ECDC Advisory Forum

Minutes of the 35th meeting of the Advisory Forum

Stockholm, 25-26 September 2013

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Item 1 – Opening and adoption of the agenda (and noting the Declarations of Interest, if any) *(Documents AF35/2 Rev.3; AF35/3 Rev.2)*

1. Marc Sprenger, ECDC Director, and Johan Giesecke, Chief Scientist and Chair, welcomed the Members of the Advisory Forum (AF) to the Thirty-fifth meeting. A special welcome was extended to Tyra Grove Krause, Alternate, Denmark, attending the meeting for the first time, Mika Salminen, newly appointed Member, Finland, Aura Timen, newly appointed Member, European Public Health Association (EUPHA), Frank Van Loock, European Commission, Guénaël Rodier, WHO Regional Office for Europe, and Gunnar Kahlmeter, Invited Expert representing the European Society of Clinical Microbiology and Infectious Diseases (ESCMID). Apologies had been received from Cyprus, Estonia, Greece, Ireland, Liechtenstein, Luxembourg, Malta, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia, Turkey and the European Patients' Forum.

2. Verbal declarations of interest in reference to the draft agenda were acknowledged from several members, namely France, the Netherlands and the United Kingdom.

3. Jean-Claude Desenclos, Member, France, commented that some agenda items[1] are vague as well as insufficiently supported by relevant documentation, making it difficult to adequately prepare for the meeting. It was also questioned whether 15-minute time slots for two agenda items were too short for a proper exploration of the subject. This would undercut the AF's role of giving advice to ECDC.

4. The Chair acknowledged the complexity of giving advice to ECDC and agreed that titles for agenda items should be more descriptive. The Director emphasised that the structure of almost all ECDC documents provide a concise summary which offers quick orientation. For some items, no further documentation was provided due to the very nature of the agenda items in question.

5. Andreas Gilsdorf, Alternate, Germany, supported the French standpoint. The two agenda points with short time slots indirectly favoured the more extroverted AF members, while other members would not have an opportunity to voice their opinions.

6. The Chair noted that the topics for the working groups are developed on an *ad hoc* basis and their titles are deliberately phrased in a less restrictive manner to avoid any preconceived notions and to enable participating AF members to engage in discussions with their peers.

Item 2 – Adoption of the draft minutes of the 34th meeting of the Advisory Forum held in Stockholm (14–15 May 2013) *(Document AF35/2)*

7. The draft minutes from the 34th meeting in May had been previously circulated among AF members.

8. The minutes of the 34th meeting were adopted without any further changes.

Item 3 – Update from ECDC on the main activities since the last Advisory Forum meeting *(Document AF35/Info Note 1)*

9. Marc Sprenger, Director, ECDC, gave a brief presentation on the main activities since the last Advisory Forum meeting.[2] The Director also assured the AF members that ECDC is determined to reduce the amount of time Member States spend on ECDC-related activities, e.g. the filling-in of questionnaires and survey forms. As a first step to alleviate the situation, ECDC has introduced a Pilot Survey and Questionnaire Committee, the objective of which is to streamline survey and

[1] Item 8 - Update: ECDC Annual Work Programme 2014 and Item 6 - Progress on implementing a surveillance dashboard
[2] Item 3 - Update on ECDC main activities (M Sprenger)

questionnaire processes in terms of strategic planning, scheduling and qualitative added value to ECDC's partners and stakeholders.

10. Guénaël Rodier, WHO Regional Office for Europe, added that the September meeting of the WHO Regional Committee for Europe in Izmir, Turkey, had been very productive. For example, the ministerial briefing on antimicrobial resistance had received strong support for further work in this field. He also mentioned that the Turkish Government would host an emergency health office in Turkey. On a less optimistic note, it was mentioned that a progress report on measles elimination indicated that the elimination target would be missed.

11. Marta Grgič-Vitek, Alternate, Slovenia, thanked ECDC for their visit to Slovenia. It was highlighted that Slovenia was impressed with ECDC's excellent preparation and ECDC's Director proved during the visit that he was very much on top of the situation.

12. Ágnes Csohán, Member, Hungary, also thanked ECDC for visiting Hungary, which strengthened the National Hungarian Centre of Epidemiology. While acknowledging the importance of the international role of public health institutes, she also reported that she and her colleagues were delighted that ECDC so generously complimented them on their work at the National Centre of Epidemiology.

13. Sophie Quoilin, Alternate, Belgium, appreciated ECDC's efforts to reduce the burden imposed on the Member States by an unreasonable number of requests for data, extended by ECDC contractors. She summed up her statement by pointing out that the public health institutes in the Member States were not data providers for ECDC, but partners, and that they wanted to be treated as such.

14. The Director apologised for the frequent and disjointed data requests. Contractors are not directly controlled by ECDC, and ECDC should exercise more control over them. The new Pilot Survey and Questionnaire Committee was determined to work hard to remedy the situation.

