



ECDC Advisory Forum

AF4/Minutes
22 February 2006

**Minutes of the Fourth meeting of the Advisory Forum
Stockholm, 28-29 November 2005**

*(Adopted by the Advisory Forum at its fifth meeting in Stockholm,
21 February 2006)*

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Opening and welcome

1. The Chair, Director Zsuzsanna Jakab, opened the meeting and welcomed the AF members and alternates present (Attendance list enclosed) to the final meeting of the year. She thanked the AF for its support during 2005 and looked forward to the Forum's continuing support in 2006. 2005 had seen a large volume on documents presented to the AF relating to the ECDC's work programme and the start up of the Centre's activities. While 2006 would also be a busy year, there should be more opportunity for the AF to hold some longer debates on scientific issues.

2. The Chair put forward two proposals concerning the organisation of the Forum's work in 2006 and beyond:

- Part of each AF meeting should be given over to a scientific seminar in relation to the Centre's work
- The AF should occasionally hold meetings outside Stockholm if this is well justified.

3. With regard to the first proposal, the Chair noted that ECDC was already exploring with the Karolinska Institute whether it might wish to organise a scientific seminar to coincide with the AF's first meeting of 2006. With regard to the second proposal, the Chair noted that the October meeting of the Management Board was held in Budapest and that this had been very successful. The Management Board had subsequently decided to aim to hold one meeting a year somewhere other than Stockholm. The Chair suggested that AF members and alternates reflect on these proposals and that dinner might present an opportunity to discuss them informally.

4. The Chair announced apologies from Stefan Schreck of DG SANCO, Stefania Salmaso and Giuseppe Ippolito of Italy, Peter Borriello of the UK, and Jana Petrenko and Anna Doboszyńska of the European Patients Organisation. The Chair then welcomed; Ágnes Csohan as the new AF member for Hungary and Ádám Vass as Hungary's new alternate; Marina Conyn-van Spaendonck as the new alternate for the Netherlands.

Adoption of draft agenda

5. The Chair announced that the document on ECDC's role in implementing the new International Health Regulations (IHR) was not being tabled at this AF, as the Centre was still consulting with DG SANCO on this issue. Item 15 would therefore be just a presentation by Johan Giesecke outlining ECDC's current thinking followed by an informal discussion. ECDC's paper on the IHR will be tabled ahead of the next AF and a full debate will take place at that meeting.

6. The Chair also announced that ECDC was still in the process of finalising its work plans for 2006, but that this document would be distributed during the meeting for information and input. Item 4 on the work plans would therefore be put back until the second day of the meeting (29 November).

7. No items were proposed under other items and the agenda was adopted.

Declaration of conflict of interest: new form approved by the Management Board

8. The Chair introduced the new form produced by the Centre's Audit Committee and approved the Management Board in October. The key changes were that it was now an annual

declaration and that the period covered by the declaration was now the preceding 3 years, rather than the preceding 5 years. The Chair asked that, if possible members and alternates complete the form and return it to the secretariat during the course of the meeting. At latest, the form should be completed and returned within the next two weeks.

9. The Chair reminded the AF that the Management Board had decided that copies of all declarations, both for the Board and the AF, should be published on the ECDC's website. The Chair then asked whether any AF members or alternates had any conflicts of interest to declare in relation to items on the agenda of the present meeting.

10. There then followed a discussion of whether the version of the form published on the website would be a scanned copy of the signed original. Several AF members were unwilling to have a copy of their signature posted on the internet. The Chair replied that the information in the declarations was made available without members' signatures being posted on the internet.

11. A discussion also took place as to the extent to which participation in a Dedicated Surveillance Network (DSN) could constitute a conflict of interest when discussing disease surveillance issues. The Chair clarified that running the hub of a DSN constituted a potential conflict which should be declared. Being a national focal point in a DSN did not constitute a conflict. Membership of the steering committee of a DSN could be perceived as a potential conflict and so should be declared. The Chair stressed that a policy of maximum openness was advisable.

12. The following oral declarations were made: Irena Klavs of Slovenia declared her membership of the EuroHIV steering group, Nedret Emiroglu of WHO declared her membership of the steering groups of several DSN, Jean-Claude Desenclos of France declared that his Institute, the InVS, is the hub of the EuroHIV and EuroTB networks and that he chairs ECDC's Surveillance Working Group, Petri Ruutu of Finland declared his membership of the EuroTB steering group. Bernardus Ganter declared WHO's participation in a number of networks and projects funded by the European Commission.

