ECDC Advisory Forum

Minutes of the Seventieth meeting of the ECDC Advisory Forum

Stockholm, 20-21 September 2022

Contents

Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 70th meeting of the Advisory Forum which was taking place both in person and via videoconference.

2. Mike Catchpole, Chief Scientist, ECDC, welcomed the participants to the meeting, noting that apologies had been received from Austria, Finland, Ireland, Malta, the European Institute of Women's Health, and the European Public Health Association (EUPHA). He welcomed Dirk Meusel from the European Commission (DG SANTE) and Gudrun Aspelund, attending for the first time as the newly appointed alternate for Iceland. He pointed out that the focus of the meeting would be on ECDC's work plan and priorities for the years ahead and for the first time in two years COVID-19 would not be on the agenda.

3. There were no conflicts of interest declared.

4. The draft programme was adopted with no changes and the draft minutes of the 69th Advisory Forum were adopted with no comments or requests for change.

IRIS consultation exercise - implementation of the Joint Strategy Meeting discussion (2023–2025)

5. Barbara Albiger, Principal Expert Scientific Quality, Scientific Methods and Standards Unit, ECDC, introduced the exercise and provided a short explanation of the principles and process.

Barbara Albiger asked the AF members on whether they prioritise their actions at their institutions, and whether it was occurring under a formalised prioritisation framework using Slido. On the first question, most AF members (94%) answered that they do prioritise their actions in their institutions, but only one third (35%) answered that they have a formalised framework in place to support the prioritisation.

Work Package A: 'Never again: the imperative need to strengthen EU and Member State surveillance?'

6. Bruno Ciancio, Head of Surveillance Section, Public Health Functions Unit, ECDC, gave a short presentation of the proposal under Working Package A: 'Never again: the imperative need to strengthen EU and Member State surveillance.' This was followed by live polling and discussions.

7. Irena Klavs, AF Member, Slovenia, asked whether her country could have observer status in ECDC's SARI consortium in order to stay up-to-date with methodologies (since they were planning to pilot the digitalisation of SARI surveillance).

8. Bruno Ciancio confirmed that it was possible to participate as an observer but that it was also possible to join the project at any time on a yearly basis, with the next opportunity in March 2023.

9. Bruno Coignard, AF Member, France, asked which specific French consortium he was referring to under the European Health Data Space (EHDS).

10. Bruno Ciancio replied that this consortium was a private entity in France that had been awarded a Commission contract in July 2022. The consortium consisted of different networks of researchers, ECDC, EMA and a number of Member States. The data being made available came from cancer registries, antimicrobial resistance databases and other sources, and the idea was to determine the technical requirements for these databases to be able to communicate with one another. This project, which was not related to the ECDC framework contract on eHealth surveillance, was focussing very much on the technical, IT elements to ensure data exchanges between countries.

11. Birgitta Lesko, AF Alternate, Sweden, referring to some of the elements under Work Package A, asked how it would be possible to guarantee that there would not be duplications of systems with HERA.

12. Bruno Ciancio replied that ECDC was having weekly discussions with HERA on this issue, including the adoption of a memorandum of understanding between the two institutions. The focus of HERA's platform is epidemic intelligence for medical countermeasures, therefore ECDC would share epidemic intelligence data and surveillance data to enable HERA to assess the need for medical countermeasures. Meanwhile HERA would collect data on medical countermeasures for infectious diseases and on other public health issues beyond the scope of communicable diseases. However, he pointed out that HERA's system did not yet exist.

13. Mike Catchpole, Chief Scientist, ECDC, pointed out that although ECDC was in dialogue with HERA and had observer status on its board, it was still important that Member State representatives on HERA's board continued to emphasise the importance of avoiding unnecessary duplication.

14. Irena Klavs, AF Member, Slovenia, said that in Slovenia only SARS COV-2 test results were currently reported to the central data registry and obviously it was necessary to expand this to other infections. She therefore asked whether ECDC was planning to develop and maintain a standardised system for microbiology test coding and prepare algorithms to extract the data for surveillance purposes as this would be very useful.

15. Bruno Coignard, AF Member, France, said that in his country they also had a national database for SARS CoV-2 testing which was to be expanded from 2023 so that other laboratory results could be incorporated. Although it was a long-term project that had just begun, the ambition was to eventually have a national registry of all microbiology results from laboratories. He therefore supported the request by Slovenia for standards as this would be one of the main areas of development in the future.

16. Bruno Ciancio said that this was an area of activity under discussion for ECDC's Work Programme 2023. Even before COVID-19, it was expected that several Member States would be able to share laboratory detections in a more frequent manner than full notifications and this would allow for addressing a number of surveillance objectives for some diseases, including trend monitoring and outbreak detection. This was included as one activity under the long-term surveillance framework and ECDC will start working on this in in 2023.

17. Henrik Ullum, AF Member, Denmark, said that in Denmark they have a nationwide microbiology database, a vaccine database and a database on clinical diagnosis and procedures. He pointed out that it was important to begin with the foundations and work upwards as European-level data would only be strong if it was based on strong national systems.

18. Osamah Hamouda, AF Member, Germany, said that the term integrated surveillance needed to be defined. In Germany they were extracting data from laboratory databases using the FHIR standard and they had already done a great deal of work in defining which laboratory-coded items were extractable for communicable disease surveillance. He agreed with the AF Member from Denmark that it was necessary to integrate as early on as possible and have a common standard to build on.

19. Jaap van Dissel, AF Member, Netherlands, said that in the Netherlands there were 90 microbiology labs and, with the exception of 10, they were all linked. However, the two main problems in the Netherlands were the reluctance of the labs to share what was considered to be commercial information and the issue of confidentiality as the country had very strict data privacy laws.

