ECDC Advisory Forum

Minutes of the Forty-second meeting of the Advisory Forum

Stockholm, 12-13 May 2015

Contents

Opening and welcome (noting Declarations of Interest and Specific Declarations of Interest, if any)

1. Mike Catchpole, Chief Scientist, ECDC, and Marc Struelens, Chief Microbiologist, ECDC, opened the joint session between the ECDC Advisory Forum and National Microbiology Focal Points and welcomed all the participants.

2. There were no Specific Declarations of Interests declared.

Adoption of the Draft Programme *(Document AF42/01 Rev.1)*

3. The programme was adopted with one addendum proposed by Mika Salminen, AF Member, Finland, who requested the opportunity to make a short statement at the beginning of the afternoon session.

ECDC Roadmap for integration of molecular typing in surveillance: review in consultation with Molecular Surveillance Task Force

4. Marc Struelens, Chief Microbiologist, ECDC, presented an update[1] on the ECDC Roadmap for integration of molecular typing in surveillance, followed by a general discussion.

5. Mike Catchpole, Chief Scientist, ECDC, encouraged Advisory Forum members to ask their national surveillance focal points to join the Molecular Surveillance Task Force and opened the floor for comments.

6. Herman Van Oyen, AF Member, Belgium, welcomed the need for interaction with national surveillance focal points since molecular typing is a part of surveillance and greater interaction would help with priority setting and planning.

7. Andreas Gilsdorf, AF Alternate, Germany, sought clarification of the request for more experts to join the Task Force group and the idea behind it.

8. Mike Catchpole, Chief Scientist, ECDC, explained that the Task Force should be composed of a balance of both national surveillance focal points and national microbiology focal points and more surveillance experts were needed.

9. Algirdas Griškevičius, NMFP Member, Lithuania asked what support ECDC planned to provide to those countries where molecular typing and surveillance was less developed and how the gap would be breached.

10. Marc Struelens, Chief Microbiologist, ECDC, explained that the widest possible representation was being encouraged in the new task force and that ECDC would base its proposed technical solution on a substantial critical capacity, which was operational in surveillance at national level within the Member States.

11. Jean-Claude Desenclos, AF Member, France, suggested changing the title to genomic surveillance, as already discussed at a previous Advisory Forum meeting. He welcomed the proposal as a good strategy for going forward and commented on the *Mycobacterium chimaera* event as an example of the usefulness of genomic typing. He also pointed out that it would be important to have some knowledge of bioinformatics represented in the advisory task force.

12. Aura Timen, AF Observer, European Public Health Association (EUPHA), asked if there would be outbreak experts in the Task Force such as National Focal Points for Preparedness and Response since genomic surveillance would inform outbreak control.

13. Maria Zambon, NMFP, United Kingdom said that the task force appeared to embrace molecular typing in peace time while neglecting cross border threats. She suggested that ECDC could act as a central player in a cross-border outbreak situation requiring genomic comparisons and provide

[1] NMFP13_Day2_5-1_Struelens_MSTF-Revision roadmap

infrastructure support. By way of example, she cited the recent situation with *Mycobacterium chimaera* being addressed by a number of Member States.

14. Mike Catchpole, Chief Scientist, ECDC, said that it was important for ECDC to understand the speed with which the technology was being adopted with a view to using it as a mainstream tool for surveillance. Capacity was currently not in place all across Europe and it was not yet possible to say that molecular surveillance was mainstream for all countries.

15. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, assured participants that ECDC was fully committed to integrating microbiology techniques and agreed with the view that all types of surveillance methods, whether traditional or molecular, are linked to surveillance. He also supported the comments by the UK NMFP on including an outbreak response specialist in the Task Force.

16. Frank Van Loock, European Commission, said that the Commission was very supportive of this development. However, he noted that it was sometimes difficult to see the EU added value for each target disease and it was important for the Task Force to look at ways in which to support those Member States who needed help in order to bring them up to speed.

17. Herman Van Oyen, AF Member, Belgium, stressed the need to retain an overview of public health. He reminded participants of the significant financial impact involved in molecular typing surveillance, while countries were trying to improve the health of their populations and reduce costs at the same time. He added that as learned from public health genomics for non-communicable disease there is also potential for more effective disease prevention and cost-savings.

18. Marc Struelens, Chief Microbiologist, ECDC, explained that the Commission was doing a cost benefit analysis of national reference laboratory functions to support public health and one case study would be the food and waterborne disease reference laboratories, which would provide some indication of the cost investment required and the benefit of using molecular methods in surveillance.

19. Mike Catchpole, Chief Scientist, ECDC, said that ECDC still had to examine some of issues regarding different types of surveillance and the added value of molecular typing. The comments on outbreak response expertise were useful and he agreed that it was necessary to be clear on costs. He thanked participants for their helpful suggestions and asked them to encourage their national surveillance focal points to join the Task Force.