15. The Director informed that ECDC's meeting funds had been reduced. Meeting participation by ECDC staff had been limited to one person, although exceptions would still be possible. He added that ECDC has also become much more restrictive with regards to overseas missions. The ECDC Missions and Meetings Section is overburdened; this burden increases when meetings and conferences are held outside of Sweden. Therefore, ECDC endeavours to convene meetings and conferences in Stockholm, which would also result in time and financial savings. For these reasons, it was also decided to hold all ESCAIDE conferences in Stockholm.

16. Andreas Gilsdorf, Alternate, Germany, conveyed his dissent to the decision and remarked that even corporate rates for hotel rooms in Stockholm would still be expensive, not to mention the network character of ESCAIDE, which could be compromised by holding the conference exclusively in Stockholm. This would also be in contradiction to the advice provided by the AF earlier.

17. Frank Van Loock, European Commission, questioned the basis of this decision. A conference location should be based on more than just cost benefits. The Commission would therefore welcome a further discussion beyond the sheer cost side.

18. Marianne van der Sande, Member, Netherlands, suggested that ECDC should provide a short half-page summary of the key scientific and technical issues that it is working on per major disease group (AMR/HA, VPD, HASH, gastrointestinal, respiratory, EVD) prior to every AF meeting. This could also include reactions to ECDC publications and indicators on the impact of ECDC advice or activities. This summary would help the AF identify topics where it might want to have input.

Item 9 – Scientific advice and risk assessments: update on assessments, reviews and guidance

Item 9a – Update on the EU Agencies Network on Scientific Advice (EU ANSA)

19. The Chair provided a short update on the newly created network of Chief Scientists (EU-ANSA).[3] Current issues include the harmonisation of the terminology (e.g. what is a 'small risk', what is considered a 'substantial' risk, etc.), conflicts of interest, and procedures for delivering scientific advice. The next EU ANSA meeting is scheduled for 19–20 November 2013.

Update on the process of delivery of scientific advice at ECDC

20. This item was taken off the agenda due to scheduling constraints.

Clearance procedure for scientific guidance

21. This item was taken off the agenda due to scheduling constraints.

Item 9b – Progress on ECDC initiative to apply to the IMI call on vaccines

22. Piotr Kramarz, Deputy Chief Scientist, presented an update on the IMI ADVANCE project, which aims to prepare an integrated system for the assessment and monitoring of risks and benefits of new vaccines coming to the market in Europe.[4] He gave an overview of the work of the consortium led by Erasmus University, Rotterdam, the Netherlands, and summarised the ADVANCE work packages (WP). The core of his presentation was WP7, where ECDC leads, including description of the review panels, and the overarching body (Implementability Advisory Board) that would eventually produce a blueprint of a framework for an integrated benefit-risk system in the EU.

23. Anders Tegnell, Member, Sweden, lauded the 'sound approach' and congratulated the ECDC team on its work. He suggested that a communication platform or forum should be created so that countries involved in the various groups of the IMI ADVANCE project could exchange information and address common problems, thus overcoming the potential problem of isolated work groups. Piotr Kramarz informed that ECDC plans to update the AF regularly at the upcoming AF meetings and that an AF working group will convene at a future AF meeting to discuss ideas for the IMI ADVANCE project in more detail.

24. Marianne van der Sande, Member, Netherlands, inquired whether ECDC would have a kick-off meeting for WP7. She also agreed with Sweden's idea and supported working groups on IMI, both for countries which participated and those which were not directly involved. Piotr responded that ECDC plans to convene external review panels to review main deliverables of the work packages on ADVANCE. AF members are planned to be invited to those panels. In 2014, ECDC plans to develop terms of reference of those panels, a transparent procedure to select their members and criteria for review. Subsequently, in 2014, ECDC plans to start kick-off teleconferences with the panels.

25. Aura Timen, Member, European Public Health Association, also commended the project. but suggested that ECDC should also capture the public opinion on new vaccines.

26. Hanne Nøkleby, Member, Norway, stated that ECDC managed to achieve 'a good result from rather dubious beginnings'. Norway was looking forward with interest to the findings of the various panels.

27. Mike Catchpole, Member, United Kingdom, praised the well-designed approach of WP7, but also cautioned that the ADVANCE project could neither replace national responsibilities nor processes.

[3] Item 9a - EU-ANSA (J Giesecke)
[4] Item 9b - Progress on IMI call on vaccines (M Kokki, P Kramarz)

He also suggested extending the definition of the project's usefulness. The project would be 'useful' if the results would be credible and trusted by national authorities.

