country was still reluctant to participate and concerned about the possible consequences of participation. He therefore advised ECDC to exercise caution.

130. Kåre Mølbak, AF Member, Denmark, said that his institute, SSI, was already participating in 'Advance' and the experience to date had not only been positive. Consequently, SSI was quite reluctant to continue or to participate as an institute. He would only advise ECDC to join if there was an overwhelming positive response from all public health institutes, which was very unlikely.

131. Fernando Simón Soria, AF Member, Spain, said that his institute would probably not participate and neither should ECDC. This decision was mainly related to transparency issues and perceptions.

132. Carlos Matias Dias, AF Member, Portugal, recalled his involvement in IMI, and said that he personally was unable to answer the question as to whether his institute would consider participating at the second stage. It would also be necessary to see the actual contract and technical terms before a decision could be taken.

133. Sophie Quoilin said that it was impossible to avoid having to collaborate with industry, but she would prefer to see the terms of reference before taking a decision.

134. Jaap van Dissel said that the AF Members faced a paradox – the countries had decided through IMI2 to go ahead whereas the country representatives themselves were more hesitant.

135. Maarit Kokki said that in order to have a large enough sample size, a larger network than at present was required. Consequently, the call was inclusive, which was unusual. In the first stage, they were only seeking a coordinator, and in the second stage, they invited all National Public Health Institutes to participate in helping to develop the whole project (roles, responsibilities and financial flows). These aspects were to be defined by all the partners during the second stage. This meaning that it would be possible to go to the negotiating table with the preconditions required for participation set by the Advisory Forum.

136. Andrea Ammon, Acting Director, ECDC, noted that the AF had had repeated discussions on this issue, and had not made any headway. She understood that this was a difficult situation and that there were potential pitfalls, however, the question to be asked was whether ECDC and the countries would be better off if the proposal did not go ahead. If countries did not want to participate in the project now, then what would happen? She asked the AF Members to think about this idea and reminded them that the call was now out.

137. Mike Catchpole, Chief Scientist, ECDC, said that if institutes were approached by IMI2, and were considering participating, it would be really helpful if they could clarify the criteria for their participation.

138. As the following session was jointly with the NMFPs, ECDC's Chief Scientist took the opportunity to thank the AF Members for attending the 45th AF meeting and for the useful discussions and wished everyone a safe journey home. The next AF meeting will convene during 13-14 September 2016.

Joint Session of NMFP with ECDC Advisory Forum: EULabCap 2014 results review: validity and reference? *(Document AF45/11)*

139. Mike Catchpole, Chief Scientist, ECDC, warmly welcomed everyone and opened the joint session.

140. Katrin Leitmeyer, Senior Expert Virology, OCS, ECDC, gave a presentation on "EULabCap Preliminary Report on 2014 data."[17] She presented the aims, methodology, main findings and limitations of the study. The presentation ended with the following two questions: 1) What is the public health relevance and validity of findings? Should there be further external validation?; and 2) How to use the 2014 EULabCap report for actions at the EU and MS policy levels taking the NMFP feedback into consideration.

141. Mike Catchpole summarised that overall, there is a moderately strong capacity, and that diagnostic data are vital in underpinning ECDC surveillance activities. He noted two areas that scored

[17] EULabCap Preliminary Report on 2014 data (K Leitmeyer)

relatively low in terms of capacity and could impact upon the quality of surveillance data and response, namely diagnostic test utilisation and outbreak support.

142. Franz Allerberger, NMFP Austria, said that the gaps identified by EULabCap reflect the reality: a critical point is the primary diagnostics with no reimbursement to some service providers. He exemplified STEC wherein more isolates are expected, but there is no culture-based diagnostic testing performed by commercial laboratories due to cost.

143. While noting financial challenges in his country, Alkiviadis Vatopoulos, NMFP Greece, noted that a trend exists in which primary laboratories send *Salmonella enterica* isolates without serotyping or sometimes even stool samples to the reference laboratories.

144. Bruno Coignard, NMFP France, said that while budget cuts are not an issue in his country, due to lack of accreditation in some laboratories for serotyping, *Salmonella enterica* isolates are sent to the national reference laboratories without typing data. Mike Catchpole remarked that "We are moving towards molecular typing, particularly whole genome sequencing, which would be done in the national reference laboratories at a first instance, although in the future it would probably be cost efficient to do sequencing in the diagnostic laboratories themselves." He then challenged the credibility of the reported improvement of 6% performance in one year. While noting the validity of data, especially with respect to trends on 2013 and 2014 data comparisons, Bruno Coignard remarked that his reporting to EULabCap of 2014 data was better due to the experience gained from the previous survey for 2013, which should be considered more as a pilot for the NMFPs; thus exercise should be cautioned in interpreting the first annual comparison.