EU Laboratory Capabilities monitoring system (EULabCAP) 2013 report: Is Europe ready? *(Document AF42/02 Rev.1)*

20. Amanda Ozin, Microbiology Coordination Section, ECDC, gave a presentation[2] on the EU Laboratory Capabilities Monitoring system 2013 report.

Breakout group discussion on strengths and vulnerabilities of public health microbiology systems revealed by EULabCAP 2013

21. The ECDC Advisory Forum and National Microbiology Focal Points attended breakout sessions in three groups and reported back with their findings.

22. Darina O'Flanagan, AF Member, Ireland, as a co-chair with Franz Allerberger, AF Alternate, Austria, presented the outcome of discussions in Working Group 1 – Strengths.

23. Amanda Ozin, Microbiology Coordination Section, ECDC, as co-chair with Andreas Gilsdorf, AF Alternate, Germany and Nicole Werner-Keišs, NMFP, Latvia, presented the outcome of discussions in Working Group 2 – Vulnerabilities.

24. Thea Kølsen Fischer, NMFP Member, Denmark, as a co-chair with Mika Salminen, AF Member, Finland, presented the outcome of discussions in Working Group 3 – Communication plan.

25. Maria Zambon, NMFP Member, UK, supported the findings of Working Group 3 and congratulated the Microbiology Coordination team on their work. She made the point that the EULabCap results were linked to in vitro diagnostics regulatory work being done by the European Medicines Agency

[2] NMFP13_Day2_5-2_Ozin_AF42-02rev1EULabCAP

(EMA) so there was a risk that certain work in primary diagnostics could be compromised. Therefore when finalising the report she recommended that ECDC discuss diagnostics and spill-over into microbiology with EMA.

Plenary discussion on opportunities for use of the EULabCAP information to inform policy and follow-up actions

26. Marc Struelens, Chief Microbiologist, ECDC, opened the floor for plenary discussion on the main strengths, vulnerabilities, lessons learned and validation/dissemination of the first report.

27. Mike Catchpole, Chief Scientist, ECDC, noting that two of the groups had been very clear that this exercise was a form of benchmarking, inquired whether the results could be published and whether there was anything else ECDC needed to do to frame the document.

28. Mika Salminen, AF Member, Finland, explained his comment in the outcomes for Working Group 3 regarding the need for results of some indicators to be anonymised. This related to some very rare diseases or high threat agents whereby it could be too sensitive to disclose details.

29. Darina O'Flanagan, AF Member, Ireland, felt that it was too early to publish results yet and that individual discussions would be required in-country before publication.

30. Isabel Noguer, AF Alternate, Spain supported the comment made by the AF Member for Ireland.

31. Andreas Gilsdorf, AF Alternate, Germany, said that it was a good idea to publish but that indicators would need to be clarified to remove ambiguity first because it was clear that there were different interpretations of this issue. Publication of the report could influence the responses from NMFPs, preventing ECDC from obtaining a realistic view of the situation.

32. Jean-Claude Descenclos, AF Member, France, said that when comparing one country or one region with another, the indicators always revealed weaknesses, so further discussion on the exact report format and relevant degree of detail would be appropriate. However, publication ought to be the final objective in order to adhere to the principle of transparency.

33. Silvia Declich, AF Member, Italy, said that there was a need for more interaction between national microbiology focal points and national surveillance focal points who, from her point of view, had not been involved in the collection of data. She pointed out that the data for Italy was aggregated and therefore she did not understand the problem with publishing the individual country questionnaire responses.

34. Marc Struelens, Chief Microbiologist, ECDC, agreed with the suggestion. Regarding the collection of aggregated data, he pointed out that a draft country report had been provided, with feedback from the national focal point for the Member State, but that this was not included in the preliminary report.

35. Bruno Coignard, NMFP Member, France, asked how the availability of research and development capacity for emerging threats (pathogens, biological emergencies) detection could be addressed and also pointed out that it was not ideal to have so many reference centres across countries. He suggested that grouping countries together would make it easier to interpret the results.

36. Christopher Barbara, NMFP Member, Malta, pointed out that Malta had one main laboratory and no aggregated data. Data was not collected from other laboratories as there were none. Limitations of results related to the different country system specifications needed to be spelled out clearly in the report for non-scientists to interpret.

37. Marc Struelens, Chief Microbiologist, ECDC, thanked all participants for their input and helpful suggestions, which would be taken into account in the next round. He hoped that this would also take into account the context of different health systems across Europe and their capacities. A second round of validation of data based on suggestions for indicator clarification and a consultation on a draft final report mapping capacity across relevant indicators or group of indicators will be done in the coming months

38. Mike Catchpole, Chief Scientist, ECDC, thanked the participants for the lively discussions in the working groups. The survey was a good example of collaboration at EU level and he was pleased that

there was a consensus for publication in the public domain once everyone was comfortable with the content.