20. Henrik Ullum said that the GDPR rules in Denmark were also strict and taken very seriously, but the laboratories had been told that they had to provide the data for national surveillance.

21. Bruno Coignard said that he was concerned about the expression 'real time surveillance' and would prefer 'timely surveillance' instead. It was necessary to have time to analyse, interpret and validate data which was why it could be dangerous to use the expression 'real-time surveillance'.

22. Mike Catchpole noted that there was a strong message coming through about standards which was a challenging issue, involving a huge investment, when integrating data.

23. Bruno Ciancio suggested that this activity could be included in EU4Health 2023-24. Although there was no budget at ECDC to support Member States working in this area, it could be relevant enough to be an element of the joint action by the Commission. He agreed that it was necessary properly define terms such as 'real time' and 'integrated' and focus more on the quality of data required for achieving the intended public health objectives.

24. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, agreed with the comments on terminology and pointed out that it was important to pass this message on to the Commission.

25. Koen Blot, AF Alternate, Belgium, agreed with the previous comments on the difficulties of setting up national level systems. In Belgium when attempting to automatise extraction of laboratory data to have an interoperable system for vaccine registries at federal level, the two main limitations were getting everyone onboard using the same systems and GDPR limitations/privacy laws making it difficult to obtain the necessary information.

26. The AF Members were polled on the question 'Is the set of proposed actions appropriate to achieve the strategic objectives resulting from the discussion of the JSM Working Group A?' The majority voted for: '4. Is supported with minor changes.'

27. Mike Catchpole asked the participants to comment on areas which needed more emphasis.

28. Osamah Hamouda said that more specification was required – there needed to be more focus on specific actions, described in more detail and defined more clearly.

29. Irena Klavs asked whether countries with experience of surveillance using microbiological data from laboratories could share with those countries just starting out.

30. Henrik Ullum suggested that there should be much more focus on work in countries and ensuring that national surveillance systems were working before undertaking further construction.

31. Gudrun Aspelund, AF Alternate, Iceland, echoed the comment by the AF Member for Denmark and pointed out that Iceland still needed to strengthen its national databases, improve its surveillance and figure out how to approach sequencing (i.e. national capacity building) before it could move to the next level.

32. Birgitta Lesko, AF Alternate, Sweden, supported what had been said by her colleagues from Scandinavia. She also felt that it was important for the countries to have a say in decisions on standards and this needed to be agreed upon during the discussion stages if it was to work.

33. Vicky Lefevre said that the Agency was in dialogue with the NFPs on microbiology on the issue of standards and would discuss at an upcoming meeting.

Work Package B: 'Addressing the silent 'P' in ECDC'

34. Piotr Kramarz, Deputy Head of Unit/Deputy Chief Scientist, Disease Programmes Unit, ECDC, gave a short presentation to introduce the work package.

35. Birgitta Lesko, AF Alternate, Sweden asked about collaboration between WHO and ECDC on behavioural insights in relation to vaccination for hard-to-reach groups.

36. Bruno Coignard, AF Member, France, was interested in finding out more about integrating social inequality into surveillance systems because such factors needed to be taken into account.

37. Henrik Ullum, AF Member, Denmark, said that in light of the situation faced during the COVID-19 pandemic with social-media-driven communication and misinformation, it had become clear that the scientific literature behind some of the interventions applied was weak and this had had a negative effect on the communication process. It was therefore important to strengthen social science research.

38. Piotr Kramarz agreed that the situation had been difficult, with some measures being introduced without strong evidence and that this was a challenge that needed to be considered for the future. With regard to social inequalities, although not included in surveillance, it was being addressed in the guidance/scientific advice that ECDC published.

39. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, said that the surveillance data collected by ECDC was objective-driven and did not include variables covering social inequalities. However, information on sexual orientation for instance, had been included for monkeypox as this was an important element of the surveillance for the current outbreak, even though this was not part of the standard data collected through infectious disease surveillance.

40. Piotr Kramarz noted that for many diseases there was a variable on whether cases were foreign-born and this was helpful for migrant groups. Data for this variable was quite good for some diseases, such as TB, but not so complete for others. In the past, the US CDC had tried to tackle the issue through geocoding by taking surveillance data and looking at the average socioeconomic status, however this was more research than surveillance.

41. Bruno Coignard pointed out that in France they were using geocoding to try to correlate inequalities so it was not always a question of integrating new variables into datasets and there were other approaches that could be used. With monkeypox they were currently having difficulties identifying sex workers in their surveillance data and this was a population that they wanted to reach. Therefore dedicated surveys were needed to estimate the burden of disease in this population.

42. John Kinsman, Expert Social and Behaviour Change, Disease Programmes Unit, ECDC, answering the question on collaboration between ECDC and WHO on behavioural insights, confirmed that the Agency was working closely with Katrine Habersaat and her team at WHO's Regional Office for Europe in Copenhagen and this dialogue ensured that there would not be any duplication. With regard to surveillance, during the pandemic, WHO's Regional Office for Europe had facilitated the development and running of the COSMO study (survey tool developed by WHO Regional Office for Europe and the University of Erfurt in Germany) implemented sequentially and cross-sectionally in 33 countries of the European Region. This was a very helpful tool for understanding trends in prevention and treatment-seeking behaviours, as well as knowledge of the virus and attitudes towards vaccination. However, although the tool was very good, it was expensive and required in-country capacity to analyse and present the information to decision-makers in a way that was actionable. During the post-acute phase of the pandemic, it has still been necessary to investigate behaviour in a sustainable way and ensure that resources have been available for this. ECDC will be supporting MS in this through the development and facilitation of a community of practice of prevention actors as well as people working in the social and behavioural sciences in the coming years. With regard to the comment by the AF Member for Denmark on the weak evidence base, he agreed that behavioural interventions were difficult to evaluate, and when they were based on less robust evidence it was extremely difficult to sell them to decision-makers. This issue was high on the list of ECDC's priorities and was being discussed with WHO's Regional Office for Europe.