Adoption of minutes of the previous meeting and feedback on decisions

13. The minutes of the third meeting of the Advisory Forum held in September 2005 were adopted with no changes.

14. ECDC Director Mrs Jakab presented the progress made since the last AF meeting. The Management Board (MB) meeting in Budapest in October adopted almost all the documents discussed by the AF in September. In particular

- Rules of procedure for the AF (final version enclosed with meeting documents for November AF)
- Guidelines for Uniform Response
- Surveillance strategy
- Country and external relations strategy
- Supplementary and Amending budget for 2005

15. The Director reported that the MB had welcomed the work being done by ECDC on epidemic intelligence and its internal procedures for responding to Public Health Events. The MB had also held a useful discussion on risk communication, and would hold a further discussion on this subject in December. The MB had not reached agreement on ECDC's

proposed system of scientific panels. The need for the panels had been accepted but certain issues need to be resolved regarding their status: the Founding Regulation precludes the panels becoming permanent structures and this needs to be made clearer in ECDC's proposal. The Chair expected this issue could be resolved at the December MB.

16. The 13-14 December meeting of the MB is expected to approve the ECDC's budget and a work programme for 2006. The Centre should therefore start the New Year with a clear idea of what it is expected to deliver in 2006 and the resources at its disposal to do this.

17. The Director reported progress made on ECDC's strategic partnerships. It had been agreed that the European Parliament's Environment and Public Health (ENVI) Committee would visit the ECDC in Stockholm once a year and that the ECDC Director would travel to Parliament once a year to report on ECDC's activities. The first visit by the ENVI Committee to Stockholm will take place in the spring of 2006 and the Director's first annual report to Parliament will take place in autumn 2006. The ECDC Director attended the Informal Health Council on 20 October, which dealt with "bird flu" and pandemic preparedness. There had been a very useful discussion on how collaboration between the Commission, ECDC and Member States should work if a real Public Health Event occurred. One conclusion ECDC had reached was that before making any major public announcement the Centre should circulate a document to the MB and the AF summarising the key messages it planned to communicate. This is the procedure ECDC had, in fact, followed before publishing its risk assessment on bird flu on 19 October. The Joint Coordination Group bringing together ECDC, WHO Geneva and WHO Copenhagen will hold its first meeting on 1 December in Stockholm. Dr. Marc Danzon from WHO Euro and Dr. Margaret Chan of WHO Geneva will attend. A delegation from the US Centers for Disease Prevention and Control (CDC) visited ECDC in October, following up on the ECDC Director's and the MB Chair's visit to Atlanta this Summer. A Memorandum of Understanding between CDC and ECDC is planned, as are exchanges of staff.

18. The ECDC Director visited Asia this autumn and some of the contacts she made there were followed up at political level by Commissioner Markos Kyprianou during his recent visit to Asia.

19. The ECDC senior management team held a retreat in November, during which it agreed the work programme for 2006. The work programme will be presented as a separate item.

20. The Director introduced Julie Benichou, a new ECDC staff member who works on all issues relating to governance and who will be a key contact point at the Centre for the AF. She also noted that Ben Duncan, ECDC's press spokesman, had taken up post in mid-October. ECDC's risk communication procedures had been tested during the recent peak of media interest in the potential threat to human health posed by the arrival of the Asian strain of H5N1 avian influenza in Europe. ECDC had shared its scientific messages on this subject with the Commission and with Member States before communicating with the media and the Director felt ECDC lived up to the challenge in its communications on this issue.

21. An open call for expression of interest had been held, inviting scientists to put their names forward for the expert panels ECDC plans to create. The deadline for applications was 4 November. ECDC is now examining the applications received.

22. A meeting of the network forum, bringing together representatives of all the DSNs, took place on 15 November. The discussion at this meeting had been very positive and it clarified the positions and the differences in opinion.

23. ECDC had participated in the two EU-wide simulation exercises on smallpox (held 19 and 20 October) and influenza (23 and 24 November).

24. A meeting would be held towards the end of the week (1 and 2 December) to identify training needs for ECDC to support.

