ECDC Advisory Forum

Minutes of the 32nd Meeting of the Advisory Forum

Stockholm, 12-13 December 2012

Contents

Joint Session of the Advisory Forum and National Microbiology Focal Points on Public Health Microbiology Strategic Developments

1. Marc Sprenger, ECDC Director and Chair of the Joint Session, welcomed the members of the Advisory Forum and of the National Microbiology Focal Points to the joint session on Public Health Microbiology Strategic Developments.

Plenary Session 1: ECDC molecular surveillance roadmap[1,2]

(Document AF32/NMFP1)

Plenary discussion	**ECDC Action points**
- Appreciation of the quality of the paper and general agreement on the usefulness of the work done and general strategic orientations and step-wise approach proposed. - Confirmed that the focus should be on surveillance and role of ECDC in providing EU added value and added value to the MS (not duplication of what is done at national level). - Encouragement was provided to ECDC to endorse the surveillance paradigm shift from case-based disease-specific pathogen markers to transmissible genetic markers of microbial drug resistance and virulence.	Share the Roadmap document with the NMFPs for further written comments in December 2012 prior to final revision
- Comment that collected data should be used for action; therefore, advice was given that the roadmap paper would benefit from specifying the public health question and potential EU actions to be derived from each molecular surveillance component (table 2, page 4). - ECDC agreed that it is critical to appraise whether the collected data is useful for public health actions. The first reality check is to be gained next year from the Pilot molecular surveillance of foodborne pathogens and MDR-TB. - Support was given to different sampling models to be considered as continuous data collection at EU level might not be needed for some pathogens/AMR issues. Comment that the three types of sampling methodologies listed in the Roadmap document should be taken with a flexible approach and the proposed method indicated in table 2 should be used as a guide. The optimal time and population sampling frames should be addressed by the disease-specific surveillance strategies. - The point was raised that relying entirely on disease-specific expert opinion in deciding upon disease inclusion and appraisal of its usefulness, might lead to bias towards an overblown system. A broader outlook is needed from the perspective of public health and EU-added value, taking into account the input from State Epidemiologists. - It was confirmed that MDR-tuberculosis is included in the Roadmap, as part of the pilot project. It was clarified that international consensus definitions of multi- and extensively drug-resistant pathogens are applicable as referenced in the paper. The issue of EU collection of	Revise the Roadmap document based on comments received and share it with the NMFPs and AF in February 2013

[1] From the draft meeting minutes of the Tenth ECDC National Microbiology Focal Points meeting (11-12 December 2012)

[2] NMFP10_AF32_JointSession_Item8_PalmD_Roadmap

data on drug-resistant pathogens that are not notifiable in many MS will need to be carefully addressed and justified as not for research but for public health purposes.	
- Agreement that the existing databases at MS and EU level should be integrated with the work done by ECDC and where applicable, the data should be linked to global surveillance systems (e.g. Influenza).	
- Concern was expressed about the machine-to-machine communication tested in the pilot study (e.g. direct reporting to TESSy vs. first screening and validation at national public health institute level). Clarification was offered that MS nominate the contact points and decide the preferred route to report molecular typing data; currently MS report differently. Cluster detection will not be sought at national level by ECDC but will be available as optional resource to each participating MS. These data analysis processes and linkage to the EPIS platform for confidential exchange of preliminary information about potential cross-border clusters will be evaluated as part of the pilot project and the results will be presented to AF/NMFP by the end of 2013.	ECDC and network partners will address the issue of resource implications to avoid MS liability in case of failure to act upon cluster detection based on the submitted data.
- Request was made for clarification on the pilot testing outputs and the extent to which the outcome will affect the way forward with the roadmap and extending the surveillance objectives. ECDC explained that the pilot project evaluation should address both the technical feasibility and short-term public health benefits. The way forward will be decided when the results of the pilot project are presented end of 2013. Caution was expressed that for some public health success indicators a longer timeframe and better country coverage will be needed to measure actual impact. Hence, the pilot results will be an interim evaluation.	ECDC to report results of the pilot project interim evaluation to AF/NMFP by the end of 2013.
- Concerns were expressed about the limited resource capability of smaller MS to participate and report data. Clarified that this is a concern also for bigger MS and may in part be addressed in the future by pooling capabilities into a EU Reference Laboratory system (proposal to be developed by the Commission in 2013).	
- Discussion on the technical aspects of quality assurance and data validation/curation and the outsourcing of such services by ECDC to MS experts. Clarification was provided that all data providers will have access to all data. Data will not be owned or used independently by the third party to which the quality assurance and validation is outsourced. The outsourcing is used to assist ECDC in validation and expert analysis of the data to determine multinational clusters detection threshold and notify partners of any significant signal via EPIS.	
- Caution was raised about potential liability issues should MS be unable to mobilise public health practitioners in time to investigate and control outbreaks disclosed by the enhanced molecular surveillance system. ECDC replied that each diseases specific network will need to carefully address this as part of their specific surveillance business plan.	ECDC to define a disease specific molecular surveillance business case template in 2013.
- It was agreed that ECDC will work closely with WHO and the Commission on this project to ensure full policy alignment and complementarity of laboratory-based surveillance systems.	
- It was concluded that there is principle agreement with the general orientations of the strategy and general support for the methodology for going forward in a stepwise manner. ECDC is to revise the Roadmap proposal taking on-board the valuable comments received and share it with AF and NMFP in 2013. The business case discussions on global integration of virological sequence data for influenza	The technical solution for global integration of virological sequence data for influenza surveillance should be defined in 2013 in

surveillance should go forward. As for the implementation next year, the pilot project is launched and the next steps should await analysis of the results.	collaboration with international partners.