28. In replying to a question on why the Implementability Advisory Board would not be established right at the beginning of the project, Piotr Kramarz pointed out that setting up and maintaining such a large body over a period of five years was problematic, when the first reviews of main deliverables are expected to come at least one year after project start. Instead, ECDC preferred a gradual approach, with individual review panels during the initial phase of the project. This decision had been purely operational and pragmatic. He confirmed that ECDC would involve patients' organisations. Also, the London School of Hygiene and Tropical Medicine, who has been developing the 'vaccine confidence index', participates in ADVANCE. The concerns that the ADVANCE project would replace national responsibilities were alleviated; the project was never intended to replace any national vaccine safety systems. It was promised to adjust the concept of usefulness, following the proposal by the United Kingdom. Currently, usefulness is being defined as meeting the various stakeholders' needs. It was also agreed that a discussion forum would be helpful and that a platform for national public health organisations should be established, for example, in the form of working groups before or after AF meetings. Interested AF members were invited to join the MB working group on ADVANCE via teleconference hook-up.

Item 9c – Developing a microbiology capability monitoring system for the European Union, revised version: EULabCap V2.0 *(Document AF35/6 Rev.1)*

29. Marc Struelens, Chief Microbiologist and Head of Section, Microbiology Coordination, Office of the Chief Scientist, reported on ECDC's efforts to establish a system that monitors microbiology capabilities in the EU to inform policies with regard to disease prevention and control. The current document had been revised based on the AF's comments. The questionnaire was less comprehensive and the number of questions had been reduced to 60. The questions were now more quantitative and aimed at performance. Additional data would be retrieved from TESSy and other data sources. At this stage, frequent revisions are anticipated since indicators could not be seen as independent of specific laboratory techniques, particularly as technological advances came in rapid succession.

30. Mike Catchpole, Member, United Kingdom, confirmed that the revisions of EULabCap were positive, but some of the modifications had gone so far as to jeopardise the precision of the survey and would lead to wide interpretation. For example, including every norovirus outbreak in senior citizens' homes would lead to disproportionate results. He also noted that there was a big difference between no activity/system provided and unavailable data.

31. Marianne van der Sande, Member, Netherlands, noted the proposed indicators were increasingly manageable. The EU added value of collecting this data was questioned and also what ECDC and the Member States planned to do with the outcomes.

32. Anders Tegnell, Member, Sweden, agreed with the comments made by the previous speaker and elaborated on the question of what is the long-term plan. Some concerns were expressed on how the system would keep running in case the data was not updated. It is important to show that this information has added value to the Member States.

33. Sophie Quoilin, Alternate, Belgium, noted that ECDC is dealing with diseases and not 'pathogens' and therefore wanted to know what is the significance of this information.

34. As to the burden connected with filling in the survey form, most countries agreed that the survey could be completed by a single person (usually the appointed National Focal Point for Microbiology [NFPM]), however, in some countries, NFPs would need to consult their colleagues. It was noted that in case the information is collected by country, it should be accessible to the Member States.

35. Gunnar Kahlmeter, President of ESCMID, Invited Expert, cautioned that having only one person covering for one country could lead to erroneous survey results.

36. Mike Catchpole, Member, United Kingdom, noted that some of the questions were developed from the perspective of certain national systems. Centralised systems would easily yield all answers. A

distributed service, however, would be increasingly more difficult to deal with. The United Kingdom, for example, is responsible for four countries. He further suggested asking about laboratory accreditation according to national and not only international norms and standards.

37. Jean-Claude Desenclos, Member, France, confirmed that he and the French NFPM agree with the revisions of EULabCap and welcome the new structure. They were happy that ECDC had considered the feedback provided for the pilot in October 2012, the AF/NFPM discussion in December 2012 and the follow-up in 2013 with pilot NFPM group. It was noted that there are still technical issues to discuss and to improve the indicators, however, the process is otherwise agreed upon as well as the direction to reach the consensus. It was agreed that the next NFPM meeting is the chance for providing further inputs and ECDC was congratulated for taking the time to include the comments in the document.

38. Marc Struelens, Chief Microbiologist and Head of Section, Microbiology Coordination, Office of the Chief Scientist, agreed with the 'unknown'/'not available' values and noted that ECDC will use the classical approach in order to distinguish the difference. However, this was a deliberate scoring choice as ECDC would like to capture the national level capability and/or awareness. In reference to the definition for the outbreak investigation, reference was made to definitions involving the NRL and NIPH. It was agreed to revise this in order to make it clearer. It was also agreed that the accreditation by ISO does not accommodate all the Member States and situations within each country. It was informed that ECDC will find a way to take this into account; however, it was also stressed that the Centre would like to specifically refer to ISO standards.

39. The Advisory Forum was informed that the EULabCap system can be used to monitor the impact of substantial efforts of the eleven disease specific laboratory sub networks through process and output type measurement which ECDC is aiming for. The EULabCap system would reveal public health microbiology vulnerabilities that relate to capabilities necessary for appropriate control of diseases. It was noted that this will be a joint work with the Member States and European Commission on how to address this at the EU level, and by identifying the gaps, the information could be used for the proposal for the future reference laboratory system.

Item 5 – Strategic Multi-annual Programme (2014–2020) *(Documents AF35/5)*[5]

40. Marc Sprenger, ECDC Director, gave a presentation on the Strategic Multiannual Programme 2014–2020 (SMAP).[6] Since the last AF meeting, ECDC had completed the SMAP by including a list of indicators in the annex.