Rules of procedure of the Scientific Panels *(oral presentation of the discussion at the Management Board meeting)*

25. Johan Giesecke, ECDC's Chief Scientist, reported on the discussion that took place at the October MB meeting. The European Commission and some other Board members felt the rules of procedure were not sufficiently clear as to the ad hoc and temporary nature of the panels. The Founding Regulation precludes the panels becoming permanent structures and ECDC is revising the rules of procedure to more clearly reflect this. Nonetheless, ECDC's planned structure of having six panels, each covering one of the broad disease groups set out in the Annex of Decision 2119/98, remains. They would be set up in parallel to the ECDC's work on these priority issues. Each panel would be appointed for a period of 3 years and be composed of 11 members. The panels would have a double role: answering specific questions addressed to them on an ad hoc basis, and keeping ECDC informed of the latest science in their area of expertise on an ongoing basis. The panels will meet twice a year.

26. Following the call for expressions of interest ECDC received around 300 applications. Applications were received from candidates in all Member States other than Latvia, Liechtenstein and Iceland. In addition, a number of candidates applied from third countries including the US and the United Arab Emirates.

27. Following the screening exercise, the applicants will form a roster from which the six panels will be drawn. Scientists on this roster but not selected as panel members will still be an important additional resources for ECDC. For example, in an area such as respiratory diseases it will not be possible to cover every disease with an 11 person panel. This being the case, experts from outside the panel will need to be called on from time to time in their individual capacity and the roster will also serve this purpose.

28. During the subsequent discussion AF members asked when they would receive the names of candidates ECDC intended to put on the roster of "ECDC scientists". The ECDC Director replied the lists should be available in late December and or in early 2006. The Director undertook that AF members would receive information on this issue before any official letters were sent to candidates by ECDC.

29. There was also a discussion on the circumstances under which scientists from third countries could be appointed to panels. The Director stated ECDC had checked the situation with the Commission and that apparently third country panel members could be appointed. Nonetheless, his option would only be considered if they were better than the European candidates and brought an added value.

30. In response to questions, Johan Giesecke stated that a panel member who consistently did not turn up for meetings could be replaced while the ECDC Director made clear that further open calls for expressions of interest would be held every 2 or 3 years. One could even consider keeping the call open on a permanent basis. WHO raised the issue of coordination between ECDC panels and those run by it and other UN bodies. The ECDC Director said this would be discussed bilaterally with WHO.

Guidelines to promote a uniform response to communicable diseases: list of priorities; guidelines for poultry workers' protection

31. Johan Giesecke outlined the criteria that had been agreed by the Science Working Group that morning for identifying priorities for ECDC guidelines. A combination of one or more of the following could mark out an area as a priority:

- Public health importance
- Significant differences in policy between Member States (this criterion would not apply if there were a sound epidemiological reason for differences in national policies)
- Differences in policy causing problems for Member States
- Existing international guidelines are weak, or not appropriate for EU
- There is a demand for ECDC guidelines in this area from a large number of national epidemiologists
- A large amount of work needs to be done in order to develop guidelines, and it makes sense to do this work at EU level rather than nationally.

32. In each instance, however, there should be a clear EU level added value in developing guidelines.

33. By applying these guidelines ECDC had come up with the following list of immediate priority areas for the development of guidelines:

- Use of face masks as a protection measure against influenza
- Best practice on disease surveillance
- Implementation of the International Health Regulations
- Chlamydia screening
- HIV screening in healthcare
- Use of post-exposure prophylaxis against HIV

34. The first three areas are linked to priorities in ECDC's work programme while the latter three areas were chosen as areas where practice differs significantly across Europe for no apparent epidemiological reason.

35. During subsequent discussions the link between the work undertaken by Andrea Ammon's unit and the surveillance guidelines was acknowledged, as was the importance of the role of WHO in discussion on how to implement the IHR.

Guidelines on the protection of poultry workers from H5N1 avian influenza

36. Johan Giesecke presented the latest draft of the guidelines, which are due to be presented to a joint meeting of Chief Veterinary Officers and Chief Medical Officers on 12 December. Reference is now made to guidelines and principles developed by the EU's Occupational Health and Safety Agency, the list of at risk groups has been further developed, as has the guidance of prophylactic use of antivirals.

37. Issues raised in the subsequent discussion included the possible use of H5N1 vaccine to protect cullers, the dangers of taking antivirals on a long term basis and whether vinyl gloves are suitable as protective clothing.