39. The Joint Session between the ECDC Advisory Forum and the National Microbiology Focal Points was concluded.

Adoption of draft minutes from the 41st meeting of the Advisory Forum (Stockholm, 18–19 February 2015) *(Document AF42/03)*

40. Mike Catchpole, ECDC Chief Scientist and Chair of the AF meeting, took the opportunity to welcome Aleksandar Šimunović, Alternate, Croatia, attending the Advisory Forum meeting for the first time. He also welcomed Frank Van Loock from the European Commission. Apologies had been received from Greece, Latvia, Liechtenstein, Lithuania, Malta, Montenegro, Netherlands, Poland, Portugal, Romania, Slovak Republic, Turkey, European Patients' Forum and World Health Organisation.

41. Written comments had been previously received from Germany regarding the draft minutes of the Forty-first Advisory Forum meeting.

42. Frank Van Loock, European Commission, requested an addendum to point 19 regarding the Second Independent External Evaluation of ECDC: the Commission would have a duty to transmit the recommendations of the Evaluation to the European Parliament and Council.

43. There were no other comments and the minutes were adopted with these amendments.

44. Mika Salminen, Member, Finland, read out the following Statement of Support from the Advisory Forum:

> 'As one of the three official bodies of the European Centre for Disease Prevention and Control [the other two being the Management Board and the Director and his staff], the Advisory Forum's country members have [been] following the process of selecting the next ECDC Director with great interest over the last year.
>
> The Advisory Forum recognises that ECDC is currently in a challenging position as the selection process for the Director of the European Centre for Disease Prevention and Control on 26 March 2015 ended without a result. The Advisory Forum recognises and supports the intention of the Management Board to strengthen ECDC by relaunching the process for selecting a new Director.
>
> Thus, the Advisory Forum country members would like to strongly express their support for ECDC's acting director, Dr Andrea Ammon[3] and all her staff. We, in our role as ECDC's scientific advisory body, have full confidence in the acting director's competence and vision in dynamically leading the Agency through this period of transition until the next Director is appointed and takes office. The acting director and the entire staff of ECDC will have our fullest support during the coming year in their work and their collective efforts to support the Member States in their work to prevent and control infectious diseases in the region.
>
> The Advisory Forum country members request that this statement, having been endorsed and agreed by the individual members in their role as independent advisors, is added to the meeting documents for the Advisory Forum's 42nd meeting.'

Update from ECDC on the main activities since the last Advisory Forum meeting *(Document AF42/04)*

45. Andrea Ammon, Acting Director, ECDC, thanked the Advisory Forum for its expression of support. As Acting Director, she sees her main role as keeping ECDC on track, supporting staff and representing the Agency externally. She introduced Jean-Claude Brival, who had taken over as Acting Head of Unit in Resource Management and Coordination. ECDC was also currently trying to second an expert familiar with EU procurement activities from another EU Agency to support the Unit. She

[3] During discussions, it was clearly stated that this neither indicates nor infers any preference in the upcoming selection process for a new ECDC Director.

presented an update on ECDC's main activities since the last Advisory Forum meeting[4] which was followed by a general discussion.

46. Paul Cosford, Member, United Kingdom, referring to the ECDC mission to Guinea to assist with Ebola, asked about legacy issues and what could be done to help the affected countries rebuild their surveillance and other public health systems.

47. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC said that they were beginning to see the tail end of the epidemic, and it was hoped that ECDC staff would be mobilised until beyond the final case in the last chain. This would be discussed at the next Management Board meeting in June.

48. There were some requests for clarification of the obligations relating to Declarations of Interest. Jan Mos, Senior Expert, Strategy, and Compliance Officer, Director's Office, ECDC, explained that if Advisory Forum members were working on an EU project, or had received EU funding, this was not considered to be a conflict of interest, nor was state funding from their country or from international organisations. These types of funding should simply be declared. Annual written declarations should mention everything that Advisory Forum members were involved in, however, if a specific agenda item could represent a conflict of interest, members were asked to inform the ECDC Compliance Officer (via Compliance.Officer@ecdc.europa.eu) of this fact, with a copy to ECDC Chief Scientist Mike Catchpole. He would circulate a briefing covering all the points outlined.

Update on Disease Programme/Core Function: Disease Programme HIV, Sexually Transmitted Infections and Viral Hepatitis – priorities and strategic direction

49. Andrew Amato, Head of HIV, Sexually-Transmitted Infections and Viral Hepatitis Programme, ECDC, presented an update on the priorities and strategic direction of the Disease Programme[5] which was followed by a discussion.

50. Darina O Flanagan, Member, Ireland, asked about the relevance of the seroprevalence study. With regard to the question posed to the Advisory Forum as to whether the disease programme should develop areas not yet fully explored, she believed that this was important.