41. Mike Catchpole, Member, United Kingdom, likened the SMAP to an InterRail train timetable. He affirmed that the SMAP in its current form showed remarkable leadership. He noted that while the section on molecular microbiology was convincing, the epidemiological surveillance of plasmids was missing from the SMAP. He also expressed his disappointment that he could not find anything about the evaluation of surveillance. He later acknowledged, after a remark by Denis Coulombier, Head of the Surveillance and Response Support Unit, that evaluation was mentioned in the recently published *Long-term surveillance strategy,* where Target 1 promised 'critical evaluation of indicator-based EU surveillance'.[7]

42. Anders Tegnell, Member, Sweden, also commended ECDC on the SMAP, but agreed with the Member from the United Kingdom that surveillance should be evaluated and that the most cost-effective tools should be used. He also pointed out that during the last Round Table, a reduction in communication activities had been recommended, but that the SMAP did not reflect this.

43. Andreas Gilsdorf, Alternate, Germany, said he was impressed by the extensive annex. While overall he found it helpful to have such a plan and thought the indicators were useful, he also

[5] Please note that there were two separate dossiers affiliated with AF35/5, which are entitled "Chapter 14 Multiannual planning milestones" and "Indicators for ECDC SMAP 2014-2020". The Strategic Multi-annual Programme 2014-2020 itself was not submitted to the 35th Advisory Forum meeting as it has been presented and discussed on previous occasions.
[6] Item 5 - SMAP (M Sprenger)
[7] http://ecdc.europa.eu/en/publications/publications/long-term-surveillance-strategy-2014-2020.pdf

thought them a bit ambitious, particularly when they called on the Member States to produce certain outputs. He also missed a function for the evaluation of surveillance.

44. Marianne van der Sande, Member, Netherlands, wondered how come, according to one SMAP indicator, only 10% of ECDC's Risk Assessments would 'lead to action'. She also pointed out that the fact that only about 20% of all documents actually dealt with infectious diseases made her wonder about ECDC's focus on its core mission. Another contentious issue was human resources: appointing new staff within three months of the published job vacancy notice sounded like a good idea, but would not necessarily guarantee the best candidate.

45. Jean-Claude Desenclos, Member, France, reported that his Institute had dramatically reduced the number of performance indicators. Performance evaluation for his institute had such become much easier but not less informative. He also thought that some of the indicators (e.g. 'very high') in the SMAP were rather unclear, and that constant performance evaluation could have a negative impact on staff morale. In some sections, the SMAP seemed too ambitious; in other areas it appeared condescending towards the Member States: 'We will produce a protocol for the Member States.' In fact, the Member States needed to be involved in the production. He expressed his conviction that this was merely a matter of language and that ECDC would continue to treat the Member States as partners and not recipients.

46. Guénaël Rodier, WHO Regional Office for Europe, informed the AF that the topic for the 2014 World Health Day on 7 April 2014 would be vector-borne diseases.

47. Frank Van Loock, representative of the European Commission, noted that the ECDC team has done a great job with the SMAP. On the accompanying document with indicators, he mentioned that ECDC managed, for the most part, to produce meaningful indicators, although the long list of indicators seemed overly ambitious. He also remarked that, while impossible to compare activities of the different EU Agencies, the indicators provided by EFSA and EMA were more straightforward.

48. In response to the opinions voiced during the discussion, Marc Sprenger, Director ECDC, replied that the indicator referring to '10% of the Risk Assessments leading to action' should be rephrased in order to reflect that in one of ten Risk Assessments, ECDC experts would actually travel to the affected area and work on location, together with the local public health teams. Also, 90% of all ECDC products should emanate from the Disease Programmes; this was reflected in the SMAP. He also expressed his opinion that a three-month appointment time frame did not necessarily affect the quality of recruiting.

Item 8 – Update: ECDC Annual Work Programme 2014

49. Philippe Harant, Head of Section, Quality Management, Resource Management and Coordination Unit, presented an update on the ECDC Annual Work Programme[8].

50. Silvia Declich, Member, Italy, inquired why migrant health, which was a priority for 2013, did not figure as prominently in the 2014 Work Programme.

51. ECDC responded that the process had been changed for 2014; the Work Programme was now closely following the SMAP. The finalised Work Programme documents would be sent to the Management Board and soon thereafter to the Members of the AF.

52. Marc Sprenger, Director ECDC, added that many cross-cutting activities like migrant health did not fit very well into the SMAP structure, but this did not necessarily mean that all cross-cutting activities were abandoned but rather that they were reduced. Those that were retained were presented as individual Work Programme items.