Plenary Session 2: Developing a Microbiology Laboratory Capability Monitoring System for the EU (EU_LabCAP)[3] *(Document AF32/NMFP2)*

a) Do we need an EU public health microbiology capability monitoring system?[4]

b) Results from EU LabCap pilot phase[5]

	ECDC Action points
- Despite interrogation by some members as to whether the objective of such microbiology capability monitoring system may indeed lie within the core mandate of ECDC, there was general agreement on the usefulness of such monitoring system as demonstrated by the examples presented. It was commented that the monitored elements could help document the effects of the economic crisis on core capabilities to inform policy and decision making. There was some concern about whether ECDC should perhaps rethink their staff resources to tackle this challenging area of work and otherwise assign priority on the other flagship project for molecular surveillance.	ECDC to take into account the feedback of the NMFP and AF and revise the EU_LabCAP system proposal.
- Several EU_LabCAP pilot testing volunteers shared their experiences and confirmed their support for continued work on the project. They highlighted the need for revision of the tools to ensure the information is useful for action. The current generic tool provides a good basis for agreeing with the MS the core functions of the "PHM system" for both surveillance and epidemic preparedness. It extends the WHO IHR monitoring tools and is tailored to the EU context.	ECDC to identify information that is already available for the disease specific indicators.
- Discussion and useful suggestions were made on the type of actions that could be taken in response to the gaps found by monitoring. From the ECDC perspective, EU-LabCAP indicators would help to allocate resources according to needs and monitor the impact of its support for strengthening public health microbiology in the EU/EEA.	ECDC to continue to work with volunteers in WG format to implement the revision and piloting process.
- Advice was given to structure and better focus the system in terms of targets, objectives and indicators prior to listing questions and appraising the system. Further discussion was held on indicator definition, optimal number of indicators (e.g. 5-10), and the type of indicators (e.g. more quantitative/outcome indicators).	Revised proposal and tools to be further refined with State Epidemiologists, WHO colleagues and disease networks.
- Clarification was provided about the ad hoc rationale for selection of TB, VTEC, influenza, legionella as prototypes for the EU_LabCAP disease specific indicators. It was suggested to focus on a few diseases and pilot the appraisal system. ECDC has substantial data already available from TESSy and disease programmes for implementing this approach.	

[3] From the draft meeting minutes of the Tenth ECDC National Microbiology Focal Points meeting (11-12 December 2012)

[4] NMFP10_AF32_JoinSession_Item9a_StruelensM_Do_we_need_LabCAP

[5] NMFP10_AF32_JoinSession_Item9b_OzinA_Results_Pilot

- The final vote of the session on this point supported that there is overall agreement to proceed towards monitoring microbiology capabilities across the EU. The proposed system needs to be better defined and further developed to include key measurable indicators which generate information for action both at MS and ECDC levels.	Revised EU_LabCAP proposal for AF/NMFP consultation in December 2013

2. The Chair made a brief summary of the main issues covered and concluded that all collected information should be used for public health action. A special thank you was extended to the NMFPs, AF members and invited speakers for their contributions which demonstrated a fruitful multidisciplinary dialogue and progress towards a common approach to public health microbiology.

3. The Joint Session of the ECDC Advisory Forum and National Microbiology Focal Points was thereby concluded.

Item 1 – Opening and adoption of the agenda and noting the Declarations of Interest, if any *(Documents AF32/2 Rev. 1; AF32/3 Rev.1)*

4. Johan Giesecke, Chief Scientist and Chair, ECDC, welcomed the participants to the Thirty-second ECDC Advisory Forum meeting. Apologies were received from Belgium, Bulgaria, Italy, Latvia, Lichtenstein, Lithuania, Malta, Poland, Romania and Slovenia. In addition, none of the observers could be present at the meeting this time (Croatia, Montenegro, Serbia, FYROM and Turkey) as well as the three NGOs that are standing members of the Advisory Forum (CPME, EPF and EUPHA). It was pointed out that similar issues with attendance occur every year.

5. No declarations of interest were made verbally. The following written declarations were received: Kåre Mølbak, Member, Denmark, noted that the SSI has a contract with ECDC as regards to the FWD surveillance (Plenary Session 1 – ECDC molecular surveillance roadmap) as well as that SSI is a part of the ECDC led consortium applying to IMI call (Item 9 – Scientific advice update on assessments, reviews and guidance). Darina O'Flanagan, Member, Ireland, stated that she is a member of the Venice project (Item 5 – Update on ECDC Strategic Multi-annual Programme 2014-2020) and that her unit in Ireland participates in I-Move, EuroMOMO projects (Item 9 - Scientific advice update on assessments, reviews and guidance). Sotirios Tsiodras, Alternate, Greece, declared that he is one of the principal investigators in the industry funded study (GSK) comparing zanamivir with oseltamivir for influenza (multicenter international phase III trial). Marianne van der Sande, Member, Netherlands, noted that the Netherlands has suggested the risk assessment on the impact of the environmental usage of triazoles on the development and spread of resistance to medical triazoles in Aspergillus spp. (Item 9a of the agenda) and that the Netherlands has also supported both the ECDC led and the Brighton led consortia, in reference to the agenda item 9c, ECDC initiative to apply to the IMI call on vaccines.