51. Anders Tegnell, Member, Sweden, responding to the first question on strategy for scientific approach, said that he would opt for less but wider validity.

52. Isabel Noguer, Alternate, Spain, said that her country was been involved in the new surveillance system for hepatitis C. A new commission had been created in Spain for hepatitis C which had decided to conduct a study on prevalence. Spain was therefore interested in working on surveillance and prevalence of hepatitis C at European level because it had already developed a number of best practices. With regard to case notification and under-diagnosis of HIV, it would be best to consolidate what had already been built up over the last 20 years.

53. Irena Klavs, Member, Slovenia, responding to the first question on strategy for scientific approach, advised using the resources available to focus on disproportionately affected groups and consolidate rather than seeking out new areas. With regard to the seroprevalence survey, she saw this as an excellent opportunity to cut across all disease groups and look at agents not well captured in reporting systems. She suggested that ECDC should work with the coordinators of EHES (European Health Examination Survey) to ensure that the results captured in its prevalence survey could be incorporated into the EHES data.

54. Ágnes Csohán, Member, Hungary, noted that it was not easy to answer the question on a strategy for a scientific approach which depended on the country. By way of example, she pointed out that there was no European guidance on the screening of migrants and each country had a different approach.

[4] Update from ECDC (A Ammon)
[5] HIV, Sexually Transmitted Infections and Viral Hepatitis (A Amato)

55. Jean-Claude Desenclos, Member, France, pointed out that there was now an expensive but effective treatment available for hepatitis C which would affect guidance and possibly result in closer connections with industry.

56. Frank Van Loock, European Commission, echoed concerns expressed by other colleagues with regard to treatment guidance and recommendations, issues which needed to be considered at some point.

57. Kåre Mølbak, Member, Denmark, noted that surveillance was an ongoing process and this would therefore have to continue, however it was also important to keep a balance because if public health issues were raised in new areas it would be necessary to explore them too. He pointed out that EPIET was a resource which could be used to investigate new areas and that there was a great deal of European added value to be gained from standardising surveys.

58. Mika Salminen, Member, Finland, said that serological studies offered enormous value and suggested discussing this with the Member States and other EU mechanisms. With regard to hepatitis C surveillance, much more emphasis needed to be placed on the actual diagnosis and reporting before tackling treatment so there was still work to be done in the area of case-based evidence.

59. Andrew Amato, Head of HIV, Sexually-Transmitted Infections and Viral Hepatitis Programme, ECDC, thanked the participants for their input.

Scientific advice: update on assessments, reviews and guidance:

a) ECDC Advisory Forum – future ways of working

60. Mike Catchpole, ECDC Chief Scientist and Chair, made reference to an updated version of the future ways of working of the Advisory Forum, discussed during the previous meeting and asked for comments on the proposals.

61. Andreas Gilsdorf, Alternate, Germany, said that he would prefer to be able to select a Working Group topic rather having one designated at random. He asked whether plans to continue with the Advisory Forum Preparatory Group is still foreseen.

62. Niki Paphitou, Member, Cyprus, suggested that it would be good to know the themes of the working groups and the questions to be answered ahead of time in order to prepare better.

63. Paul Cosford, Member, United Kingdom, said that he had appreciated the paper and felt that the proposal for teleconferences on serious cross-border threats was very useful.

64. Anders Tegnell, Member, Sweden, agreed that teleconferences within the Advisory Forum group could complement teleconferences in the health security committee and that Member States should have the right to request them if facing a cross-border health threat.

65. The Chair noted that during discussions at the last Advisory Forum meeting, the Forum had shown itself not to be in favour of having additional working groups. He confirmed that he had not abandoned the idea of continuing with the AF Preparatory Group.

66. Kåre Mølbak, Member, Denmark, explaining the concept of virtual country visits, said that this was an opportunity to flag up or share the particular issues facing a specific country among all the Advisory Forum Members.

67. The Chair suggested that this concept be piloted at a future meeting. He would now try to incorporate the content of the paper into future Advisory Forum meetings.

b) Advisory Forum Scientific Advice Priorities for ECDC 2017 Work Programme

68. Helena de Carvalho Gomes, Senior Expert, Evidence-based Public Health, Office of the Chief Scientist, ECDC, presented the IRIS prioritisation process to support the planning of scientific advice projects for the ECDC 2017 Work Programme, and the list of received topic suggestions [6]

[6] Prioritisation of ECDC's scientific advice in 2017 (H Carvalho Gomes)

69. The Chair explained that the agenda item attempted to rectify comments in the Second External Evaluation of ECDC that there was a perceived lack of transparency on the inputs into IRIS. ECDC therefore wished to give the Advisory Forum an early indication of the proposals generated in advance of IRIS scoring. The floor was opened for discussion.

70. Robert Hemmer, Member, Luxembourg, asked whether it would be possible to further refine the proposal on page 1 of the short list to increase value and application by including two candidate pneumococcal vaccines.