Item 6 – Progress on implementing a surveillance dashboard

53. Denis Coulombier, Head of Surveillance and Response Support Unit, gave a progress report on the development of the so-called Surveillance Dashboard, a web application which visualises

[8] Item 8 - Update on ECDC Annual Work Programme 2014 (P Harant)

epidemiological key data (map, time series, graphs) and is connected to an EPIS data feed.[9] A second application called EMMA, a mapping tool, was ready to be released to the Member States in early October. It was noted that EMMA processes Excel files and translates these into maps which could be exported in all standard file formats; later versions would link EMMA directly to TESSy. The AF was also informed about some minor software updates in the EWRS, which now included a new category called 'unexpected/unknown threats'. These adjustments were necessary to comply with European Commission activities on cross-border health threats. In the near future, the EWRS would receive a new user interface with new functionalities.

54. Several Member States, e.g. Finland, the United Kingdom, Sweden and Germany, praised the new tools for their interactivity and the visualisation options for surveillance data. This would serve as additional motivation to supply data to TESSy and EPIS, one of the delegates pointed out.

55. It was noted that rare diseases with their low numbers would raise privacy issues, however, the Dashboard would take all privacy issues into account as it is more than simply a TESSy visualisation tool and is/will also contain algorithms for data protection.

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

Item 7a – MERS CoV

56. Andrew Amato, Head of HIV, Sexually Transmitted Infectious and viral Hepatitis Programme, informed the AF that the seventh update of the Rapid Risk Assessment on MERS CoV was published today, 25 September 2013.[10]

57. Jean-Claude Desenclos, Member, France, said that the Institut Pasteur did their own calculations for R_0. Depending on the scenario, R_0 was either 0·80 or 0·60.

58. Andreas Gilsdorf, Alternate, Germany, agreed with France in that things should be kept in perspective. Maintaining a balanced and proportionate message in terms of public reassurance was important. The Hajj, for example, may or may not lead to an increase in MERS CoV cases, but blowing things out of proportion would be counterproductive.

59. Andrew Amato noted that it was up to the Emergency Committee, convened by WHO's Director-General under the International Health Regulations, (IHR), to assess the situation and eventually declare it a threat. There was, of course, a chance that the virus could evolve into a SARS-like threat as it was very prone to change, so public health authorities should remain vigilant.

60. It was added that since May 2013, no imported cases had been imported to the EU and that the disease seemed to plateau out.

Item 7b – Wild-type poliovirus 1 transmission in Israel and the risks to Europe

61. Emma Huitric, Scientific Officer for Tuberculosis, Office of the Chief Scientist, summed up the conclusions on the latest Risk Assessment on WPV in Israel.[11] In the event of WPV being re-introduced the following conclusions can be taken: those vaccinated with OPV are very unlikely to become infected and subsequently develop disease; there is a moderate risk that those with an IPV-only vaccine are infected with polio virus and a low risk that to develop disease; and individuals un- or under-vaccinated are at high risk of being infected with poliovirus and are at moderate risk to develop the disease.

[9] Item 6 - Surveillance dashboard (D Coulombier)
[10] Item 7 - MERS CoV (A Amato)
[11] Item 7 - Polio risk assessment (E Huitric)

Item 7c – Update on polio from the Netherlands

62. Marianne van der Sande, Member, Netherlands, reported briefly on the situation in the Netherlands, where polio IPV vaccination coverage is very high. At the same time, around one or two per cent of the population had a very low coverage (<75%). As these people lived in socially close-knit communities, thus creating a clustered pool of susceptible.. The Dutch Public Health Institute has advised against travelling of unvaccinated people to Israel.

Item 7d – Poliovirus surveillance Finland

63. Mika Salminen, Member, Finland, presented slides[12] from THL, the Finnish Public Health Institute, on the history of polio vaccination in Finland, where the last outbreak occurred in 1985 (10 cases). Finland had been polio-free since the 1960s, and what exactly caused the outbreak in 1985 was never resolved. Many cases were completely vaccinated. An OPV vaccination campaign was started, which stopped the wild virus circulation.

64. Guénaël Rodier, WHO Regional Office for Europe, added that polio vaccine was currently in a low supply and that the WHO polio programme did not recommend stockpiling polio vaccine. He also noted that Israel was considered an IPV area and that the country had engaged in a bivalent OPV immunisation campaign which proved to be a difficult communication challenge, particularly since vaccination involved a live virus.

Item 7e – Plenary discussion on polio

65. Following the discussions on polio during Day 1 of the meeting, it was proposed to review the questions presented and collect the opinions of the AF.

Should ECDC facilitate the revision of the EU case definition of poliovirus, including also infected asymptomatic individuals?

66. Franz Allerberger, Alternate, Austria, argued that ECDC should not revise the case-definition since the surveillance systems in place are not looking for asymptomatic cases.

67. Jean-Claude Desenclos, Member, France, stated that from a clinical perspective there is no need to revise the case-definition. He suggested, however, that ECDC could consider revising its perspective on polio transmission in countries with high coverage of IPV and discuss the benefits of revising the case-definition.

68. Anders Tegnell, Member, Sweden, stated that polio might represent a bigger threat than what is generally thought in the EU. He advised ECDC to study the risk posed by polio in more details before revising the case-definition.