6. The agenda was adopted with one change: Darina O'Flanagan, Member, Ireland, requested adding a brief discussion on case definitions at some stage during the meeting.

Item 2 – Adoption of the draft minutes of the 31st meeting of the Advisory Forum held in Stockholm (26 September 2012) *(Document AF32/4)*

7. Marianne van der Sande, Member, Netherlands, requested to include a comment in the minutes on the discussion that took place during the previous AF meeting related to benefits and difficulties of convening joint meetings, i.e. if it would be good to combine the AF meetings with ESCAIDE or other ECDC meetings.

8. Kåre Mølbak, Member, Denmark, suggested a minor correction on point 53. He mentioned that narcolepsy had been discussed recently at a session of the Nordic Vaccine Meetings and described as an auto-immune (not autumnal, as stated in the draft minutes) disease in individuals with a specific genotype.

9. Petri Ruutu, Member, Finland, noted that he would like to have slight amendments on paragraphs 13 and 53 in order to clarify the ideas.

Item 3 – Update from ECDC on the main activities since the last Advisory Forum meeting *(Document AF32/Info Note 1)*

10. The Director of ECDC, Marc Sprenger, gave an update on the main activities since the last AF meeting, including ECDC's recent visit to Greece to discuss HIV, AMR and EVD.[6]

11. Sotirios Tsiodras, Alternate, Greece, thanked the ECDC Director for the visit to his country, as it created a forum to further discuss the impact of the financial crisis in the health system.

12. Jean-Claude Desenclos, Member, France, pointed out that the collaboration between WHO/Europe and ECDC is highly appreciated, however, it would be good to see more streamlined approaches in the future, when requesting information from the countries, for example. The lab capacity questionnaire was not similar through each channel. This could be carried out better if it was sent only through one centralised channel, in order to avoid duplication of work. It was also highlighted that the ECDC Rapid Risk Assessment on the novel coronavirus had been very useful, however, there were some misunderstandings related to the countries mentioned in the assessment when referring to the Arabian Peninsula. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, apologised for the inconvenience and assured the AF members that this would be clearer in future documents.

13. The AF agreed unanimously that receiving the update as a document was preferable, rather than only presenting it during the meeting.

Item 4 – Update regarding the Cypriot and Irish EU Presidencies

Item 4a – Update from Cyprus

14. Niki Paphitou, Member, Cyprus, gave an update on the priorities in the area of health priorities under the Cyprus Presidency of the Council of the EU.[7]

Item 4b – Update from Ireland

15. Darina O'Flanagan, Member, Ireland, gave a short update on the draft programme of the new Trio EU Presidency (Ireland, Lithuania and Greece). Likewise, she updated the AF on the health themes of the Irish Presidency, key events and the coordination of the EU position.[8]

Item 5 – ECDC Strategic Multi-annual Programme (2014-2020) *(Document AF32/5)*

16. The Chair pointed out that the Strategic Multi-annual Programme was one of the main subjects to be discussed during the meeting as it referred to the work to be developed by ECDC during the coming seven years. He mentioned that ECDC would appreciate the input from the AF members on this item. It was highlighted that all input received on areas where ECDC could add value as well as where the support of the Centre could become obsolete would be taken into consideration in order to draw preliminary conclusions.

17. Mike Catchpole, Member, United Kingdom, stated that the draft document submitted to the AF was very good. He asked ECDC to include more information in the document on the evidence-based role of the Centre as well as direct epidemiological studies with a multinational approach. He

[6] Item 3 - Update from ECDC

[7] Item 4 - Update on the Cypriot EU Presidency

[8] Item 4 – Update on the Irish EU Presidency (not for distribution)

expressed that capacity building and coordination with other agencies such as EFSA and EMA was also relevant. He concluded saying that ECDC should take into consideration what its resources both in terms of budget and staff are and compare them with the return in investment in terms of public health. There should also be an evaluation of the Centre's activities in the past for the AF members to be able to advise ECDC in terms of what needs to be done or stopped. Further clarification was requested in point two under Surveillance[9]. It was queried whether ECDC would be moving away from some of the input in TESSy which the countries have been working on.

18. Fernando Simón, Member, Spain, noted that it was really difficult to predict which activities would be important in the future and that the document should leave room for some flexibility.

19. Robert Hemmer, Member, Luxembourg, made a positive remark on the paper and stated that the challenges of the coming years will be AMR and the unexpected. He expressed that these issues should be highlighted even more in the document.