71. Kåre Mølbak, Member, Denmark, suggested that further editing was required to combine and refine the proposals. Some of the issues were also not within the remit of ECDC (such as treatment issues).

72. Aura Timen, Member, European Public Health Association (EUPHA), suggested that a fourth category should be included 'Guidance – light' collating existing guidelines and sharing them for those countries without guidance which might be interested. In this case, ECDC could act as a clearing house/library.

73. Anders Tegnell, Member, Sweden, reiterated the plea for further editorial work to be done before voting and asked for the proposals outside of ECDC's mandate to be removed.

74. Herman Van Oyen, Member, Belgium, suggested that some of the topics could be regrouped to provide a more comprehensive overview.

75. Hanne Nøkleby, Member, Norway, echoed the request for editorial work to make the list more digestible.

76. Helena de Carvalho Gomes, ECDC, explained that Advisory Forum participants had received a condensed version of the text without any background or context. Editorial work was possible, but ECDC had previously been criticised for filtering out too much information and for not being transparent, so a compromise would have to be reached. She agreed that the categories had to be clarified and further refined during finalisation.

77. Paul Cosford, Member, United Kingdom, suggested a compromise whereby ECDC would add an initial opinion on the proposal from its own perspective. This would enable the Advisory Forum to make a more informed choice based on the initial proposal and ECDC's preliminary view.

78. The Chair said that ECDC would therefore proceed with editorial work and commentary and include an initial full rationale for each proposal as an annex to ensure transparency. He asked whether, in addition to identifying areas of work, IRIS should include options on how to deliver the suggested outputs and whether the three proposed categories should be retained or amended?

79. Frank van Loock, European Commission, stressed that in this instance there were no suggestions from the Commission as an observer, countering criticism in the Second External Evaluation that the Commission had too much input into work planning.

80. Jean-Claude Desenclos, Member, France, said that it was still unclear how IRIS outputs would ultimately be fed into work planning and how the IRIS scoring would be used. He asked whether the Advisory Forum would be involved in refining the choices selected by IRIS or whether IRIS would run independently.

81. Herman van Oyen, Member, Belgium, pointed out that the list included outputs with different scope ranging from guidance on specific technical questions to more policy/operation issues. It was not clear how the range would be weighted to assist the Advisory Forum with prioritisation and he wondered how this would be addressed.

82. Kåre Mølbak, Member, Denmark, suggested that, for simplification, if anything was subject to an expert opinion, it should not be on the list, leaving just systematic reviews and public health guidance.

83. Helena de Carvalho Gomes, ECDC, said that IRIS was currently restricted to scientific advice which was problematic, since it could be interpreted very differently by ECDC, the Advisory Forum or externally and also might not cover the entire ECDC work plan. ECDC endeavoured to establish a systematic review stand-alone scientific output and as the working principle for the development of evidence-based public health guidance. In terms of categorisation, it could be appropriate to include

options termed as technical or operational guidance in order to enhance the range. In principle, a broader range of categories for ECDC activities could be included in IRIS for Advisory Forum opinion, although this was not currently foreseen.

84. The Chair concluded that ECDC would review the list further and make editorial changes to condense. He proposed removing all suggestions that were not within the three defined output types for IRIS prioritisation and focussing on scientific advice category for this round. The IRIS scores and prioritised list would be circulated to the Advisory Forum in September to provide further opportunity for comment discussion and refinement.

Results of Working Group sessions: Second External Evaluation of ECDC: Advisory Forum opinion on priorities in responding to main findings, conclusions and recommendations

85. Paul Cosford, Member, United Kingdom, as rapporteur, gave a short presentation summarising discussions in Working Group A.[7]

86. Franz Allerberger, Alternate, Austria, as rapporteur, gave a short presentation summarising discussions in Working Group B.[8]

87. Hanne Nøkleby, Member, Norway, as rapporteur, gave a short presentation summarising discussions in Working Group C.[9]

88. The Chair thanked the Working Groups for their input and opened the floor for general discussion.

89. Jean-Claude Desenclos, Member, France asked how the results of the Advisory Forum discussions would influence the work of the drafting group.

90. Mika Salminen, Member, Finland, was in agreement with the proposal by Working Group A to reorganise the Advisory Forum so that it had its own chair and a secretariat from ECDC or similar, pending some work on the details.

91. Anders Tegnell, Member, Sweden, also agreed with this suggestion by Working Group A. He pointed out that the problematic relationship for ECDC was that with the Member States, complicated by the number of bodies and networks involved, and this gave the impression sometimes that ECDC was working more with the experts than with the Member States. He suggested that ECDC should have discussions within the Member States on the acceptance of ECDC's work and the usefulness of its products. Secondment of ECDC experts to Member States could help with this. With regard to assessments, he felt that these were more relevant and useful when undertaken by ECDC together with the Member States.