145. Kåre Mølbak, AF Member, Denmark, underlined the issues surrounding primary diagnostics, which is a serious concern, and said that if samples are not taken, the results will not be available to the surveillance system, and ultimately to ECDC. The issue of new methods that are increasingly used at the primary level is beyond the present exercise. A better understanding is needed, for instance, a positive culture of *N. gonorrhoeae* is not necessarily the same as a PCR positive sample, so the implications for adapting the case definitions need to be further clarified. He further stated that it is vital to conduct a disease-by-disease critical assessment of the new diagnostic tools and the role of reference laboratories, and revise case definitions and surveillance targets.

146. Andreas Gilsdorf, AF Alternate, Germany, reiterated that diagnostic data must be connected with the epidemiological information. The results of the new techniques for laboratory tests are becoming quite complex and that consequently the people responsible for entering the data in the system are overwhelmed. It is essential to connect epidemiological and laboratory data in the system, yet this is an unresolved challenge, particularly as the EU data protection law becomes stricter.

147. Mike Catchpole further inquired what impact the EULabCap report had had in the Member States. Katrin Leitmeyer clarified that the impact was discussed in the previous session of the 14th NMFP meeting, with the feedback from the NMFP by questionnaire on the impact of the EULabCap at MS level in 2015, and showed the slide with corrective actions taken to date. ECDC's Chief Scientist then asked what the impact was at the national level on the 21 countries that have used the reports.

148. Franz Allerberger, NMFP Austria, clarified that his country does not register medical microbiology laboratories due to a law from 1949. The EULabCap report results for Austria point to the lack of this capability, while most EU countries have it, which constitutes a strong argument for inciting regulatory action.

149. Bruno Coignard noted there is a reporting bias for his country with two TESSy indicators (Influenza and *Mycobacterium tuberculosis*), where the low scoring for France does not reflect the true national level capacity (due to reporting to WHO instead of TESSy).

150. With respect to emerging technologies, Marc Struelens, Chief Microbiologist, Head of Section, Microbiology Coordination, OCS, ECDC, noted that the EULabCap is complemented by ECDC capacity mapping of the transition to WGS for public health application, with a focus on the diseases prioritised in the typing Roadmap.

151. Mike Catchpole concluded that the consensus of the discussions appeared to be that the EULabCap report constitutes a fair representation of the situation across Europe in 2014, and that with a few specific exceptions, there is no substantive concern expressed regarding the validity of the methods or the representativeness of the results. He then asked how ECDC should disseminate and

make use of the country reports for actions at the EU and Member State policy levels, and Andrea Ammon asked if translation would help the dissemination. Marc Struelens replied that translation was previously discussed, and that for some countries, it would be beneficial, particularly the executive summary of the country reports.

152. Maria Zambon, NMFP UK, stressed the importance that ECDC consider the results in relation to the activities and the funding support that is provided to European networks of reference laboratories, such as the 12 networks funded from ECDC. Thus the rich set of information that ECDC has should be used to address the questions of "have we got the right laboratory networks?", "Are they doing what we need in order to support disease surveillance and disease response capability?", "Are the structures fit for purpose on the laboratory side?", "are we ready to respond to (re-)emerging threats?"

153. Albrecht Werner, C3, DG SANTE, strongly supported the latter opinion and said that the survey report is a snapshot on capabilities and capacities in the Member States, but that the European dimension is not really seen. He further elaborated that if a representative from a Member State returns to his/her authorities with a report that indicates that the country is lacking capacities in certain areas, the countries could seek assistance from ECDC to cooperate with other countries if they do not get funding in the country. He urged ECDC to bring the EU dimension to the fore and explore how the results could be used to improve the overall system.

154. ECDC's Chief Scientist sought opinions on what kind of actions could be useful for the Centre to address some of the weaknesses, and if the solution should include twinning initiatives or the change in way of working with the networks.

155. Maria Zambon, NMFP UK, suggested that ECDC could elaborate a position paper or document which could generate wider policy discussion regarding how to use these results. An internal reflection is needed at ECDC, but it should initially be linked with support that is already provided via existing networks (e.g. Influenza, TB, etc.) and consequently feed into the work at the European Commission --- analysing the cost-benefit of reference laboratories in Europe. These pieces of information need to be brought together, analysing what the future of laboratory service provision be in Europe (both reference laboratories and clinical diagnostics), what is needed to support emerging infections and for performance maintenance, linked back to the EURLOP analysis that was conducted five years ago.