20. Petri Ruutu, Member, Finland, stated that the work of ECDC on the IMI call on vaccines should have a higher profile. In addition, he would like to see more about the advocacy for additional users, besides ECDC and the Member States, of the TESSy data. Furthermore, he suggested extended information on ECDC's scientific support (page 15).

21. Darina O'Flanagan, Member, Ireland, suggested rephrasing certain statements, especially when referring to creating bridges between certain sectors. In her view, the way it is written now indicates that there are no relations with these sectors so far, which is incorrect. She would prefer having "support the bridges" or "continue working on the bridges", for example. She also explained that the fact of ECDC reducing funds devoted to studies like I-MOVE was disappointing. In her view, this is one of the fields where ECDC can make a difference and she would like to see more of this in the coming years. Furthermore, she asked ECDC for more training to be available through e-learning platforms as well as more Rapid Risk Assessments, as they are extremely helpful. Finally, she noted that the reference to health economics was very interesting and that demonstrating the economic aspects of the diseases would be helpful for the Member States.

22. Gérard Krause, Member, Germany, explained that ECDC's activities should focus on those stated in the introductory section of the document. He would prefer that ECDC to focus more on respiratory diseases and less on influenza. Additionally, he suggested ECDC to outsource fewer projects and to use the talent of its staff in science and not in administration work. Furthermore, he agreed with Mike Catchpole on the need for a more structured process to obtain objective feedback on what should be stopped and what should be continued. He also believes that ECDC should work harder on the analysis of the existing data, as recommended by the AF members in several sessions, rather than putting a lot of pressure on molecular surveillance, which will be even harder to implement throughout Europe.

23. Sotirios Tsiodras, Alternate, Greece, noted that the document was comprehensive and that it included all that has been discussed in several AF meetings over the years. From his perspective, health economics is an important issue as well as facilitating communication between countries that share similar challenges.

24. Franz Allerberger, Alternate, Austria, suggested focusing on the activities that give an actual added value to the Member States. He mentioned that ECDC should be able to show that the actions undertaken are beneficial even from the economic side, i.e. value for money.

25. Marianne van der Sande, Member, Netherlands, expressed that ECDC should increase its focus on guidance. Likewise, she stated that ECDC reports should be published in a timely manner and not months after the data have been gathered. She concluded by saying that there is need to invest more in interdisciplinary EPIET fellows.

26. Anders Tegnell, Member, Sweden, mentioned that ECDC should work more on the analysis of the data that is collected through TESSy already before collecting additional information. Similarly, he

[9] Event-based and indicator-based surveillance data are no longer separate entities. Synergistic approaches were developed and criteria were set to switch approaches to the optimal use of resources. Where possible indicator based surveillance is stopped.

advocated for ECDC reports to be published in a timely manner. The future challenges, from his point of view, will be vaccines, migration, evidence-based policy guidance and surveillance.

27. Niki Paphitou, Member, Cyprus, noted that the document is comprehensive and ambitious. However, she is missing some work on clinical guidelines targeting medical doctors. So far, this is a priority of ARHAI, but it would be interesting to have it for the other disease programmes. Additionally, more information about how interventional ECDC can be in different situations, e.g. outbreaks, would be useful, as some of the Member States need a different kind of support.

28. José Calheiros, Member, Portugal, mentioned that ECDC should streamline its requests to the Member States, work more on respiratory diseases other than influenza, be timely with the publication of its reports and request less travelling from its stakeholders. He concluded saying that ECDC could explore the possibility to expand its work in health promotion to eventually include tobacco, alcohol and lifestyles.

29. Kåre Mølbak, Member, Denmark, pointed out that ECDC could work on success stories in the field of AMR and other diseases. He also thinks that ECDC should develop more general surveillance for different respiratory diseases and be more provocative in the vaccines field. From his perspective, it is not good to keep advising the general public to get vaccinated with a bad vaccine; instead, he suggests bringing the debate to a higher level and instigating the development of better vaccines. He also mentioned that ECDC should stop printing so many publications and only make them available on the website.

30. Hanne Nøkleby, Member, Norway, stated that there is need to make the core activities clearer, as it feels like the focus of ECDC's work disappears by trying to cover many areas simultaneously. She suggested ECDC to develop more work on the area of AMR and less on influenza and to work on a better surveillance system. She added that ECDC should try to do more of the work in-house instead of tendering it.

31. Ágnes Hajdu, Alternate, Hungary, suggested that ECDC establish an early evaluation system both for the activities that have been undertaken to date and for those in the strategic plan. In addition, ECDC could have a closer look to surveillance data gathered through TESSy and try to monitor its quality. She also thinks that key reports of ECDC should be published in other EU languages than English; English only publications represent a burden of translation to some countries where English is not widely used among public health professionals. She is satisfied with ECDC's idea to work further on health economy and considers this to be of added value for the countries; any data on this from ECDC could push different stakeholders in the different countries to act.

32. Jan Kynčl, Member, Czech Republic, considers the plan ambitious and questioned its manageability, especially at the Member States level. Taking into consideration that many countries have had staff and budget cuts, he considers many of the activities in the strategic plan unfeasible. He suggested that ECDC work more on the analysis of the data and to avoid duplication of requests to the countries. In addition, he would like to be informed earlier about ECDC's meetings in order to send the appropriate people and to have teleconferences instead of face-to-face meetings when necessary.