92. Kåre Mølbak, Member, Denmark felt that the relationship between the Advisory Forum and ECDC needed further discussion. The Advisory Forum needed to give input independent of the Member States. Replying to the hypothetical question as to what ECDC services he would be willing to pay for, he believed that data on antimicrobial resistance from other Member States, ECDC risk assessments, the EPIET programme and training courses would be likely candidates. He also suggested identifying ECDC products used at conferences as a basis for shaping further dialogue on roles and output.

93. Silvia Declich, Member, Italy, said that her group had discussed increasing cost-effectiveness studies or other types of output that could be used by Member States to approach policymakers with regard to resource allocation. The group felt that the evaluation did not highlight the importance of ECDC output used for this purpose in country.

94. ECDC Acting Director thanked the AF for their input and proposed presenting the recommendations to the Management Board at its next meeting. The Joint Strategy meeting in September would also provide a perfect opportunity for further discussion between the Advisory Forum and the Management Board on this issue.

[7] Working Group A
[8] Working Group B
[9] Working Group C

95. The Chair noted that he would provide a summary of the discussions to the Chair of the Management Board.

Update from Public Health Capacity and Communication Unit: New ECDC training strategy *(Document AF42/06)*

96. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication, ECDC, gave an update on the new ECDC Training Strategy[10] which was followed by a discussion.

97. Irena Klavs, Member, Slovenia, praised the strategy, which was well balanced and adopted a sound, needs-based approach which catered to less well-resourced countries.

98. Isabel Noguer, Alternate, Spain, asked how ECDC would provide support for programmes not linked to EPIET. With regard to deliberations on the Member State versus EU track, she noted that it was hard for staff members in public health institutions to work abroad because institutions did not provide replacements to cover them while they were away. With regard to a mechanism for maintaining a balance between the EU and Member State track, the EU track was based on covering EU/ECDC needs and the Member State track was based on Member State needs, and it was important to keep both perspectives in mind. She asked whether countries were supposed to agree on training by defining their interests. With reference to Objective 1 of the development programme, she believed that cascade training was important and it was important to assure that the commitment was in place for this.

99. Andreas Gilsdorf, Alternate, Germany, welcomed the focus on e-learning which would create added-value and be useful for all Member States. He also liked the idea of training senior staff. Clarification was required with regard to the training strategy being based on needs assessment since it only took account of the national situation rather than regional situations where there were considerable differences. Although the strategy stated that it should complement and support national needs it was difficult to know how this would work in practice. Some mechanisms discouraged national training due to European support being available and it was therefore important not to create a contradiction which would cause Member States to neglect their own training needs.

100. Jan Kynčl, Member, Czech Republic, felt that the balance between the EU and Member State tracks was appropriate however, he wished to emphasise the importance of short courses for professionals (continuous professional development programme). More resources need to be made available for such courses as they were designed for staff who would continue in their positions. The usefulness of physically participating in courses rather than undertaking e-learning should not be underestimated. ECDC needed to consider individual country needs before defining criteria across the board.

101. Hanne Nøkleby, Member, Norway, said that the training programme was one of the areas where ECDC really provided the Member States with what they needed and would not be able to afford otherwise. EUPHEM was possibly one of the only ways of providing their nationals with a European or international perspective. She was strongly in support of short courses for professionals and e-learning possibilities.

102. Frank van Loock, European Commission, said that the Commission had concerns about the lack of distinct reference to microbiology and epidemiology. It was also important to clarify certain elements of the proposed training strategy. The Member State track required a better definition of EU added value. A substantial distinction needed to be made between the EPIET and EUPHEM tracks as there were different requirements in terms of supervisors and cooperation networks. He noted that many Member States were now investing less in training and that it might be necessary to re-evaluate at policy level to ensure this trend did not continue. Reference was made in the training strategy to ASPHER (the Association of Schools of Public Health in the European Region); however, this organisation did not represent all of Europe's public health institutes, and therefore the scope of the reference would need to be widened.

103. Darina O'Flanagan, Member, Ireland, agreed with comments by other colleagues strongly supporting the training programme at ECDC. She expressed surprise at comments by the Commission questioning the added value of the Member State track, since a strong Member-State reaction to an outbreak was necessary to prevent an outbreak becoming a cross border threat. She therefore

[10] New ECDC Training Strategy (K Ekdahl)

counselled the Commission to listen to the Member States who greatly appreciated its value. E-learning was helpful for those who were unable to take the time to attend courses, but could be allocated time to study online.

104. Herman Van Oyen, Member, Belgium, suggested that the two main training tracks of epidemiology and microbiology should be brought closer together and microbiology oriented more towards public health. It was important to involve the NMBFPs when planning training. The main message was that the training should have the same objectives at supranational level to support the work done in surveillance across Europe.

105. Ágnes Csohán, Member, Hungary asked about whether ECDC staff training was planned or included in the new strategy.

