



ECDC Advisory Forum

**Minutes of the Seventy-fifth Meeting of the ECDC Advisory Forum
12 December 2023 (via videoconference)**

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Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 75th meeting of the Advisory Forum, which took place via teleconference.
2. Mike Catchpole, Chief Scientist, ECDC, also welcomed participants, in particular Costas Constantinou, the new Alternate for Cyprus, and Dirk Meusel, Laura Gillini, and Marta Valenciano from DG SANTE of the European Commission.
3. The draft programme was adopted with no changes, and no conflicts of interest were declared.
4. Mike Catchpole paid tribute to Osamah Hamouda, Member, Germany, as this was his last AF meeting. He thanked him for his enormous contribution to the Forum's work and noted that he would be greatly missed after a decade as a member. There was a round of applause from participants, and several also paid tribute to him in the chat.
5. Osamah Hamouda responded that it had been an honour to be a part of the AF, that he had greatly enjoyed the work, and that he hoped to stay in touch with the participants.

Adoption of the draft minutes from the 74th meeting of the Advisory Forum, 19–20 September 2023

6. The draft minutes of the 74th meeting of the Advisory Forum had been circulated, and amendments had been requested from Germany on points 44 and 71, Lithuania on point 24, and Norway on points 28, 43, 101, and 110, all of which had been incorporated. No other changes were proposed, and the minutes were duly adopted.

Update on Epidemic Intelligence and response support activities

7. Vivian Leung, Expert Antimicrobial Consumption, Disease Programmes Unit, ECDC, gave a presentation on behalf of the Centre's invasive Group A Streptococcal (iGAS) disease team on the main findings and discussion questions resulting from a project it had carried out over the past year investigating iGAS infections across EU countries. The project had been prompted by a request from Éamonn O'Moore, Alternate, Ireland, in May 2023 as a result of surges of iGAS infections in several EU countries in December 2022 that had particularly affected children with increased severity.
8. The project sought to answer two questions: 1) Where is support needed for iGAS surveillance? and 2) What level of EU/EEA coordination should be pursued? The project had two parts: a survey sent out to all EU/EEA countries to assess iGAS surveillance systems and methodologies across the EU/EEA; and collection of paediatric case data. Vivian Leung focused on the responses to the survey on national surveillance methods, which indicated that 10 countries had established some form of iGAS surveillance during 2022/2023. ECDC's iGAS team established a case definition for their project that might be useful for EU/EEA countries.
9. Challenges to achieving the project's objectives were presented. This was ECDC's first multi-country study operationalised under the new EU Health Task Force and entailed coordinating disease surveillance across EU/EEA countries in which there were no existing focal points. It also involved new data sharing processes. The team recognised that there was a perceived overlap with clinical research; in some countries sharing data with public health authorities had been cumbersome, and it might also have been that paediatric infectious disease specialists taking part in an ongoing study investigating iGAS (the Pegasus project) were wary of sharing data they planned to publish.
10. The following questions were posed to the AF: What should ECDC's role be in iGAS surveillance? Where is support needed for iGAS surveillance, and what level of EU/EEA coordination should be pursued? Several options were given for them to consider:
 1. Countries could post in Epidpulse when increases in iGAS or GAS cases are noted;
 2. ECDC could publish/propose an iGAS case definition for the harmonisation of case reporting among countries that conduct iGAS surveillance;