43. Andrea Ammon, Director, ECDC, referring to the integration of social determinants of inequalities into surveillance data, said that it was important to investigate whether this information had already been collected somewhere and to try and link to it instead of further burdening surveillance with new variables. One way was to engage with communities, as had been the case recently with MSM groups during the monkeypox outbreak. WHO has also placed behavioural studies high on its agenda and WHO colleagues were very pleased with the ongoing collaboration with ECDC. With regard to evidence, she pointed out that there would aways be situations where there was no evidence available and politicians would ask public health experts what to do, which was why it was so important to look for alternative solutions.

44. Isabel de la Fuente Garcia, AF Member, Luxembourg, asked whether ECDC had considered a way in which to quantify the impact of actions and interventions regarding vaccination, as this could be helpful in convincing policy makers.

45. Piotr Kramarz said that there was a scarcity of evidence on this issue (one article published in Eurosurveillance estimating the number of deaths prevented due to vaccination and the results of a WHO survey on the number of deaths prevented due to vaccination). Moreover, it would be very difficult to single out the effect of individual actions.

46. Mike Catchpole, Chief Scientist, ECDC, said that ECDC's modellers had made available a tool which linked to published evidence on COVID-19 and looked at the probabilities associated with starting/stopping interventions.

47. Koen Blot, AF Alternate, Belgium, echoed previous comments on the link between preventive measures and surveillance. In Belgium during the COVID-19 pandemic it had been possible to link patient-level infection data with socio economic databases which were already nationally available. They were now exploring the possibility of expanding this to other infectious diseases. He suggested that a possible focus for the work package could be what to do with information to help guide the direction of preventive measures.

48. Mike Catchpole said that ECDC had recently been working with the European Foundation for the Improvement of Living and Working Conditions (Eurofound). The agency had done a series of surveys on EU citizens looking at work-life balance and it had examined ECDC's database of national interventions to try and assess their impact. The impact of interventions on quality of life would increasingly be a part of the debate in the future.

49. Carlos Matias Dias, AF Member, Portugal, asked whether ECDC planned to map existing national programmes for prevention and whether this included public measures taken at national level and other measures taken at local level too. He also wondered whether it was a good idea to map existing evidence of impact given that the preventive strategies for COVID-19 were different across Europe. He felt that the action package was quite general and one of the ways to ensure more focussed activities and clearer targets would be to concentrate on measures taken at national level and others in specific social groups or segments (e.g. school settings).

50. Jaap van Dissel, AF Member, the Netherlands, said that in the Netherlands there was strong support for behavioural research and the public health agency had had a group working in this area since the start of the COVID-19 outbreak which had been very useful. With regard to infodemics, he suggested that instead of trying to counter them by debunking myths on the internet, challenging the distribution process, etc., it might be more useful to make the spread of misinformation a 'criminal' offence.

51. Piotr Kramarz thanked the participants for their feedback. With regard to mapping, he noted that at present this was only being done in a few countries and, in many countries, if information was available on prevention it was for all diseases and not specific areas. This was a very preliminary phase and an abstract area which was possibly why the package appeared vague. This area was part of ECDC's new mandate but still not completely defined. It was necessary to begin by considering methodology, yes, although he liked the suggestion of also trying to focus on specific groups and segments. With regard to evaluation, this would depend on Member State monitoring. One current theory for looking at impact was for ECDC to build on its experience from HIV and the monitoring of the Dublin Declaration agreement. Referring to the comments on infodemics and misinformation, he pointed out that ECDC was trying to find a balance and that, in addition to debunking, there was also the possibility for 'prebunking' – priming people so that they knew how to react when they saw misinformation and would know that it was false.

52. John Kinsman said that when talking about an infodemic, it was important to distinguish conceptually between disinformation (shared wilfully with intent) and misinformation (shared innocently). Although ECDC was not in a position to go against a source of misinformation, it could target the actual misinformation itself by promoting health literacy, 'prebunking' and debunking by employing a systematic approach to addressing misinformation.

53. The AF Members were polled on the question 'Is the set of proposed actions appropriate to achieve the strategic objectives resulting from the discussion of the JSM Working Group B?' The majority voted for: '4. Is supported with minor changes'.

Work Package C: 'EU standards for emergency preparedness?

54. Thomas Hofmann, Head of Section, Emergency Preparedness and Response Support, Public Health Functions, ECDC, gave a short presentation to clarify the proposed Work Package C.

55. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, said that with this work package they had stayed close to the text of the new mandate and the regulation on serious cross-border threats to health (SCBTH) because these activities were closely linked to the work of the Commission and the Health Security Committee. The Commission would set up a Health Security Committee Working Group which would look at the Article 7 (of the SCBTH) Preparedness Survey. In addition, the assessment methodology, the EU framework and the Union preparedness plan would be drawn up in close collaboration with the Health Security Committee and the Member States and would need to be endorsed by the Health Security Committee.

56. The floor was opened for comments.

57. Jaap van Dissel, AF Member, the Netherlands, pointed that out that some of the objectives in the Work Package list had actually been achieved informally during the COVID-19 outbreak. For example, small groups of countries had been having regular informal meetings online to discuss COVID-19 developments. Obviously, this was more difficult to do at European level and the context in the countries varied considerably but it was worth considering as it was very useful.

58. Henrik Ullum, AF Member, Denmark, asked for more information on the interface with HERA and also on internal preparedness planning at ECDC.

59. Carlos Matias Dias, AF Member, Portugal, asked whether implementation at local level would be specifically addressed at workshops/meetings and whether there were any tools to promote this.