106. Jean-Claude Desenclos, Member, France, said that the fellowship programme was very important, offering the possibility to network and share experience, which is a major output of EPIET training that should not be underestimated.

107. Karl Ekdahl, ECDC, thanked participants for their support and feedback and explained that most of the comments concerned the detailed implementation that would follow after the discussions and possible adoption of the strategy in the Management Board in June. However, the feedback received by the Advisory Forum would be taken on board when implementing the strategy.

High rate of acquisition of faecal carriage of multidrug-resistant *Enterobacteriaceae* in international travellers: a threat to the EU?

108. Dominique Monnet, Head of Disease Programme, Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI), ECDC, gave a short presentation[11] and posed three questions for follow-up discussions.

109. Anders Tegnell, Member, Sweden, wondered whether this issue was actually a threat or simply useful to be aware of, particularly when determining treatment. He advocated the production of a risk assessment.

110. Darina O'Flanagan, Member, Ireland, felt it was important to look at both extended-spectrum beta-lactamase-producing *Enterobacteriaceae* and carbapenemase-producing *Enterobacteriaceae , and at both Klebsiella* and *E. coli,* when discussing this issue.

111. Kåre Mølbak, Member, Denmark, noted that in Denmark there was no consensus among infection control experts, which was why he would welcome some guidance although he did not believe that there was any urgency. Livestock-associated MRSA with antimicrobial resistance was currently the main cause for concern in Denmark and it was important to keep everything in perspective, in particular with vancomycin-resistant enterococci (VRE) outbreaks in hospitals.

112. Jean-Claude Desenclos, Member, France, was unsure whether new recommendations were necessary at present. Although he did not see the issue as a threat, a multi-centre study at EU level, with sufficient follow-up of carriage after return, might be useful to assess risk factors and establish better management issues. However, he pointed out that it was a global problem which needed to be dealt with on an international level, possibly through collaboration with WHO.

113. Aura Timen, Member, EUPHA, inquired whether data was available on faecal carriage for the whole of Europe. It was necessary to have a solid study of prevalence among the general population and interpret the findings in international travellers with this in mind before taking any further action.

114. Kåre Mølbak, Member, Denmark, added that that the population returning from international travel and at risk of introducing such multidrug-resistant bacteria into hospitals may be small and this should be taken into account in a risk assessment.

115. Dominique Monnet, ECDC, agreed with the comments made by Sweden and Denmark that some form of expert opinion was required, although this was not urgent. With regard to the comment by France on the need for a study of broader scope, he pointed out that ECDC does not have the funds to conduct such a study, but the issue should be brought to the attention of the Commission.

[11] Multidrug-resistant *Enterobacteriaceae* (D Monnet)

Update on epidemic intelligence

116. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, gave an update on ECDC's epidemic intelligence activities[12] in connection with Expo 2015 in Milan; the Ebola outbreak in West Africa[13]; invasive cardiovascular infection with *Mycobacterium chimaera;* an outbreak of *Salmonella* Enteritidis in Riga and an overview of H5N1 in Egypt.

117. Diamantis Plachouras, Expert Antimicrobial Resistance and Healthcare-associated Infections, Surveillance and Response Unit, ECDC, gave an update on *Mycobacterium chimaera* after cardiac surgery and posed two questions to the Advisory Forum members.[14] Those countries affected were also asked if they wished to comment.

118. Paul Cosford, Member, United Kingdom, said that they had done a retrospective analysis, looking at isolates from 2007 onwards and taking water samples from hospitals. The issue was at what point to take action to prevent further risk. The most difficult aspect was the liaison of regulatory authorities with the manufacturers.

119. Franz Allerberger, Alternate, Austria, did not think it was necessary for ECDC to assess the burden of disease across EU/EEA through a coordinated investigation with retrospective case detection. However, he did think that ECDC should provide scientific advice on diagnostic testing, prevention and treatment options.

120. Paul Cosford, Member, United Kingdom, agreed with Austria regarding ECDC's provision of scientific advice on testing, prevention and treatment. He also agreed with Germany that the focus should not just be on *Mycobacterium chimaera* but more on operating procedures in general.

121. Diamantis Plachouras, ECDC, said that with regard to prevention, there had already been extensive contact with the company via the regulatory authorities since last July and the company had issued a risk assessment. However, unfortunately there was still evidence of contamination. He pointed out that this was the first time that a slow-growing *Mycobacteria* had been associated with endocarditis so it was a novel problem.

122. Birgitta de Jong, Senior Expert, Respiratory Diseases, ECDC, gave an update on the outbreak of *Salmonella* Enteritidisat the Riga Ice Hockey Cup in April 2015,[15] which was followed by questions.

123. Kåre Mølbak, Member, Denmark, noted that there could be many possibilities of contamination including ice cream or other foods which were not served as part of the standard package. He also suggested that cross contamination with another kitchen could be responsible.