33. Kuulo Kutsar, Member, Estonia, recommended that ECDC give some priority to patient safety, AMR, HAI, surveillance and public health capacity. Moreover, he would like ECDC to continue developing scientific support, technical reports and guidelines as well as supporting the countries in the development of their public health systems, when related to infectious diseases.

34. Jean-Claude Desenclos, Member, France, praised ECDC's Rapid Risk Assessments and suggested the Centre to work further in this field as well as surveillance. In his view, invasive mycosys is a growing issue that needs attention, as well as social inequities. In addition, he considers the section on vector-borne diseases to be ambiguous. He would prefer that ECDC keep working on vaccine studies and concentrate efforts on effectiveness and leave out the ones on side effects, as this is the area of another EU agency. Furthermore, attention to unexpected events should also be given and this should be stated in the document. He concluded by asking ECDC to streamline its requests to the Member States.

35. Henrieta Hudečková, Alternate, Slovak Republic, opined that ECDC needs to keep improving the collaboration with the countries and supporting them for example in the field of vaccination programmes. She also mentioned that ECDC should avoid working on molecular surveillance.

36. Guðrún Sigmundsdóttir, Alternate, Iceland, stated that ECDC should discontinue working on HAI PPS since it is time consuming and difficult to sustain. On the contrary, ECDC should concentrate on the electronic collection of data and on guidelines for the countries to be able to set up electronic surveillance systems.

37. Nedret Emiroglu, WHO Regional Office for Europe, stated that they work together with ECDC in many fields and that the collaboration is appreciated. She noted that ECDC should develop some more work on the risk communication area, public health capacity and immunisation. She concluded by saying that administration work should be avoided and more technical work done.

38. Frank Van Loock, European Commission, stated that the general reaction to the document at the EC was positive. His overall comments were as follows:

a) An evaluation of the previous activities is necessary in order to properly advise ECDC on what to keep working on and what to avoid.

b) The work on training and public health capacity should continue as they all have been successful.

c) Preparedness and response needs to be highlighted somehow in the document. The unexpected is a significant part of ECDC's work.

d) ECDC should work on more public health evidence for action, targeting policy makers at EU and national level.

e) The link between epidemiologists and microbiologists needs to be further built.

f) ECDC should keep working on bridging with other disciplines such as entomology. Connections with tropical diseases institutes need to continue as well as work on malaria and dengue.

g) Finally, ECDC needs to pay attention to the requests made to the Member States. The collaboration so far is very good, but the Centre needs to be attentive to the burden placed on the countries as well.

39. All members expressed their wish not to travel as much as they do now for various ECDC meetings.

40. In response to the comment made by Frank Van Loock on the link between epidemiologists and microbiologists, Andrea Ammon, Head of the Resource Management and Coordination Unit, ECDC, said that much has been done since the integration of the networks to ECDC. She added that further evidence could be prepared on how much work has been done so far in this field, if necessary.

41. ECDC Director thanked the AF members for their extremely useful input and added that additional opinions on the document are welcome. He also informed the participants about a new post within the Director's Office pertaining to the streamlining of all requests made to the Member States.

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

Item 9a – Risk assessment on the impact of the environmental usage of triazoles on the development and spread of resistance to medical triazoles in Aspergillus spp. (Document AF32/6)

42. Dominique Monnet, Head of the ARHAI programme, Office of the Chief Scientist, ECDC, updated the AF members on the risk assessment and stated that a consultation process was carried out with EFSA and that the comments of EFSA had been taken into consideration.

43. Darina O'Flanagan indicated that the document was very useful and that it would definitely be used in her country.

44. Franz Allerberger mentioned that the issue was important, however, ECDC should be careful not to invest too much time into this as it does not seem to have a simple solution.

45. Frank Van Loock, European Commission, expressed that he would like to see more balanced information in the risk assessment, including the fact that triazoles and other antifungals are used in agriculture to prevent fungal growth and mycotoxin contamination of foods, and that stopping their use in agriculture could also have consequences for human health.

46. Gérard Krause queried whether this would be the only action for ECDC to take or if goals or objectives based on the risk assessment could be set. Jean-Claude Desenclos stated that this is a starting point and that ECDC should pay more attention to invasive fungal infections that are increasing in France. Anders Tegnell added, in line with the previous comment, that there should be an action plan following this risk assessment in order to start a dialogue with the agriculture sector.

47. Frank Van Loock, European Commission, concluded by saying that ECDC should keep working closely with EFSA and find an appropriate time to raise this issue, involving SANCO as well.

48. The Chair assured that the comments will be taken into consideration.

Item 9b – ECDC strategy to support measles and rubella elimination

49. Pierluigi Lopalco, Head of the VPD programme, Office of the Chief Scientist, ECDC, updated the group on ECDC's strategy to support measles and rubella elimination.[10]

50. Ágnes Hajdu noted that monitoring systems for adverse events after vaccination are in place yet results should be made publicly available to improve trust. It was confirmed that such a system is in place and it was agreed that the information should be easily available.