60. Thomas Hofmann, responding to the comment by the AF Member for the Netherlands, said that during an outbreak the key was to be fast and responsive and this ability could not be replaced by something institutional. With regard to the fostering of informal information exchanges, he suggested that ECDC might have a role to play in determining who should be available for these (e.g. research questions, convening groups of 4-5 countries to work on a research topic). Responding to the question on interfacing with HERA, he confirmed that ECDC was in regular contact with the agency but that there was a great deal more to be discussed in detail. With regard to ECDC's internal preparedness plan, he confirmed that a 'lessons learned' exercise had been carried out which had identified areas of internal preparedness that could be improved. Responding to the question by the AF Member for Portugal on work at the local level, he pointed out that ECDC's mandate involved working at the national level, although some the work carried out was also relevant at local level (e.g. training which was often requested).

61. Andrea Ammon, Director, ECDC, said that in order to highlight the added value of fostering exchanges, ECDC had been having regular meetings with the countries neighbouring Ukraine since February. During these meetings, the countries had exchanged experiences which had been mutually beneficial for all. Referring to HERA, she explained that ECDC was in the final stages of drawing up a Memorandum of Understanding with the Agency and that the Court of Auditors would be looking into collaboration between DG Sante, HERA, EMA, and ECDC to check that the appropriate connections were being made. With reference to internal preparedness planning, ECDC had carried out an initial 'lessons learned' exercise in 2020 at the beginning of the COVID-19 pandemic and was still planning to review activities during the latter part of the outbreak. Referring to implementation at the local level, she confirmed that it was very important to ensure that adapted preparedness plans at national level permeated the system right down to the local level as it was often the local authorities who needed to be better prepared and connected to national efforts.

62. Thomas Hofmann said that it would be interesting to look at the lessons learned from the 2009 H1N1 pandemic and examine what effect they had during the COVID-19 pandemic.

63. Vicky Lefevre said that from a practical operational perspective ECDC was working closely with HERA to ensure they understood the ECDC activities and what information it collected so that there would be no duplication.

64. The AF Members were polled on the question 'Is the set of proposed actions appropriate to achieve the strategic objectives resulting from the discussion of the JSM Working Group C?' The majority voted for: '4. Is supported with minor changes'

65. Thomas Hofmann said that ECDC still had work to do looking at how to provide platforms for exchange and how to define the framework, defining the priority areas for Member States and understanding how ECDC could support them. He hoped to be able to consult the AF at a later date when more concrete suggestions and ideas had been formulated.

66. Andrea Ammon, referring to preparations for the implementation of ECDC's new mandate, explained that a draft implementation plan would be presented to the Management Board in November as a basis for more in-depth preparation. One of the challenges was that the preparedness plan would involve many more actors than

just public health specialists and it would be important to ensure that the public health element did not drown out all the other aspects. The pandemic had shown how the whole of society could be affected by an outbreak. Therefore, the exercise of adapting preparedness plans needed to look at how to incorporate all aspects of health and society, rather than just focussing on public health.

Working package D – ECDC's role in global health security

67. Antonis Lanaras, Head of Section, European and International Cooperation, Director's Office, ECDC introduced the work package with a short presentation and the floor was opened for comments.

68. Fernando Simón, AF Member, Spain, thanked ECDC for addressing an area that he had been requesting for years with this work package.

69. Carlos Matias Dias, AF Member, Portugal, echoed the comments made by the AF Member for Spain and asked that the package be made as concrete as possible, with more specific goals.

70. Birgitta, Lesko, AF Alternate, Sweden, asked about how ECDC intended to address the upcoming EU Global Health Strategy agenda.

71. Antonis Lanaras explained that ECDC had been invited to the EU Global Health Strategy meeting and was part of the European Commission interservice group preparing the Communication which would be submitted for adoption in November. ECDC's comments had been taken into account and the group would be meeting the next day. ECDC's work with other CDCs was mentioned in the draft and there was also a substantial part on the EU Neighbourhood Policy. He agreed with the need to have more specific goals, and said that there were more detailed activities currently under discussion (e.g. with the Africa CDC). In August, ECDC had held a workshop on risk communication for the Western Balkan countries and the previous week a workshop had been arranged on *Legionella* in Montenegro.

72. Andrea Ammon, Director, ECDC, pointed out that ECDC had been in conversation with the International Association of National Public Health Institutes (IANPHI) to ensure that it was not intruding in the territory of others, as it was not the only player in the international arena. She noted that the network described had been very useful during the COVID-19 pandemic for the informal exchange of information. Most of the work for the package – especially capacity building and infrastructure support – was funded by the European Commission and it was hoped that this would continue to be the case in the future.

73. The AF Members were polled on the question 'Is the set of proposed actions appropriate to achieve the strategic objectives resulting from the discussion of the JSM Working Group D?' The majority voted for: '5. Is fully supported.'

74. Mike Catchpole, Chief Scientist, ECDC, noted that IRIS was a very useful tool and the exercise was an excellent way of collecting opinions from the AF. Furthermore, all of the recommendations for IRIS had come from the Joint Strategy Meeting. He asked whether there was a sufficient level of detail in the IRIS process and whether AF members felt that the documentation and presentations were at the appropriate level to enable them to answer the polling questions.

75. Carlos Matias Dias said that the documents were clear and helpful and that the presentations had been really useful. He had enjoyed being able to exchange points of view and felt that the IRIS process was appropriate.

76. Birgitta Lesko said that she had been confused about Working Packages A and C which contained a great deal of governance, and she was not sure what was expected of the AF, so the presentations helped to give an idea of what ECDC wanted.

77. Henrik Ullum, AF Member, Denmark, echoed his sentiment. He suggested that after each presentation there could have been an opportunity for more questions in order for ECDC to obtain more detailed feedback.