124. In answer to a question as to whether the outbreak was still ongoing, Denis Coulombier explained that there had been no new infections during the most recent weekend. The Riga Cup had ended but there were other competitions still going on in the area.

125. Pasi Penttinen, Acting Head of Disease Programme Influenza and other Respiratory Viruses, gave a short update on avian influenza A(H5N1) in Egypt.[16]

Detailed analysis of the results of the ECDC Annual Stakeholder Survey

126. Goritsa Zlatanova, Quality Management Officer, Resource Management and Coordination Unit, ECDC, presented an analysis of the results of the first ECDC Annual Stakeholder Survey.[17]

127. Andrea Ammon, Acting Director, noted that ECDC wished to increase the response rate of future surveys and improve them. ECDC was obliged to produce the survey on an annual basis and it helped to ensure that outputs were as useful as possible. This was why Advisory Forum Members were being asked for their feedback.

[12] Epidemic intelligence session
[13] EpiIntelligence - Update on Ebola epidemic in Western Africa (D Coulombier)
[14] EpiIntelligence - Invasive cardiovascular infection *M. chimaera* heatercooler units (D Plachouras)
[15] EpiIntelligence - Riga Cup 2015 (B de Jong)
[16] EpiIntelligence - H5N1 overview (P Penttinen)
[17] Stakeholders survey 2014 (G Zlatanova)

128. Kåre Mølbak, Member, Denmark, said that it had not been clear how widely the survey had been dispersed. More information was needed on target audiences if he was to know who to go to in his national organisation to persuade them to answer the survey. With regard to scientific publications, he pointed out that some of them were only meant for a small audience so he did not expect that all publications were equally appreciated.

129. Andreas Gilsdorf, Alternate, Germany, said that it was quite challenging to find 30 minutes to complete the questionnaire and suggested that audiences could be targeted more specifically as not everything was relevant to everyone.

130. Anders Tegnell, Member, Sweden, congratulated ECDC on the survey but pointed out that the survey was long, complicated and detailed. He therefore recommended that the indicators should be improved for the next one.

131. Frank van Loock, European Commission, stressed the need for anonymity of survey responses and suggested that it might be useful to allow for institutional feedback as some of his colleagues had wanted to answer in more detail. It was now important to focus on what had been taken on board from the survey results and why.

132. Isabel Noguer, AF Alternate, Spain, highlighted the useful guidelines on personal protective equipment for treatment of Ebola as one of the outputs which had been best received and most distributed in Spain.

133. The ECDC Acting Director said that the Agency was still in the analysis phase with regard to what could be done differently. The survey results would first be presented and discussed at the Management Board meeting in June before being reviewed and brought back to Advisory Forum for further feedback. ECDC Acting Director confirmed that we will take on board the proposal to distribute to the countries the list of contacts invited for the survey.

134. Goritsa Zlatanova, ECDC, pointed out that only six of the questions were mandatory and therefore the survey did not need to take 30 minutes to complete. She thanked all those colleagues who had completed the survey and asked them to encourage others to do so. She confirmed that next year the survey will be simplified and that some of the clustering questions will be removed.

Any other business

135. The Chair thanked all the participants for their valuable input and helpful feedback during the meeting. He also took the opportunity to bid farewell to Haraldur Briem, AF Member for Iceland, who was standing down after many years. He thanked Haraldur for his dedication and counsel throughout the years and wished him the best of success for the future. He wished everyone a safe journey home and looked forward to seeing them all at the next meeting, which would be held in connection with the Second ECDC Joint Strategy Meeting on 23-24 September 2015.

Annex: AF42 List of Participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Herman Van Oyen	Member
Bulgaria	Mira Kojouharova	Member
Croatia	Aleksandar Šimunović	Alternate
Cyprus	Niki Paphitou	Member
Czech Republic	Jan Kynčl	Member
Denmark	Kåre Mølbak	Member
Estonia	Kuulo Kutsar	Member
Finland	Mika Salminen	Member
France	Jean-Claude Desenclos	Member
Germany	Andreas Gilsdorf	Alternate
Hungary	Ágnes Csohán	Member
Ireland	Darina O'Flanagan	Member
Italy	Silvia Declich	Member
Luxembourg	Robert Hemmer	Member
Slovenia	Irena Klavs	Member
Spain	Isabel Noguer	Alternate
Sweden	Anders Tegnell	Member
	Birgitta Lesko	Alternate
United Kingdom	Paul Cosford	Member
Observers		
Iceland	Haraldur Briem	Member
Norway	Hanne Nøkleby	Member

European Commission Non-Governmental Organisations (NGOs)		
Standing Committee of European Doctors (CPME)	Reinhard Marre	Member
European Public Health Association (EUPHA)	Aura Timen	Member
European Commission		
DG Santé	Frank Van Loock	