51. Franz Allerberger stated that it would be better to recommend the vaccines that are really necessary and not all, as this may cause fatigue in the general public. ECDC agreed with this comment and it was added that it was important to focus the messages on the MMR vaccine.

52. Nedret Emiroglu gave a short update on WHO's related activities and mentioned that the 2015 target for measles and rubella elimination will not be achieved and that the next steps will be discussed in September 2013. Pierluigi Lopalco added that there has been joint work with ECDC and that this would keep going in the same way.

Item 9c – Update: ECDC initiative to apply to the IMI call on vaccines (Document AF32/7)

53. Maarit Kokki, Senior Advisor to the Director, ECDC, gave a presentation on the latest developments on ECDC's submission of interest to the Innovative Medicines Initiative (IMI) 7th call for proposals on various topics related to vaccination benefit/risk in Europe.

54. The proposal submitted by the consortium established by ECDC was ranked second. However, an invitation had been received for ECDC to participate in a discussion with the consortium that has the winning proposal.

55. Another possibility which ECDC is looking into is to set up a working group including the Member States, the European Commission, ECDC and EMA in order to look for possible funding mechanisms for the same kind of activities. It was highlighted that ECDC cannot fund them out of its core budget.

56. Gérard Krause expressed his disappointment and advised ECDC to be careful and to manage any conflict of interests if collaborating with the organisations/institutions who will be awarded with the grant. Similar comments were received by Darina O'Flanagan, Jean-Claude Desenclos and Mike Catchpole.

[10] Item 9b – ECDC strategy to support measles and rubella elimination (PL Lopalco)

57. Maarit Kokki replied saying that the project should not cause conflict of interests as the main objective is to build up a governance structure for all stakeholders to work together. Johan Giesecke added that should any conflicts arise, ECDC could always stop participating.

Item 9d – Proposal to revise HIV and Aids surveillance

58. Marita van de Laar, Head of the HASH Programme, Office of the Chief Scientist, ECDC, presented the proposal to revise HIV-AIDS surveillance in Europe.[11]

Item 10 – Epidemic intelligence: update on recent threats in the EU

59. Josep Jansa, Head of Section, Response, Surveillance and Response Support Unit, ECDC, gave a presentation on ECDC's rapid risk assessment on the novel coronavirus.[12]

60. Following the presentation, there were two additional updates: from Gérard Krause (Germany)[13] and from Mike Catchpole (United Kingdom).

61. Angus Nicoll, Head of the Influenza Disease Programme, Office of the Chief Scientist, ECDC, added on the possible scenarios for the development of this disease.

62. Kåre Mølbak stated that he was impressed by the work done by ECDC and explained that it would be very good if some similar work was done for CPE or other important health threats.

Item 6 – ECDC Annual Work Programme 2013

Item 6a – Update since the 26th meeting of the ECDC Management Board (Document AF32/8)

63. ECDC Director presented an update on the ECDC Work Programme for 2013 and asked whether any Members would be able to share their own work programmes with ECDC.[14]

64. Marianne van der Sande noted that it is important to measure and evaluate whether the targets for 2013 will be achieved. ECDC Director assured that the Centre will always examine the impact of its actions.

65. Robert Hemmer enquired about the EU survey on CPE and how the survey will be carried out. It was agreed that further details with regards to this matter will be provided at a later stage.

Item 6b – Update/reminder about the process to include Advisory Forum priorities on Scientific Advice in the ECDC Work Programme

66. Andreas Jansen, Head of Section, Scientific Advice Coordination, Office of the Chief Scientist, ECDC, presented the results of the priority setting framework under IRIS.[15] It was noted that feedback will be requested from the AF via email correspondence.

67. Kåre Mølbak noted that it is important to find out who completed the questionnaire.

68. Fernando Simon asked whether the questionnaire was more about the personal perception of the respondent. He said that unless the questions are evaluated in a country setting, it remains just a personal opinion.

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[11] Item 9d – Revising HIV-AIDS surveillance in Europe (M van de Laar)

[12] Item 10 - hCoV-EMC – ECDC RRA (J Jansa)

[13] Item 10 – Update from Germany (G Krause) (not for distribution)

[14] Item 6a - ECDC WP2013 (M Sprenger)

[15] Item 6b - IRIS results from pilot prioritisation (A Jansen)

69. Darina O'Flanagan asked whether ECDC will send the survey out to different bodies within the country.

70. Andreas Jansen, ECDC, replied that the possibility exists, but at the moment, the plan is just to send it to the Advisory Forum.

Item 11 – Update on long-term strategy on surveillance

71. Andrew Amato, Deputy Head of Surveillance and Response Support Unit, ECDC, presented an update on the long-term surveillance strategy on surveillance.[16]

72. Mike Catchpole brought up issues around data quality. He pointed out that continual change to the data results in an increased burden on the Member States. He also made reference to the thresholds for action, and questioned who is to carry out the action.

73. Jean-Claude Desenclos considered the time-line as being too short. He also added that there does not seem to be a plan for the external evaluation. Additionally, it was thought that the strategy was unclear.