78. Birgitta Lesko suggested that there could be more detail in the documentation. She explained that she had not participated in an IRIS exercise before so she had believed that the AF would score each activity individually rather than as a package and therefore the instructions could be made clearer for next time. In addition, some of the issues were more important than others, so it could be useful to rank them in order of priority or urgency.

79. Irena Klavs, AF Member, Slovenia, said that the presentations were useful and asked whether it might be possible to prioritise IRIS exercises for specific disease group activities.

80. Mike Catchpole said that this time the focus had been on four very broad areas relevant across all diseases. However, the idea was to move towards using IRIS to get AF views on all elements of ECDC's work plans. If IRIS was used to examine disease-specific activities, it would either have to be at a very high level or it would have to focus a subset of diseases. The current exercise had been focussed on ECDC's public health function and was more relevant to the new mandate, rather than being disease-specific.

Update from the Director

81. Andrea Ammon, Director, ECDC, gave an update on ECDC activities since the last AF meeting, focussing on COVID-19, monkeypox, support for countries neighbouring Ukraine and ECDC's new mandate. With regard to COVID-19, since May ECDC's main activities had involved preparing for the winter season, looking at how to monitor influenza, COVID-19 and possibly also RSV. After carrying out a survey and publishing a guidance document on surveillance and monitoring, most of the other activities involved bilateral interactions and looking at how ECDC could support the EU Member States. Since August, ECDC had been making a huge effort to support countries with Whole Genome Sequencing (WGS) and at the end of July it became clear that a number of them would be unable to finalise the procurement process by the end of September. This had been discussed with Commission colleagues and it had been confirmed that the Agency could extend the contract and pay the countries in question next year. ECDC would also be receiving extra funds for direct sequencing support. With regard to COVID-19 vaccination, over the previous two months there had been a lot of discussion about the adapted Omicron vaccines and communication on this issue. EU citizens were now unsure what to do – whether to wait and take the new vaccines or continue with the old ones. It was therefore useful for ECDC to know what Member States were recommending as it was important to alert people that their protection might be waning.

With regard to monkeypox, the problem was the scarcity of vaccines and who to give them to. The effectiveness of the vaccine was unknown and although studies were now being undertaken there were no results as yet. Therefore, if any Member States had any further information or studies ongoing she encouraged them to share this with ECDC as it would be very helpful. As with COVID-19 vaccination, there was a link to behavioural elements and communication – mainly how to communicate messages without stigmatising the populations involved. In the case of monkeypox, interaction with specific populations and community groups had been a very helpful way of getting the message across and it was hoped that this experience might be useful for other diseases.

With regard to the situation in the Ukraine and support for neighbouring countries, ECDC was having regular meetings with the five Member States bordering Ukraine and had also included Czechia due to the number of refugees being received (and was also in contact with Moldova). ECDC had developed a series of guidance documents related to primary care, nursing and treatment, migrant reception centres, etc. and these had been translated into five languages and Ukrainian. ECDC also had support on the ground - seven staff in Poland with DG ECHO and two in Romania through the WHO mechanism for communication support. Although the situation with refugees was currently stable it was expected that there might be a further influx during the winter.

With regard to ECDC's new mandate, she had asked the Czech Presidency about a timeline for its adoption and they had said that this would depend on the European Parliament which has set a date for October during its plenary session. It was important to raise awareness of ECDC's new mandate, both among its staff and among stakeholders. An online stakeholder event was being planned for January, where the Agency would invite stakeholders to talk about what ECDC's new mandate would mean for them. ECDC was currently adapting its strategy and roadmap and this would be presented to the Management Board in November.

Over the past three years ECDC's main focus had been on COVID-19 and other tasks had been put aside. The Czech Presidency had identified vaccination as one of its priorities for health and on 21-22 November they would be having a conference on vaccination in general. The results of this conference would then be channelled into some of the EU Council conclusions. The subsequent Swedish Presidency would focus on antimicrobial resistance as its priority and ECDC was looking forward to initiating a dialogue with Swedish colleagues to support them on this issue.

One of the topics at the WHO Regional Committee meeting the previous week had been the UN Sustainable Development Goals (SDGs) of reducing HIV AIDS, TB and hepatitis by 2030. In some countries not all children had received their childhood vaccinations, and recent polio detections were a stark reminder of this fact. In some countries TB programmes had been brought to an end and in others drastically reduced. This was an area of concern which needed to be investigated further if Europe was to remain on track to achieve the SDGs by 2030 and set an example for the rest of the world.

82. Bruno Coignard, AF Member, France, said that he agreed with the priorities set out by the ECDC Director but he was also concerned about healthcare-associated infections, given the pressure on healthcare systems and hospitals in the post COVID-19 period. In France they had been examining this issue and doing PPS in hospitals. He was therefore very keen to see the results of the PPS being organised by ECDC which would be available in 2023.

83. Jaap van Dissel, AF Member, the Netherlands, following up on the comments made by the AF Member for France, said that the main reason for the rise in healthcare-associated infections was probably the shortage in healthcare personnel, meaning that they did not adhere to protocols.

84. Isabel de la Fuente Garcia, AF Member, Luxembourg asked for an update on the outbreak of hepatitis of unknown origin.

85. Andrea Ammon said that healthcare-associated infections were definitely an issue of concern for ECDC. With regard to the shortage of healthcare personnel, she confirmed that this had been one of the main issues discussed the previous week at the WHO Regional Committee meeting, and not just shortages, but also the number of public health personnel leaving the profession or transferring to private sector. It was necessary to look at the possibility for further training, rates of pay, career structure and age structure, particularly since there were many staff who were due to retire in EU Member States within the next few years, which would result in a serious crisis. With regard to the hepatitis of unknown origin, the PHE had been de-escalated and the team dismantled because the case numbers were decreasing. Unfortunately, as yet there was still not much information available on the origins of the outbreak.