69. Jurijs Perevoščikovs, Member, Latvia, argued against revising the case-definition.

70. Ágnes Csohán, Member, Hungary, advised not to change the case-definition for poliomyelitis disease but acknowledged that the case-definition for surveillance purposes could be revised. She expressed her surprise at the way ECDC collected the information on polio. She argued that ECDC should collect the information through WHO and not through the Member States.

71. The Chair took note of the comments and informed the AF Members that ECDC will take the need to revise the case-definition into consideration.

Should ECDC develop EU-adapted guidance on setting up environmental surveillance benchmarks for poliovirus in the EU/EEA?

72. Guénaël Rodier, WHO Regional office for Europe, informed the AF that WHO is working on a new guidance on polio surveillance and requested for ECDC's input.

73. Jean-Claude Desenclos, Member, France, argued that there is a need for an EU-adapted guidance.

[12] Item 7 - Poliovirus surveillance Finland (M Salminen)

74. Jurijs Perevoščikovs, Member, Latvia, agreed that a technical guidance would be useful.

75. Mike Catchpole, Member, United Kingdom, argued that it would be useful to have guidelines on evidence of cost-effectiveness of different surveillance methods.

76. Franz Allerberger, Alternate, Austria, stressed the importance of being cautious as environmental surveillance is a very costly method. He proposed to create synergies between the Member States and use the systems already in place in some countries.

77. The Chair proposed that ECDC will be involved in the development of the revised WHO document on polio surveillance. All Members agreed.

Should ECDC develop an EU-adapted guidance on EU polio response plan (including vaccine procurement/prioritisation of resources/use of IPV versus OPV vaccines)?

78. Mira Kojouharova, Member, Bulgaria, welcomed the possibility of receiving guidance from ECDC in the case the Member States implement environmental surveillance.

79. Anders Tegnell, Member, Sweden, stressed the importance of collaborating with the WHO. ECDC should facilitate the exchange of best practices between the Member States that have implemented environmental surveillance and those Member States with a different surveillance system.

80. Jurijs Perevoščikovs, Member, Latvia, argued that ECDC guidelines would be necessary as OPV vaccines are not available anymore, mass vaccination would thus be difficult to organise on a national level.

Should ECDC facilitate/coordinate-together with EMA-establishment of polio vaccine stockpiling at EU-level?

81. Denis Coulombier, Head of Surveillance and Response Support Unit, reminded the AF Members that WHO has a stockpile mechanism in place.

82. Guénaël Rodier, WHO Regional Office for Europe, explained that all EU Member States can have access to the stockpile through the WHO stockpile mechanism. He advised against creating different European mechanisms as it would deplete the current stockpile. He advised ECDC to share Israel's experience with the recent polio outbreak with all EU Member States and WHO as there are lessons to be learned from this situation.

83. The Chair summed up the comments and proposed not to establish a European stockpile.

Should ECDC develop together with EMA and MS a framework for licensing OPV vaccines at EU level?

84. Ágnes Csohán, Member, Hungary, queried whether the procedure to get access to OPV vaccines is clearly established for EU Member States.

85. Franz Allerberger, Alternate, Austria, asked whether licensing OPV vaccines is part of ECDC's mandate.

86. Franck Van Loock, European Commission, explained that the Commission would be responsible for licensing vaccines through the centralised licensing procedure. He agreed it was important to analyse how quickly EU Member States could have access to the vaccines and what the current production speed is.

87. Guénaël Rodier, WHO Regional Office for Europe, assured the AF Members that any EU Member State would have immediate access to the procurement. He explained that the stockpile is managed by the WHO and that it is not difficult for the industry to produce more doses, in case the need arises.

88. The Chair proposed that ECDC, together with European Commission and the WHO, should look into the licensing issue. Denis Coulombier, Head of Surveillance and Response Support Unit, proposed that ECDC could assist those Member States who wish to develop environmental surveillance and asked whether it should be put in ECDC 2014 Work Programme.

89. Jean-Claude Desenclos, Member, France, advised ECDC to include this under the preparedness work.

90. Mike Catchpole, Member, United Kingdom, agreed that there is a value in discussing the issue of vaccine licensing more thoroughly. He advised ECDC to ask the disease specific network for input.

91. Marianne van der Sande, Member, Netherlands, argued that polio represents an important challenge for all Member States and to infectious diseases' control credibility in general. She advised ECDC to set polio as a priority in the work plan.

92. José Calheiros, Member, Portugal, supported the position of the Netherlands.

93. Silvia Declich, Member, Italy, stated that from a communication point of view there is work to do in order to keep the polio vaccination coverage high. She gave the example of Italy where in certain regions polio vaccination is no longer mandatory and explained that there is a slight decrease of coverage. She argued that it is important to develop common tools to avoid decrease in coverage.