74. Marianne van der Sande stated that she was unclear about event-based surveillance and syndromic surveillance, which is something that they struggle with at her organisation in the Netherlands. She said that ECDC should focus on harvesting what it already possesses.

75. Anders Tegnell said that the actual goals of surveillance should be examined and also the extent to which 'classical' surveillance helps to meet these goals.

76. Darina O'Flanagan pointed out that in some of the previous networks there is disconnect between the input of the surveillance and the expert network. The union of the surveillance outputs and the external network inputs needs to work better.

77. Petri Ruutu noted the importance of considering the constraints in resources, and consolidating and optimising existing systems. He also added that it is vital to exercise caution in regards to syndromic surveillance.

78. Kåre Mølbak pointed out that molecular surveillance and improving output is a good step. It is good that the output will be improved and that an overview of work in neighbouring countries is available. He questioned whether there is a future for surveillance as we perceive it today? The ECDC Director responded that ECDC is discussing a mind-shift in order to approach surveillance in a new way. On his behalf, he questioned what is the best way to stimulate discussion and who should be involved.

79. Jean-Claude Desenclos noted that surveillance practice is evolving everywhere at country or regional level (strategy, methods, new data sources, etc.). There is therefore a strong need for input from the Competent Bodies in the European long-term strategy coordinated by ECDC.

80. Mike Catchpole mentioned that ECDC has a huge opportunity to provide leadership in surveillance whereas the operational role is more limited. He sees ECDC as having the freedom to look at new applications and techniques. He added that further evaluation is needed on what added value Member States, the Commission and ECDC obtain from the work.

81. The AF was assured that ECDC will not change what data is needed more than once a year. It was also noted that some of the objectives may not be reachable by having a passive surveillance system, so ECDC needs to assess whether it needs to keep certain diseases in a passive system. At least 12 diseases can be identified which do not belong under passive surveillance, and may need to be placed instead under event-based surveillance. The evaluation component will be added to the strategy initially and in the mid-term and also an end of the strategy review.

82. Darina O'Flanagan brought up the issue of changing case definitions. In reply, it was stated from the ECDC side the Centre needs to look at case definitions linked to changing practices. It was proposed that the Irish Member can contact Andrew Amato in case there are any further issues related to this matter.

[16] Item 11 - Long-term surveillance strategy 2014-2020 (A Amato)

83. Fernando Simón noted that there are differences between the molecular surveillance and EARSnet, and queried how both systems will be matched.

84. A message was forwarded to the AF on behalf of Angus Nicoll stating that the preparedness in a pandemic working group will meet and thus volunteers from the AF would be more than welcome.

Item 7 – Independence policy and implementing rules on Declarations of Interests (Document AF32/9)

85. Rebecca Trott, Senior Legal Adviser and Head of the Legal and Procurement Section, Resource Management and Coordination Unit, ECDC, presented the ECDC independence policy and implementing rules on Declarations of Interests.[17]

86. Darina O'Flanagan asked when the AF members need to submit their declaration of interest. It was confirmed that annual declarations are required and separate declarations are needed before each meeting, in case there have been changes. It was explained that if an interest is filled in, it does not automatically exclude that individual from participating a meeting, etc. It is for an independent body to decide whether there is a conflict of interest, not for the individual concerned. The system will be based on trust, which it is why it is important to declare all interests.

87. Frank Van Loock, European Commission, stated that the Commission is pleased to see this work being developed and that it is important to consider all the implications.

Item 12 – Final results of point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals

88. Carl Suetens, Senior Expert, Healthcare-associated Infections, Surveillance and Response Support Unit, ECDC, gave a presentation on the final results of the point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals.[18]

89. Guðrún Sigmundsdóttir noted that Iceland was reluctant to participate in the survey because they thought it would be time-consuming, and although it turned out to be, they are happy to have participated and found it helpful. It has been suggested that for the next survey, ECDC could make it possible for hospitals to extract electronic data in order to save time and provide more exact data.

90. Mike Catchpole highlighted that the study is a good example of collaboration and coordination; however, he questioned how it would be used to improve public health.

91. Anders Tegnell said that as a country representative it will cause him some trouble. It is important to state the existing differences in countries represent.

92. In his response, Carl Suetens noted that ECDC must indeed be careful in interpreting the data. The large differences seen in several countries between the observed prevalence of healthcare-associated infections and the expected prevalence based on patient case-mix variables as collected in the survey, largely reflect the many differences in case finding methods and in reporting behaviour, even though the same protocol was used. In the current point prevalence survey, validation according to the ECDC's validation protocol was only performed in five countries. For future surveys, more emphasis should be placed on performing validation studies to assess the sensitivity and specificity of data collection across countries. As regards to electronic data capturing for the next survey, he agreed this would be good, however, electronic surveillance of healthcare-associated infections is currently only possible in a few countries and the HAI-Net contact points asked ECDC to work further on developing guidance in this area. It was queried whether it would be a good idea to have an AF working group discussion on the results and how to communicate these results.