86. Irena Klavs, AF Member, Slovenia mentioned that the issue of the public health workforce was a serious concern in Slovenia. She asked whether ECDC had considered carrying out an inventory at national level and considering some form of minimal requirement in terms of numbers at national level. Although she was aware that this might be a sensitive issue it would be helpful for small countries. Similarly, she wondered whether ECDC had undertaken any analysis of the careers of the EPIET/EUPHEM fellows after completion of training.

87. Andrea Ammon said that ECDC had asked NFPs for training about a needs assessment, but they had responded that this was impossible.

88. Carlos Matias Dias, AF Member, Portugal said that one reason for the shortage of personnel in public health (particularly in epidemiology) was that there were many offers available in the private sector which were better paid. Another possible factor might be that positions in public health under national systems did not benefit from a differentiated salary system recognising epidemiology as a profession.

AF Day Two – 21 September 2022

Advisory Forum Consultation Mechanism for Scientific Outputs

Working Group A

89. Birgitta Lesko, AF Alternate, Sweden, presented slides showing the feedback from Working Group A.

90. Osamah Hamouda, AF Member, Germany, thanked the rapporteur for the summary and reiterated the Working Group A's main message that the stronger the expected impact would be on national actions, the earlier in the process the AF would prefer to be informed.

Working Group B

91. Irena Klavs, AF Member, Slovenia, presented slides showing the feedback from Working Group B.

92. Bruno Coignard, AF Member, France, pointed out that sometimes the deadlines given by ECDC for a response were quite short. Although he understood that the Agency was often under pressure to produce a document within a specific timeframe, it was also important for the Member States to have enough time to comment. Furthermore, in France, any request from the Ministry of Health was also sent with the original document as an annex and he suggested that ECDC could adopt a similar procedure, sending the original (European Commission) request, for the sake of transparency.

93. Jaap van Dissel, AF Member, Netherlands, noted that some of the Working Group B participants felt it was important for ECDC's scientific boundaries to be quite clear. Categorising advice into different resource-dependent options was the work of the politicians receiving the advice and it was possible that this would go beyond the boundaries of ECDC's remit.

94. Mike Catchpole, Chief Scientist, ECDC, thanked both groups for their contributions, noting that the Working Groups appeared to have different approaches - one output-based and the other more generic. He explained that the background to the exercise had been the discussions that had taken place early during the COVID-19 pandemic, in particular with regard to testing. There were various opinions on the value of testing, with some countries seeing it as impractical while others had already put extensive testing programmes in place. The point about transparency and suggestion for annexing original requests was also helpful. One issue raised during the COVID-19 pandemic had been the need for ECDC to prepare specific papers for the Health Security Committee, where AF members were not aware that their Health Security Council representative had seen and commented on a document. He therefore wondered, if AF members were not necessarily interested in commenting on a particular document, whether they still needed to know who had seen and commented on it at national level. One solution could be for an email to be sent to the AF every time ECDC produced a document for comment, however in reality this was probably the role of the national Competent Body.

95. Carlos Matias Dias, AF Member, Portugal, said that the experience of the last few years had shown that there were several issues at stake, going beyond the scientific element. Inevitably, when reviewing documents there would always be an overlap of opinions between members of the AF and other bodies. It was therefore useful to know who else in country had seen or commented on a document because the AF commented on a scientific basis, while other bodies/individuals might provide more of an operational (or political) appraisal.

96. Jaap van Dissel, AF Member, Netherlands, said that it should just be clear who was to be informed and whether the Competent Body or the AF Member was responsible for dissemination. The point made by the Chief Scientist about COVID-19 testing was very interesting. However, ECDC needed to bear in mind that the AF members often had to explain the actions taken in the country to the national press and therefore, when producing advice, it was important that ECDC should leave loopholes to allow for the individual national context.

97. Mike Catchpole was well aware that if an authoritative body gave advice or made a recommendation that this put pressure on Member States to implement. It was also really difficult to indicate the strength of the scientific evidence used to produce the advice.

98. Jurgita Pakalniškienė, AF Member, Lithuania, said that in her country, which had limited resources, they had found ECDC's advice and outputs really useful during the pandemic, and had also used this information as a way to get politicians to listen. Even when there was no strong scientific evidence available, the information and guidelines had still been very useful.

99. Andrea Ammon, Director, ECDC, thanked the AF members for the presentations and discussions. The table provided by Working Group B was very helpful and could be used to categorise outputs and as an outline for a template. With regard to the amount of time available for AF consultation ahead of the final draft, she understood

the comments made by the AF members, but pointed out that offering 24 hours for consultation would delay publication by an extra day in a time-sensitive situation. She asked the AF Members to clarify whether they thought it was necessary to receive scientific guidance documents for consultation (i.e. that national coordinators should check the documents), given that these were compiled by experts from a scientific panel.

100. Fernando Simón, AF Member, Spain, pointed out that there was an NFP for scientific advice and the person in this role should probably be consulted for when calling for experts for panels. If ECDC consulted the national coordinators they could advise of any possible bias or flag up any issues, or propose an alternative expert, if necessary.

101. Osamah Hamouda, AF Member, Germany agreed with the AF Member for Spain. He was in agreement for the Working Group B table to be used as a template, noting that both groups had had similar conclusions. For scoping reviews, Working Group A had not seen the need for AF involvement; however, there was no reason why the AF should not be copied.

102. Jaap van Dissel, AF Member, Netherlands pointed out that some panel experts were actually issue advocates and although this was not a problem in itself, it could cause issues in the expert group. Moreover, ECDC may not be aware whether a certain individual was acting as an issue advocate or lobbyist when engaging them as an expert.