3. An EU/EEA iGAS surveillance project (case data collection) could be launched;
 4. ECDC could coordinate *emm* typing surveillance (sentinel surveillance) with the objective of detecting potential surges in iGAS.
11. Mike Catchpole invited comments from participants.
12. Carlos Matias Dias, Member, Portugal, asked for further clarification regarding the Pegasus project.
13. Isabel de la Fuente, Member, Luxembourg, said that there had been an increase in invasive disease in Luxembourg, and commented that it should be a matter for ECDC and there should be a clear definition of what to report. She also felt it would be important for them to obtain laboratory and clinical data so they can target the invasive cases. She added that collecting both sets of data would be essential to see who goes to intensive care and what intensive support is needed, fatality cases, etc. This was where her country might need some support because with most of the reporting systems, they only received microbiological data or rough data on hospitalised cases. She said that if there was already some willingness from ECDC to have this kind of data and more precise definitions this could help for collection and motivation of the teams. She said that Luxembourg has not had any definition and the country has been collecting data since 2023, but that the Ministry of Health and the national laboratory aren't collecting the clinical data while the country did have an increase of children hospitalised in intensive care, as well as some fatalities. She offered to share the data on these cases if useful. She noted that another question worrying infectious paediatricians is if there is a higher risk of rheumatoid fever, because the guidelines over recent years were to no longer treat non-invasive infections with antibiotics, and we do not know if there is an increased risk of invasive disease or even rheumatoid arthritis. For all these reasons she felt that data, surveillance, and inter-country collaboration were all very important.
14. John Middleton, Member, Association of Schools of Public Health in the European Region (ASPHER), favoured the surveillance project route (option 3). He felt the fact there are increasing cases of this important and potentially serious condition presented an opportunity for this.
15. Tyra Grove Krause, Member, Denmark, also supported the option of starting a surveillance project with case-based data collection. She said that Denmark had set up a surveillance system and would be able to provide data that are based on their laboratory database, but that they could also add on clinical information, at least where people have been hospitalised. She suggested also including microbiological surveillance as part of that project.
16. Responding to the question on the relationship with the Pegasus project, Vivian Leung explained that Pegasus was a research network involving paediatric infectious disease specialists investigating iGAS that took place at the same time as ECDC's project. There had not been a lot of participation in ECDC's project, which might have in part been a result of it being conducted rapidly, some countries had not been able to obtain data. However, on hearing about the Pegasus study, the team had realised that parallel research projects such as Pegasus can also present a major barrier to obtaining some of the clinical information in the absence of having defined surveillance protocols, with researchers potentially being wary of sharing data they planned to publish, and that it was not always clear if research and public health investigations had the same purposes in mind.
17. Vivian Leung then presented a set of iGAS surveillance recommendations relevant for the national level and asked for comments from the AF.
18. Bruno Coignard, Member, France, commented that France already shares these data. Regarding the relationship between an ECDC surveillance project and Pegasus, he felt that there were similar difficulties at the national level in connecting research activities and public health governance activities. Finding acceptable compromises require a lot of exchanges and building trust. He also asked about the implementing act on reportable diseases, as iGAS is not listed. He noted that this might result in a discrepancy between the implementing act and what they would like to do. He also commented on the current situation regarding infections in France, saying the country had seen a surge but not at the same level as earlier. He felt that carrying out this survey to assess the situation was very helpful, but had questions about the next step, saying he was not completely in line with establishing a new surveillance team for this infection at this time, and thought it best to first see how the situation evolves.

19. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, replied that the purpose was to set up a pilot to gather more information and experience and iGAS would not immediately be included in the implementing act.
20. Tyra Grove Krause, Member, Denmark, asked about the pilot project on e-health records and wondered if ECDC could have a similar one for iGAS.
21. Vicky Lefevre responded that she could not say yes or no immediately but it was something that could be considered.
22. [In chat]: Bruno Ciancio, Head of Surveillance Section, Public Health Functions Unit, ECDC, responded to Tyra Grove Krause's point, commenting that if ECDC establishes a new surveillance system the first thing it will do is look at possible data sources, with Electronic Health Records (EHR) and Laboratory Information Management Systems (LIMS) probably being very relevant for iGAS. He added that if specific support would be needed to establish such systems, his team would provide it.

Update on the implementation of the Regulation on serious cross-border threats to health (SCBTH)

23. Vicky Lefevre, Head of Unit Public Health Functions, ECDC, gave an update on the implementation of the Regulation on serious cross-border threats to health (SCBTH). Regarding Article 14, she noted that the deadline for proposal submissions for EU4HEALTH National Grants to improve integrated surveillance systems had been extended to the end of February 2024. She also informed that related to Article 15, DG SANTE's deadline for applications for the EU reference laboratories (EURL) had been prolonged to 5 January 2024. On Article 20, related to Public Health Risk Assessments, she noted that the European Commission has set up a working group with the different agencies to discuss responsibilities for joint risk assessments. The plan is to set up a high-level Memorandum of Understanding, and also a platform to do this – this could be EWRS. The point of the working group is that if a natural disaster with different components of risk occurs, there would be a common practice to carry out joint rapid risk assessments among the agencies.
24. Dirk Meusel, DG SANTE, European Commission, thanked her for the summary. On the surveillance grants from Member States, he informed participants that the next webinars would be held on 19 December, 16 January and 6 February.
25. Tyra Grove Krause, Member, Denmark, offered strong support for the initiative to do joint risk assessments adding that alignment between the agencies was very welcome.
26. Fernando Simón, Member, Spain, asked about the laboratories and whether it would be possible to have feedback on the process and how many had applied.
27. Vicky Lefevre, ECDC, replied that she was not herself involved in the evaluation process, so did not know the answer to this.