[17] Item 7 - Independence Policy (R Trott)

[18] Item 12 - ECDC PPS of HAI and antimicrobial use (C Suetens)

93. Darina O'Flanagan informed that they published the Irish data and received an letter from an irate relative of someone who had passed away saying there should have been mortality data. Most people think that every case of HAI (healthcare-associated infection) is a case of negligence and we must be careful about how this is communicated. Carl Suetens responded by noting that the mortality in a prevalence setting is not measured; however, he agreed that how the data are communicated is crucial.

Item 14 – Update from the European Commission: Joint Procurement Initiative

94. Jean-Luc Sion, European Commission [presenting via videoconference] gave a presentation on the Joint Procurement Initiative.[19]

95. Gérard Krause asked how optimistic the Commission was in the feasibility of this initiative. In addition, it was questioned when AF members can expect to receive a document to respond to. Jean-Luc Sion, European Commission, stated that the document will be made available on 6 February 2013 to Member States. Following this, it needs to be approved. Once approved, the Commission will be in a position to sign the joint procurement agreement and thereafter sign the tender at the end of 2013.

Item 13 – Update on External Evaluation of ECDC for 2012

96. Andrew Amato, ECDC, updated the AF on the latest developments surrounding the second independent external evaluation of ECDC. The first deliverable was a methodology (inception report) which was presented to the Management Board External Evaluation Steering Committee. The Committee was not able to support the first version of the inception report and thus the tenderer, PricewaterhouseCoopers, was requested, during a face-to-face meeting, to revise the report, based on the comments submitted to them by the Steering Committee. The revised version was thereafter presented to the Steering Committee who had to acknowledge that the main issues brought to the attention of the tenderer during the previous meeting(s) had still not been taken into account, such as lack of senior expertise within public health. During this period, EFSA published the results of their external evaluation, which received much criticism for being too positive. With this event in the background, the Steering Committee recommended to the Management Board to stop the contract and to issue a new tender. This was approved by the Board. Currently, ECDC is in the process of reviewing the tender.

Item 8 – Exploration of future meetings between the Advisory Forum and the National Microbiology Focal Points (NMFPs)

97. The AF was called to express their views on the efficiency and need of future meetings between the AF and the NMFPs.

98. Mike Catchpole stated that the Joint Session during the first day of the meeting did not feel like an interactive meeting. Thus, if it could be more interactive it could also be more useful. It would be better to identify specific issues to discuss and before scheduling meetings.

99. Petri Ruutu from his behalf noted that the Joint Session was not very fruitful. However, more interactive meetings in the past had been quite good.

100. Jan Kyncl agreed that a more concrete discussion would be better. He added that there is not enough time to follow through the 'normal' AF agenda as it is, excluding additional items.

101. The Chair concluded that ECDC has decided to have joint meetings every now and then, but only when there is a need, i.e. such meetings will not be scheduled on a permanent basis.

[19] Item 14 - Update from the European Commission (J-L Sion)

Item 15 – Confirmation of 2013 and 2014 Advisory Forum Meeting dates *(Document AF32/10)*

102. Corinne Skarstedt, Head of Section, Corporate Governance, ECDC, posed to the AF whether there would be an interest in holding an audio conference meeting instead of a face-to-face meeting in December 2013. The aim is to streamline meetings in general, increase participation rates, and to reduce the burden for everyone. Additionally, the December meetings could be focused solely on a few key topics.

103. Petri Ruutu opined that an audio conference without a video link would pose a challenge. In case it has been envisioned to arrange a video conference, it could be an acceptable alternative.

104. Darina O'Flanagan pointed out that it has been disappointing that ECDC has decided that the AF members should make their own travel arrangements as this is difficult to organise, at least for Ireland. Thus, it would be preferred if ECDC could reinstate the previous arrangement where the travel was fully provided by the Centre.

105. Gérard Krause suggested that a computer-assisted audio conference which would allow participants to examine and discuss documents.

106. Frank Van Loock, European Commission, stated that the Commission has experience in managing audio and video conferences. However, there is a limit to how useful such meetings can be. It is not certain whether an audio meeting can replace a physical face-to-face meeting and the interactions which take place. There is also a danger that the discussions could be modified in an audio conference setting. He was not convinced that an audio conference could replace an AF meeting.

107. Franz Allerberger stated that an audio conference is inappropriate for an AF meeting. He also stressed the importance of face-to-face networking opportunities.

108. Jan Kyncl noted that audio conferences are useful for one or two issues to be discussed but not for the types of issues in an AF meeting.

109. The Director of ECDC concluded that there are indeed doubts from the Centre's side as to whether an audio conference could work. He then proposed to try this at the next December meeting in 2013 and to select only a few topics for discussion. Thereafter, ECDC could evaluate how successful such meeting was and whether it would be possible to proceed with such format in the future. With regards to the comment on the travel arrangements, due to the unfortunate situation where the Missions and Meetings Team is completely overloaded, it had been decided to change the arrangements in order to ease this situation. External as well as internal procedures have been revised in order to meet this increased demand. At the moment, it is difficult to modify the new system in place as it is also not useful to have an abundance of administrative staff posts in-house not performing non ECDC core duties.

Item 16 – Any other business

110. There was no other business.

111. The Chair thanked all the participants for the successful and fruitful meeting and wished them a relaxing and pleasant holiday season. The next Advisory Forum meeting shall take place on 20-21 February 2013.