103. Mike Catchpole noted that when ECDC sought out an expert opinion it was because there had not been a systematic review of evidence. In the past, the Agency had sometimes presented the list of experts to the AF, which gave the AF an opportunity to advise. He pointed out that when EFSA provided opinions, they convened an expert panel using a rigorous selection process, but the views published were those of the expert panel and were not reinterpreted by EFSA.

104. Helena da Carvalho Gomez, Head of Section, Scientific Process and Methods, Scientific Methods and Standards Unit, ECDC, pointed out that before an expert panel was set up, the final task was to seek the opinion of the AF on the panel composition, so this step was already embedded in the process. However, she was aware that there was some overlap between AF members, NFPs for scientific advice and national coordinators which was why the AF tended to be copied. The current discussion was very relevant as ECDC was planning to revise its guidance development process following the experience of the pandemic and various revisions to legislation and the Agency's mandate. A cross-centre working group was being set up for this purpose and ECDC would be working in close collaboration with the AF.

105. Andrea Ammon, referring to the inter-agency reports produced jointly with EFSA, EMCDDA, EMA, or joint reports with WHO such as the HIV and TB surveillance and monitoring reports, asked whether the AF wished to see these ahead of publication. She pointed out, however, that the deadlines were very tight for producing these reports by a specific date – e.g. World TB Day or World AIDS Day.

106. Irena Klavs, AF Member, Slovenia, said that this had been brought up during the Working Group B discussions but there was no consensus within the group on the issue.

107. Jaap van Dissel, AF Member, Netherlands, noted that if these reports covered an area of special interest for an AF member, they may be keener to comment and have input.

108. Mike Catchpole said that such joint reports could contain important messages that were specific to the EU rather than the whole of Europe. As such, they were the only reports where it was suggested that the AF may be consulted during the preparatory stage.

109. Andrea Ammon said that ECDC would have further discussions on this issue internally as the process was quite complicated and the deadlines very tight.

110. Fernando Simón, AF Member, Spain, said that what Member States needed was tools and arguments for discussion that they could present to their ministries, bearing in mind that the situation was different in every country.

111. Mike Catchpole, picking up the point made by the AF Member for Spain, said that the issue of how to translate scientific advice into policy/practice in 27 different countries would be discussed further at an AF meeting in the near future.

Update on Epidemic Intelligence and response support activities

112. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, gave a short update.

113. Bruno Coignard, AF Member, France expressed concern about the number of cases of diphtheria in France, probably related to low vaccination coverage. At present there were 36 cases (13 of which were in France's overseas territory, Mayotte). He would ask his team to send updated figures to ECDC later in the day but wondered where ECDC's figures came from.

114. Sabrina Bacci, Head of Section, Vaccine-Preventable Diseases and Immunisation, Disease Programmes Unit, ECDC, explained that the figures represented a collation of the data from Epipulse. In general, it seemed that there were more cases than appearing from the data.

115. Sotirios Tsiodras, AF Member, Greece, said that before pandemic a survey of the sero-protection levels for diphtheria and pertussis had been carried out in 18 EU countries. A total of 500 samples had been collected covering the period 2015-2018 and when the data was analysed, the proportion of sera lacking the appropriate protective level had varied between 23% and 80%. A cluster of infections related to migrant transmission in the middle of the endemic phase of the pandemic was extremely worrying and he underlined that action needed to be taken as soon as possible to protect these vulnerable populations.

116. Vicky Lefevre noted that at least two countries had expressed concern on the issue of diphtheria. ECDC had been in contact with the relevant NFPS but there was some reluctance to bring this issue into the public domain because of potential stigma as most of the cases were among migrants, many of them from Afghanistan. At present, there were still a limited number of reported cases, but this situation could change, and it is important for countries to raise awareness among clinicians and strengthen immunisation programmes. She wanted to make the AF members aware of this situation and of ECDC's intention to publish a risk assessment on the issue.

117. Bruno Coignard repeated that the cases were related to low vaccination uptake in the country of origin so this was the message to focus on.

118. Vicky Lefevre said that the AF would receive the rapid risk assessment for consultation on 27 September 2022. With regard to the diphtheriae anti-toxin, ECDC did not have updated information, but she was aware that there was a global shortage. ECDC had communicated this to HERA considering their role related to availability and joint procurements of medical countermeasures.

119. Andrea Ammon, Director, ECDC, noted that the anti-toxin was one of the substances that Member States had asked the Commission to procure before the beginning of the pandemic.

120. Fernando Simón, AF Member, Spain, said that the anti-toxin was being produced but just not in Europe (India, Turkey). In Spain there had been two cutaneous cases in 2021 and one other possible case.

121. Related to ECDC actions on the monkeypox outbreak, Vicky Lefevre asked the AF members how ECDC could better support timely operational research related to public health threats, in collaboration with Member States, to allow for scientific evidence to be rapidly generated and used to inform policy and decision making.

Osamah Hamouda, AF Member, Germany, said that it would be desirable for ECDC to play a larger role in research in relation to the monkeypox outbreak. In Germany, there were 3,500 cases, half of which were in Berlin, so it was possible to have good contacts with the HIV specialists who saw these patients. They had just received clearance from data protection officers and were planning to undertake a vaccine effectiveness study, but it was difficult to recruit for this and the whole process was very slow.

122. Bruno Coignard said that having to manage this outbreak just after the COVID-19 pandemic had been difficult. He wished to discuss the issue of elimination. The French Ministry of Health had seen a document from WHO (with input from ECDC) and was now asking questions about this issue. He wondered if elimination was feasible and how it would be possible to achieve this goal.

123. Fernando Simón, AF Member, Spain, said that ECDC had been doing good work on the issue of monkeypox. With regard to elimination, although he believed that this was an option, it was the next step. At present, it was still necessary to control the outbreak.