38. ECDC undertook to re-examine the wording relating to prophylaxis and vinyl gloves and a new version of the guidelines will be circulated to the AF before Christmas.

Antimicrobial Resistance (AMR)

39. Peet Tull presented the paper *Framework for an ECDC Project on Antimicrobial Resistance* (AF4/10/10). Though both WHO and DG SANCO have developed policy on antimicrobial resistance (AMR), implementation of good practice varies across the EU. The project would drive forward progress on AMR by coordinating relevant surveillance activities, building up a website, giving information to the public, conducting country visits and developing a self-assessment tool for countries to apply to their AMR activities.

40. While all AF members agreed that AMR is an important public health issue some thought the project might be too ambitious in view of ECDC's limited means. Issues raised included the link to vaccination policy, the need for surveillance data and research to be put to practical use and a request for ECDC to consider issuing advice to Member States on how to create outcome league tables on MRSA and other hospital acquired infections.

41. Peet Tull in his reply considered that ECDC guidelines on MRSA would be difficult to produce given the situation varies so much between Member States. Andrea Ammon stated there are certain gaps in AMR surveillance that it would be useful to close. Johan Giesecke reminded the AF that one of the scientific panels being established would focus on AMR.

42. The ECDC Director concluded there was a need to take stock of national AMR plans and for a step by step approach to improving our knowledge of AMR: ECDC would start with a scientific panel and see what more might be needed.

External relations and country strategy

43. The ECDC Director presented the paper *External Relations and Framework for a Country Strategy* (AF4/7/7). In principle the Director is the main focus of the Centre's external relations. Key partners for the Centre are listed in the paper and include the EU Institutions (Commission, Council, Parliament, and other EU agencies), Member States,, learned societies, NGOs and the WHO. The AF was asked if any important counterparts were missing from this list, and how the relations should be taken forward.

44. The AF proposed a number of additional counterparts: UNAIDS, Global Alliance of Vaccines and Immunisation, officials in SANCO running the Rapid Alert System on Food and Feed (RASFF), IUATLD.

Country focal points:

45. It is important to get this issue right from the beginning. The decisive role on this lies with the Management Board. It is important to agree on a list of active counterparts within the Member States which would enable the ECDC to work directly with the national public health experts on technical and scientific issues rather than going via the health ministry. National sensitivities would need to be taken into account. However, it was important to make a distinction between seeking an official view of a Member State and seeking the expert opinion of an individual scientist (which should come direct from the scientist). The Director will reflect on how to get the representation right and submit the proposals to the next meeting of the MB.

Follow up actions on surveillance

46. Andrea Ammon reported on the follow up actions taken on disease surveillance in the following areas:

- Standardization of Operating Procedures of the networks and case definitions
- Evaluation of the surveillance networks (see *Proposal for the evaluations and assessment of the surveillance networks* (AF4/11/17))
- Revision of the case definitions (see *EU case definitions for reporting communicable diseases to the Community network: revision process* (AF4/11/15))
- Agreement with Networks for integrated operation
- Agreement with Member States (see *Agreement with Member States on data transmission and access* (AF4/11/18))
- Annual report 2006

47. Discussion focused on the practicalities of ECDC taking over the responsibility for the surveillance and DSNs procedures for the evaluation of DSNs, who could conclude surveillance agreements on behalf of Member States, updating of the case definitions, and the system for producing the Annual report for 2006.

48. On the whole the AF's support was expressed for these activities. Some members of the AF voiced the concern of some members of the Network Forum to the envisaged integrated approach.

The role of ECDC in public health crisis

49. Denis Coulombier presented the paper *Role of ECDC in Public Health Crisis* (AF4/13/11). He also gave an oral report on ECDC's experience of Exercise Common Ground, the EU pandemic influenza simulation exercise held on 23 and 24 November. The interaction between ECDC, the Commission and other players had generally worked well. Some operational issues identified in the October smallpox exercise persisted in the influenza exercise, in particular the problem of information overload on the EWRS systems: teleconferencing had, however, worked better in this exercise than the previous one. Denis Coulombier concluded that the exercise had been very positive for ECDC and that it had been well organised and realistic.

50. The possibility of organising further exercises should be examined. ECDC has included provision for a simulation exercise in its 2006 work programme, though this will be smaller scale than Exercise Common Ground. The AF deferred its discussion of this item to the following morning.