ECDC Framework on the Sustainable Development Goals Diseases

28. Anastasia Pharris, Principal Expert Infectious Diseases, Disease Programmes Unit, ECDC, gave a short presentation on ECDC's plan for work around the United Nations' Sustainable Development Goals (SDGs). In line with ECDC's mandate, the agency supports EU/EEA countries, the European Commission, and other key stakeholders in reaching the United Nations' SDG target 3.3, by 2030, ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combatting hepatitis, waterborne and other communicable diseases, as well as reaching targets in other global and regional action plans. The ECDC Sustainable Development Goals-related Diseases group has developed a framework that presents how the agency supports EU/EEA Member States and works with external stakeholders to facilitate EU/EEA progress towards achieving the SDG on health target 3.3. The AF was requested to provide feedback and advice on the framework, specifically on the following questions:

- Is there a building block or an action that is missing?
- Should one of the building blocks or actions be modified?

- Are there other comments that the SDG group should consider in the finalisation and implementation of this framework?

29. Andrea Ammon, ECDC Director, commented that after having put all the diseases mentioned by Anastasia Pharris in her presentation in one organisational entity, she felt it important to show how they are connected. She added that she was pleased with how the team rose to the challenge she had put to them, and that this work was now much clearer. She noted that many of these diseases are most predominant among under-privileged and under-served populations, many of whom have difficulties being reached by health systems. She thought the measures and ways of working could feed into each other, and that 2023 had shown that for all the major diseases in this group the pandemic has caused a setback in the EU/EEA on the path to achieving SDGs, and that this is likely to be the same outside the region. For rallying the additional support needed to bring the EU/EEA back on track, a clear framework is necessary.

30. Osamah Hamouda, Member, Germany, congratulated ECDC on the work, which he felt was a very good initiative and well on track.

31. Tyra Grove Krause, Member, Denmark, echoed this. In relation to Action 1.5. on monitoring of key populations, she noted that there was a rise in most STIs outside the well-known risk groups which was rather concerning and suggested that there could be a need for monitoring sexual behaviour also in the general population in order to focus preventive measures. This could also be used for modelling studies. When mpox hit, there was some concern over whether there would be spread outside traditional risk groups but there was little information on the interrelations between different groups and the contact patterns within the general population. It could be considered to add an overview of sexual behaviour studies to the framework, though bearing in mind funding would be required in countries to do those studies.

32. Marieke Van der Werf, Head of Section STI, Blood-Borne Viruses and TB, commented that ECDC is discussing whether to expand its activities in this area and to look at sexual behaviours more broadly than only for men who have sex with men (MSM). The SDG-diseases group is working together with the ECDC prevention group, which looks at behavioural studies, but so far there have not been many actions in this domain as it would need a lot of collaboration from the Member States. When it comes to behavioural studies on MSM, some countries are very interested in participating while others are less interested or lack the capacity. There were however good arguments for expanding the monitoring and she said the group would take the matter forward.

ECDC Foresight Programme Update

33. Gerjon Ikinck, Principal Expert, Public Health Foresight and Determinants, Scientific Methods and Standards Unit, ECDC, gave a short presentation updating on the Foresight Programme. The AF had previously provided feedback on six future scenarios for 2040, which subsequently had been refined, and the AF had recently been invited to take part in a survey to shortlist and assess the policy and strategy options arising from the scenarios. Gerjon Ikinck presented next steps and the AF were asked for their preferences for involvement in the next phase of the programme: the further assessment of policy and public health practice response options.

34. Trygve Ottersen, Member, Norway, expressed his support for ECDC's work in this area and added that he and his institute were eager to be involved to the extent ECDC finds useful. On the survey, he said that the team had found it tricky as it quickly went to quite specific questions. He suggested that it would be of value if ECDC later in the process also looked at how the Foresight framework could be used at the national level and be offered to national institutes to test their strategies in the national setting and possibly somewhat lighter, i.e. less comprehensive. In Norway, they started during COVID with a foresight exercise on pandemic exit strategies, but quite a bit more could have been done. A Foresight framework from ECDC would be a good springboard to do more work of this kind.