Results of the Working Groups

Working Group A – Public Health Training: EPIET Fellowship Programme objectives and scope

94. Mike Catchpole, Member, UK, presented the results of the Working Group (WG), focusing particularly on the revised AF role in ECDC's training activities.[13]

95. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, thanked the AF Members for their input and useful suggestions. He agreed with the Members on the need to make the training activities as transparent as possible and on the need to revise AF's role in these activities. He proposed to present the training activities' results on an annual basis to the AF.

Working Group B – Identification and assessment of horizon scanning activities for new emerging threats

96. Mika Salminen, Member, Finland, presented the results of the WG B.[14]

97. Mike Catchpole, Member, United Kingdom, welcomed the results presented by his colleague. He argued that the exercise was useful particularly because of possible changes in surveillance systems. He added that the "one-health approach" should be followed and that modelling techniques, linking economic and climate changes, should be developed.

98. Jean-Claude Desenclos, Member, France, queried as to why ECDC is engaging in prospective analysis of emerging threats and if it is part of ECDC's Work Programme. He argued that the AF should discuss ECDC's involvement in this field of study, since it is already done at national and academic level.

99. Reinhard Marre, Member, Standing Committee of European Doctors, suggested taking into account how economic changes influence emerging threats, as well as changes in technology and medical microbiology.

100. It was explained that during the Working Group session, not too much time was spent on social determinants of health. It is agreed that as clinical microbiology is driven by the needs of the clinic, it is important to adapt the surveillance systems in order to have access to reliable data.

101. Anders Tegnell, Member, Sweden, underlined the importance of collaborating with the veterinary sector.

[13] Working Group A
[14] Working Group B

Working Group C – Goals and tools for flu surveillance - going beyond sentinel reporting

102. Anders Tegnell, Member, Sweden, presented the results of the WG C.[15] Main conclusions were summarised: agreement on the need of better understanding flu's disease burden in the community; ECDC should have a role on nvCJD, in discussing the scaling down of surveillance. The existing network should be adapted to address these new challenges.

103. Jean-Claude Desenclos, Member, France, underlined that in order to have sentinel surveillance, clinical and viral samplings should be collected. On nvCJD, he argued that from a Public Health perspective there is no argument against scaling down surveillance.

104. Mike Catchpole, Member, United Kingdom, asked whether the focus was on sentinel or syndromic surveillance.

105. Anders Tegnell, Member, Sweden, explained that the WG members concluded that sentinel surveillance as syndromic surveillance is not enough; it should also combine microbiology data.

106. Marianne van der Sande, Member, Netherlands, suggested an alternative for SARI: combine ILI with clinical pneumonia surveillance in the same sentinel GP practices.

Item 10 – Toward a consistent micro-organism coding and labelling: on what level should a unique ECDC identifier be ensured for pathogen organisms across systems? *(Document AF38/8 Rev.1)*

107. Piotr Kramarz, Deputy Chief Scientist, presented on behalf of Lazlo Balkanyi, Knowledge Manager, Resource Management and Coordination Unit.[16] The aim of the presentation was to raise AF Members' awareness on ECDC's role in building a comprehensive tool to ensure terminology consistency. During the presentation, it was demonstrated how the Terminology Server works.

108. Haraldur Briem, Member, Iceland, asked whether syndromes are also included in the terminology server.

109. Mike Catchpole, Member, United Kingdom, queried whether TESSy metadata would change after the implementation of the Terminology Server.

110. Marianne van der Sande, Member, Netherlands, asked whether the terms are in line with pre-existing internationally agreed-on terms.

111. Anders Tegnell, Member, Sweden, expressed concern on how ECDC's tool relates to what is currently being done at national level.

112. Andreas Gilsdorf, Alternate, Germany, expressed concern regarding the task's ambition. He asked if ECDC had agreed on who the national counterparts are who can agree or advise on the terms.

113. Jean-Claude Desenclos, Member, France, welcomed ECDC's commitment in this task. He underlined the importance of involving the AF in the process and urged ECDC to make the process as transparent as possible, in regard to Member States and existing microbiology knowledge systems.

114. Gunnar Kahlmeter, President of ESCMID, Invited Expert, welcomed the new tool and advised ECDC to take a leading role in the implementation of the terminology changes.

115. It was explained that the system is already used internally and, to the extent possible, is in line with international systems. The goal to introduce consistency is a long-term aim and changes will be introduced gradually. Changes to the terminology will involve changes in TESSy's metadata.

[15] Working Group C
[16] Item 10 - Towards a consistent microorganism labelling (P Kramarz)

116. Andris Liedskalnins, Internal Electronic Content Administrator, Resource Management and Coordination Unit, underlined that the changes to metadata will be small and gradual. He explained that the Terminology Server supports synonyms, Member States can therefore continue using national terms for an agreed upon period.

117. Amanda Ozin-Hofsaess, Senior Expert Microbiology, Office of the Chief Scientist, stated that the goal is to improve consistency, not harmonisation. Surveillance contact points are the national counterparts involved in this project. National microbiology focal points were also asked for input.