51. The AF then discussed the report given by Denis Coulombier on Exercise Common Ground and the paper on the *Role of ECDC in Public Health Crisis* (AF4/13/11). Issues raised included the need for coordination with food risk managers on food borne diseases, whether EWRS is a suitable communication tool during a crisis – and if not, what other options should be considered, the type of PHEs for which ECDC should have preparedness plans, whether it is really possible to split risk assessment from risk management, liaison between ECDC and national officials conducting risk assessments, risk communication during crises, and the role of ECDC in summarising information received from Member States.

52. Replying to these points Denis Coulombier acknowledged the need for ECDC to coordinate with EFSA and said this is already happening. ECDC is examining various options for IT systems that could supplement EWRS in certain areas, such as risk assessment, as well as looking at crisis management software. ECDC is able to initiate preparedness planning on its own but it is better to develop plans in partnership with the Commission and Member States so that risk management issues can be properly addressed.

Standard Operating Procedures for the mobilisation of outbreak assistance teams

53. Denis Coulombier presented the paper *ECDC Standard Operating Procedures for the Mobilization of Outbreak Assistance Teams (OAT)* (AF4/13/12). The creation of OATs is explicitly foreseen in ECDC's Founding Regulation. They will be drawn from officials working in national public health institutes, the DSNs and ECDC and dispatched at the request of the country affected by an outbreak. Unless the OAT is being assembled under the auspices of WHO, ECDC will pay all mobilising costs including travel, hotels and insurance. The Centre will also supply team members with basic equipment such as telephones and laptops. The salary expenses of team members from national institutes would, however, continue to be paid by their home organisation.

54. During discussion of this item issues raised by the AF included: the skill mix for OATs (skills such as situation analysis are needed as well as epidemiology), the size of the team, the possibility to use an OAT as a training opportunity, the procedure for asking Member States for experts, the criteria for deciding when to accept a request to send an OAT and how to handle competing requests, sending OATs when an event touched more than one country but was not truly multi-country.

55. Denis Coulombier clarified that an OAT could be between 1 and 5 people, that requests to use an OAT as a training opportunity could be considered and that an OAT could be dispatched to assist with an event touching a limited group of countries.

Progress report on Influenza

56. Angus Nicoll presented the paper AF4/14/19 and reported on recent developments relating to influenza, including his visit to China as part of the WHO team investigating human cases of H5N1 avian influenza. Professor Nicoll asked the AF a number of questions including: "What are the key learning points from Exercise Common Ground?" and "What topics should be covered at the ECDC/EC/WHO Influenza Workshop in spring 2006?"

57. AF members stressed the importance of examining non-pharmaceutical interventions against a pandemic, and proposed this as a topic for the spring 2006 workshop. The importance of non-pharmaceutical interventions was seen as one of the lessons from Common Ground. Examining the impact of a pandemic in settings such as old people's homes and prisons was raised as an issue. Several AF members wanted a discussion of mathematical modelling of the impact of public health measures at the workshop. Some suggested ECDC should have an in-house modelling capacity that could be built from collaboration with European modelling group on infectious diseases. There was also a call for ECDC to develop proposals on additional surveillance tools that member States should develop to be better prepared for a pandemic (real time surveillance of severity of influenza, and of influenza death). Since several Member States have developed experience on this topic in last few years, ECDC should built on this experience and translate it to other MS.

58. Andrea Ammon replied that surveillance during a pandemic will be discussed in a working group between ECDC, Member States and EISS. There was no provision for recruitment of a modelling expert in ECDC's establishment plan for 2006, but this could be looked at for 2007.

HIV, AIDS and other sexually-transmitted and blood-borne infections

59. Angus Nicoll presented the paper *HIV, AIDS and other sexually transmitted and blood-borne infections* (AF4/9/9). Professor Nicoll asked the AF whether it supported the approach of linking HIV/AIDS, STIs and blood borne infections. He also asked what impact the Dublin Declaration and the Vilnius Declaration on AIDS in Europe had had in their countries.

60. Several members strongly supported the approach of linking HIV/AIDS to STIs and blood-borne infections. No members objected to this approach. While others preferred the term triangulation of HIV and STI surveillance data and indicated that HCV and HBV surveillance had not exactly the same objectives and scope (HBV and vaccine, HCV not transmitted through sexual contact...) than HIV surveillance and this should be kept in mind. However, within HIV surveillance the surveillance of dual HIV and HCV infection is of particular importance.