124. Bruno Coignard said that in France there had been 90 cases in women and the proportion was increasing so they were planning to do a survey to document the characteristics of these women in order to know more. He stressed that it was important to be careful with atypical cases.

125. Mike Catchpole, Chief Scientist, ECDC, said that the study protocol would depend on the pathogen, but one of the first hurdles was to convince people of the public health benefit of collecting data. He suggested that ECDC might be able to do more to help with this. The GDPR regulation should not prevent public health action if the study was a directed epidemiological study to improve public health.

126. Osamah Hamouda agreed with this. For monkeypox the study was clearly for research purposes, looking at vaccine effectiveness. He noted that with other outbreaks local authorities had been much more willing to cooperate. The question was at what point should the research start and how far should it go. Local authorities might argue that an outbreak had been brought under control and therefore be less willing to cooperate. He felt that some form of statement from ECDC, explaining that studies of this type were in the realm of public health, might be useful.

127. Jaap van Dissel, AF Member, Netherlands, said that notifications for monkeypox were decreasing and they hoped to carry out a sero-survey in Amsterdam to see how many people had actually been exposed and infected, with or without symptoms that seroconverted, as there were still many questions to be answered on asymptomatic cases, vaccine effectiveness, etc.

128. Mike Catchpole suggested that monkeypox might not be the best subject for a vaccine effectiveness study and the outbreak of paediatric hepatitis might have been more suitable. He agreed that there was an urgent need for insight and investigation and this was an area where off-the-shelf protocols needed to be available for use.

129. Vicky Lefevre said that the vaccine effectiveness monitoring platform that had been set up by ECDC and EMA as a result of COVID-19 had also been consulted to set-up vaccine effectiveness study for monkeypox. In addition, ECDC had also been looking at what could be done to help countries generate evidence on transmission of monkeypox (e.g. role of fomites, sexual transmission) and to make protocols available to conduct such studies.

130. Koen Blot, AF Alternate, Belgium, following up on comments from the AF Member for Germany, said that he recognised the same problem in his country and had been working on the idea of not only having predeveloped protocols but also a predeveloped surveillance system for emerging infectious diseases. If an infectious disease emerged and could be defined as such at ECDC/international level, then the countries would already have a mandate to collect the appropriate information on this disease (e.g. vaccinations or epidemiological clinical aspects). He suggested that any AF Members who were interested and wanted to obtain further information could get in contact with him.

131. Vicky Lefevre said that it was a good suggestion. Her team had been thinking about a generic, minimum adjustable surveillance dataset for pandemic situations that could be launched for EU/EEA wide data collection rapidly when needed, which was similar.

132. Andrea Ammon, following up on the question of monkeypox elimination, said that it was clear when discussing the issue with WHO that this was only relevant for the European Region and not for the whole world, although first it was necessary to bring the outbreak under control. If the disease reoccurred during next summer's festival season, then it might be worth discussing elimination, but definitely not at present.

Advisory Forum meeting dates 2023 and 2024

133. Maarit Kokki, Head of Executive Office, ECDC, presented a list of meeting dates for the Advisory Forum in 2023 and 2024. The following dates were proposed:

For 2023:

AF72: 21-22 February

AF73: 16-17 May

AF74: 19-20 September

AF 75 (videoconference): 12 December.

For 2024:

AF76: 20-21 February

AF77: 14-15 May

AF78: 17-18 September

AF79 (videoconference): 11 December.

The May meeting in 2023 would include a discussion and IRIS exercise on the work programme for 2024.

134. There were no objections to these dates.

135. Fernando Simón, AF Member, Spain, noted that Spain would be hosting ESCAIDE in 2023 in Barcelona, and looked forward to helping ECDC to make it a successful event.

137. Mike Catchpole, Chief Scientist, ECDC, said that ECDC was still planning to hold ESCAIDE in Poland at some point (after postponement due to COVID-19) and hoped that this might be in 2025. In 2027 ESCAIDE would be held in the Czech Republic and in between these meetings it would be held in Stockholm. He thanked the AF members for their input and contributions to the meeting, noting that this would have a strong influence on ECDC's planning and activities for the future. He looked forward to seeing them at ESCAIDE in November.

138. Maarit Kokki, Head of Executive Office, ECDC, thanked all of those behind the scenes who organised and arranged the AF meetings.

139. Andrea Ammon, Director, ECDC, also thanked all colleagues and the AF Members for their input and contributions and looked forward to seeing them again soon.

Annex: List of participants

Member State	Representative	Status	Participation Mode
Belgium	Koen Blot	Alternate	WebEx
Croatia	Aleksandar Šimunović	Alternate	In person
Czech Republic	Kateřina Fabiánová	Alternate	WebEx
Denmark	Henrik Ullum	Member	In person
Estonia	Natalia Kerbo	Alternate	In person
France	Bruno Coignard	Member	In person
Germany	Osamah Hamouda	Member	In person
Greece	Sotirios Tsiodras	Member	WebEx
	Georgios Panagiotakopoulos	Alternate	WebEx
Hungary	Zsuzsanna Molnár	Member	In person
Lithuania	Jurgita Pakalniškienė	Member	In person
Luxembourg	Isabel De La Fuente Garcia	Member	In person
The Netherlands	Jaap van Dissel	Member	In person
Portugal	Carlos Matias Dias	Member	In person
Romania	Radu Cucuiu	Alternate	WebEx
Slovenia	Irena Klavs	Member	In person
Spain	Fernando Simón	Member	In person

Sweden	Birgitta Lesko	Alternate	In person
Observers			
Iceland	Gudrun Aspelund	Alternate	In person
European Commission			
DG SANTÉ	Dirk Meusel		In person