Item 11 – Results of EUPHEM evaluation *(Document AF35/7 Rev.1)*

118. Arnold Bosman, Head of Section, Public Health Training, Public Health Capacity and Communication Unit, presented the main conclusions of the report on EUPHEM evaluation.[17]

119. Mike Catchpole, Member, United Kingdom, welcomed the report. He emphasised the importance of linking the training with employment opportunities for the fellows.

120. Franz Allerberger, Alternate, Austria, raised concerns regarding EUPHEM's cost-effectiveness. He pointed out the risk that EUPHEM could be considered as a waste of public money.

121. Marianne van der Sande, Member, the Netherlands, questioned the methods of evaluation and pointed out discrepancies between the report and the cover note. She argued that it is too early in the process for a comprehensive evaluation.

122. Andreas Gilsdorf, Alternate, Germany, argued that EUPHEM should not be abandoned, as the idea of bringing epidemiology and microbiology together is very relevant. However, the evaluation's results raise concern. He criticised the fact that National Focal Points for Microbiology have not been properly involved in the process.

123. Jean-Claude Desenclos, Member, France, criticised the lack of coherence between the report and the cover note and argued that the report does not serve its intention, as public health microbiology should have been the focus of the evaluation.

124. Anders Tegnell, Member, Sweden, agreed with his colleagues from France and the Netherlands on the lack of coherence between the cover note and the report. He also stated that the evaluation was probably set off too soon.

125. ECDC took note of all the comments and it was explained that the expansion of the project goes hand-in-hand with employment opportunities. The AF Members were asked for more details on their concerns with the validity of the report.

126. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, suggested that specific concerns should be communicated to ECDC. He stated that for the time being, there is no support to expand the programme before collecting more experience and feedback. It was proposed to have a second evaluation before taking any decisions on the expansion of the project.

Item 12 – Update from the European Commission

Item 12a – Interim report on the state of implementation of the Council Recommendation on Seasonal Influenza Immunisation 2009 in the Member States and at EU level

127. Franck Van Loock, European Commission, thanked ECDC for its inputs on the Commission's recommendation on seasonal influenza immunisation.

128. Andrew Amato pointed out that ECDC shared a report with the Commission on this issue. It was stated that no Member States will reach the target of 75% coverage.

[17] Item 11 - Result of EUPHEM evaluation (A Bosman)

Item 12b – Serious cross border threats to health

129. Franck Van Loock, European Commission, gave a brief summary on the implementation process of the decision: Member States will vote in the first half of October 2013, the decision will then be signed by the President of the European Parliament. Publication in the official journal is expected two to four weeks following the official signature. Entry into force is expected by the end of November 2013. He explained that the decision aligns the old legislation with International Health Regulation requirements and to the role of ECDC. The decision will influence ECDC's role in two ways: ECDC will be responsible for sharing best practices in preparedness between Member States and the Centre will also be responsible for the management of the extended EWRS. Regarding EWRS, it was underlined that ECDC's role will not change; the Centre will be tasked to operate an extended version of EWRS (to include chemical and environmental threats), but ECDC will not be responsible for handling these new items as these are outside of ECDC's mandate. It was explained that the Commission is preparing a roadmap aimed at developing implementation measures, which will include details on how EWRS will function in the future.

130. Andreas Gilsdorf, Alternate, Germany, inquired whether preparedness activities linked to chemical and environmental threats will be part of ECDC's work.

131. Mika Salminen, Member, Finland, pointed out that the new EWRS will likely necessitate more resources from ECDC.

132. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, explained that there is a newly established Section on Country Preparedness Support which will be able to establish best practice sharing between Member States. Franck Van Loock, representative of the European Commission, underlined that preparedness for non-communicable threats will not be part of ECDC's mandate. The details on how ECDC will manage EWRS will be examined by the Health Security Committee.

Item 4 – Update regarding the Lithuanian Presidency of the Council of the European Union

133. Loreta Ašoklienė, Member, Lithuania, provided the AF with a short update of the Presidency's priorities in terms of health, including the tobacco directive, the health program, and the regulation of clinical trials and medical devices. She also shared a number of meetings and conferences organised by the Presidency, among others the senior level Public Health meetings which will be attended by Member States Chief Medical Officers. The agenda for this meeting includes the health information strategy, the role of the EU in international forums and children vaccinations. She also presented some of the conferences organised by the Presidency, among others: mental health challenges, health systems for inclusive growth in Europe and Health Forum for sustainable health systems.

Item 13 – Confirmation of 2014 and 2015 Advisory Forum meeting dates *(Document AF35/9)*

134. Johan Giesecke, Chief Scientist and Chair of the Advisory Forum, presented the dates of the 2014 and 2015 Advisory Forum meetings.[18]

Item 14 – Any other business

Johan Giesecke, Chief Scientist and Chair of the Advisory Forum, thanked all the Members for their fruitful discussions and lively debates. The AF was informed that the next meeting will take place during the morning of 12 December 2013 via teleconference.

[18] Item 13 - Advisory Forum meeting dates 2014 and 2015