156. Bruno Coignard inquired if ECDC should focus on the weaknesses and asked if performing country visits was envisaged to target countries who need help, possibly in connection with WHO (see NMFP presentation on the WHO initiative "Better labs for better health").

157. Andrea Ammon, Acting Director, ECDC, explained that some of ECDC's networks already run these kinds of twinning exchange mechanisms, where experts can visit a laboratory in another country and share their practice.

158. Marc Struelens added that ECDC capacity building initiatives are already taking place in some of the networks, e.g. on STI, that the Euro-GASP initiative has developed common views how the increasing practice of rapid diagnostics with molecular testing can be supplemented by a structured sampling of subset of cases, to perform culture-based antimicrobial resistance sentinel surveillance.

159. Mike Catchpole noted that ECDC is in the process of developing and launching a new country support strategy, and that it is recognised that the "one size fits all" approach cannot be taken. It is necessary to identify the areas where ECDC can provide support to the greatest effect.

160. Sophie Quoilin, AF Member, Belgium, asked about current work based on the Second External Evaluation of ECDC and its recommendation on the laboratory support. Mike Catchpole responded that the MB recommended the European Commission to take the lead in developing an EU laboratory strategic paper, which is currently in the early stages of development. Albrecht Werner confirmed that the Commission is currently discussing this and also case definitions, which will be reviewed shortly.

161. ECDC Chief Scientist acknowledged the utility of the list of actions from the NMFP feedback on the EULabCap on 2013 data report and further inquired whether ECDC follow up on action points were also discussed. Marc Struelens responded that several suggestions were indeed made, but no definite action plan is in place as the feedback is still being collected from the NMFP colleagues. Nevertheless, two focus areas were highlighted: technical capacity support and advocacy for a reliable reference laboratory system that delivers its public health function.

162. Amanda Ozin-Hofsaess, Senior Expert Microbiology, OCS, ECDC, explained that the NMFP suggestions on ECDC country support from the feedback questionnaire will be compiled and a report provided in preparation for the next NMFP meeting in October 2016.

163. ECDC's Chief Scientist stated that supporting EQA is a fairly resource intensive process for ECDC and asked whether it would be reasonable to reduce the frequency of some EQA in order to develop new EQA schemes, or whether it was necessary to maintain the current EQA frequency.

164. Franz Allerberger expressed his preference to broaden the spectrum and decrease the frequency. He also noted that if an EQA is needed on an annual basis for accreditation, a commercial service provider could support ECDC.

165. Marc Struelens reflected that several directors of national reference laboratories had noted that some ECDC-supported EQA services are unique (not available on the market from other providers), and annual assessments were necessary to maintain the accreditation of complex/esoteric reference testing. For this reason, the dependency of the reference laboratories on the continuity and regularity of the scheme needs to be checked carefully.

166. Algirdas Griškevičius, NMFP Lithuania, stressed that EQA schemes at EU level are vital for some rare diseases.

167. Eleanor McNamara, NMFP Ireland, stated that currently, there is a vulnerable transition period with the implementation of new technologies. It is challenging for some countries that have already initiated the use of WGS while others have not. EQA for PFGE should continue, as it is essential to ensure comparability of surveillance data over time.

168. Mike Catchpole stated that ECDC needs to review its strategy for the EQA, and the accreditation based on the EQA. If commercially available, costs will decrease. In terms of addressing the need for new schemes, within a limited budget, he noted that the NMFP will be key to advising ECDC on that strategy.

169. Maria Zambon agreed that a review is necessary and asked if there is an overview of what is supported presently by ECDC and what is currently available commercially. It would be useful if ECDC could to map the landscape of EQA schemes in Europe.

170. Marc Struelens thanked the NMFP for their continued commitment and critical support to the system. It is still a work in progress and ECDC will address the remaining issues and make the best use of the results for Member State support and EU policy development.

171. In adjourning the joint session, ECDC Chief Scientist noted that the EUlabCap is an impressive example of successful EU wide collaboration. He thanked the delegates for their valuable reflections on the relevance and credibility of the second survey findings. No major issues on the validity of the results were identified. Overall, while capacity in the EU is good, the results also revealed unresolved issues with diagnostic testing and changes in molecular typing methods. Finally, he acknowledged the efforts of the NMFPs in producing these results and looked forward to the action plan for the next NMFP meeting.

172. Andrea Ammon also acknowledged the NMFP for their work in collecting the data, and also concluded that with extensive effort, it is desirable to make maximum use of the data. She looked forward to the next NMFP meeting in which useful actions for ECDC's mandate will be addressed.