61. The AF generally welcomed ECDC actions on this issue, and also suggesting country visits to audit what had been done to implement the Vilnius Declaration.

62. The representative of the Standing Committee of European Doctors (CPME) stated he would send his organisation's position paper on HIV/AIDS to ECDC for distribution to AF members.

Weekly epidemiologic report

63. Karl Ekdahl presented the ECDC's position paper on its Weekly epidemiological report (Document AF4/8/8). The ECDC weekly report will be produced in collaboration with *Eurosurveillance* and its weekly release. This partnership took an important step forward at the meeting of the *Eurosurveillance* Editorial Board, held in Stockholm on 17 November. ECDC will take over *Eurosurveillance* monthly release in 2007. Its long term vision is that *Eurosurveillance* monthly should compete with *Emerging Infectious Diseases*. Karl Ekdahl asked the AF for views on how *Eurosurveillance* should be developed.

64. The AF congratulated ECDC on its alliance with *Eurosurveillance*. The timely nature of *Eurosurveillance* weekly was appreciated by several speakers, who warned against developments that might make the weekly a less up to date source of information. Ideas for improvement included the inclusion of ECDC comments in response to articles and inclusion of more data from DSNs such as the Basic Surveillance Network (BSN).

65. Karl Ekdahl acknowledged that the timely nature of *Eurosurveillance* was a strength. However, enhancing its scientific credibility in order to attract good articles was also important. ECDC comments to articles are being considered as a new feature, but a way will have to be found to produce and validate these quickly. The email format of *Eurosurveillance* weekly does not allow for tables of data, however links could be inserted to surveillance tables on the ECDC (and other) websites.

Framework for the project on Vaccine-preventable diseases

66. Pierluigi Lopalco presented the paper *Framework for an ECDC Project on Vaccine Preventable Disease* (AF4/6/6). The paper envisages ECDC supporting a process of convergence between national vaccination policies, and in particular identifies the need for:

- an effective adverse reaction surveillance system
- development of a common policy for the introduction of new vaccines in the national child vaccination schedules

- a process to harmonise EU childhood vaccination schedules

67. Pierluigi Lopalco pointed out that there are about 20 different schedules for DTP vaccination across the EU 25. While it may be difficult to harmonise schedules completely an EU-wide recommended vaccine schedule was a goal worth aiming for.

68. Several AF members warned that harmonisation of vaccine schedules was not a realistic goal. Others were interested in having information from ECDC about other countries' vaccination schedules and technical support in analysing and developing the evidence base for vaccination policy. The idea of ECDC trying to foster a common approach to the introduction of new vaccines seemed to have more support than ECDC initiatives to foster convergence of schedules for existing vaccines.

69. The AF generally felt ECDC could play a useful role in identifying good practice. Support on risk communication, particularly in countering scares and misinformation about vaccines, was also seen as a valuable role for ECDC.

70. WHO reminded the AF of the work it does on vaccination policy and suggested a WHO/ECDC working group on vaccines might be a way forward. ECDC Director agreed to coordinate closely with WHO the activities of the ECDC on vaccine- preventable diseases.

International Health Regulations

71. Johan Giesecke gave an oral presentation of ECDC proposals on implementation of the IHR in Europe. A key goal of these proposals is to make the systems for Member States new reporting obligations under the IHR compatible with the existing systems for reporting outbreaks to the EU. For example, making EWRS a platform for reporting to WHO as well as the EU.

72. A short informal discussion was held on this point. A fuller discussion will be held at the next AF, when ECDC will present its policy paper on this topic.

Any other business

73. ECDC's work programme was circulated to the AF. The Chair pointed out that this was an issues for the MB to discuss and approve but she proposed that members read it and let her know if any important issues were missing..

74. Proposed dates for the AF meetings in 2006 were presented and agreed upon. A short discussion took place about whether the working groups would continue in 2006. The Director said that these working groups were very useful for the Centre and suggested to continue with them in 2006. It was so agreed.

75. It was also agreed to complement the upcoming AF meetings with scientific seminars. Visits outside the HQ of ECDC would only be organized if it added value to the work.

76. At the request of AF members, the Director agreed to find location for the AF where the members can sit around the table and see each other.