35. Mike Catchpole suggested a workshop could be linked to a future AF meeting and opened that to the floor.

36. Gerjon Ikinck agreed that this was a format that could be carried out. Such workshops usually take half a day or a day, so it would depend on AF Members' availabilities. Regarding how to use it in

national settings, the original question that formed the basis of the work was how different drivers would impact on the future of infectious disease threat landscape but also on public health institutions in general, so the groundwork would likely be similar to the challenges faced in the Member States. He noted that this could be directly taken up by Member States, and informed the Advisory Forum that the ECDC Foresight team is working on a summary document report on the work to date. He suggested he could add to it a guideline on how Member States could use this work on both the drivers and the scenarios in different settings. On capacity-building, he noted that there is little spare capacity in ECDC, so the current work is focussed on rather light processes that different teams can carry out more or less independently. Once a critical mass of internal capacity has been built up this will also give more opportunity to bring the lessons from the work to the Member States.

37. [In chat]: Bruno Coignard, Member, France, supported the comment from Trygve Ottersen, writing that such a Foresight exercise had been conducted at Institut de Vieille Sanitaire in France in 2014 but that this was a one-shot exercise, and the work needed to be updated and built on new capacities and methods.

38. John Middleton, Member, ASPHER, said he would be pleased for ASPHER to join workshops, and also for the Advisory Forum to do so. He mentioned the methodology used in a study in the UK and suggested he could send the reference.

39. [In chat]: Tyra Grove Krause, Denmark, offered strong support for the Foresight work and said it would be a good idea with a physical workshop in connection with an AF meeting.

40. [In chat]: Trygve Ottersen, Norway, agreed that it would be interesting to discuss how to make this work more ongoing without being too resource intensive. He added that in Norway it had also ended up being a one-off exercise, with the result being a report on semi-long-term pandemic exits (in Norwegian): <https://www.fhi.no/contentassets/894146e81d2c4bf08e37478c298c02b1/veien-ut-av-koronakrisen---prosjekt-utveier.pdf>

41. Gerjon Ikin, Principal Expert, Public Health Foresight and Determinants, Scientific Methods and Standards Unit, ECDC, commented that one of the main reasons why in some settings Foresight activity has not resulted in the impact that it could have had is because it is done in the form of a single report that just presents scenarios with little follow-up. This was one reason why ECDC initially didn't want to publish something before finishing the policy strategy part. He saw this as a starting point, to develop a common language on public health foresight in ECDC and beyond. Drivers and scenarios both need to be revisited and reflected on and thereby it is not a one-off exercise but a starting point for a more ongoing process.

42. Carlos Matias Dias, Member, Portugal, supported the idea of more involvement in the topic from the AF. Linking to different realities, for instance to the national level or to some areas of the Union, would be important. He asked if there was any experience or thought of linking these exercises to some of the AI tools that are available.

43. Gerjon Ikin replied that AI tools are fairly new, but there could be ways of using them in this work, mainly for horizon-scanning and looking at emerging trends. However, he felt it will still need plenty of human capacity because it is out-of-the-box human thinking from a diverse group of experts that helps this process. Regarding modelling, he said this was often an uneasy marriage with foresight work, because the latter involves moving away from the more probable pathways towards uncertain ones with potentially high impact, as that is where the blind spots tend to be. He said it remained to be seen how to bring these two fields together more closely but noted it is already being done for non-communicable diseases, which can be based well on demographics, for example. It is more challenging with infectious diseases, which are by definition difficult to predict.

Any other business

44. Mike Catchpole thanked participants for attending and said that ECDC would look into the question of organising a workshop along the lines discussed.

45. Andrea Ammon offered a tribute to Osamah Hamouda and thanked him for all his contributions, not just in the AF but many other supportive discussions with RKI and other colleagues and wished him all the best for the future.
46. Osamah Hamouda thanked her and the AF for their warm words.
47. Mike Catchpole closed the meeting, thanking all the participants for their input. He said for those who had not completed the Foresight survey to take advantage of the extended deadline as it would be helpful. He said the next AF will be face to face in Stockholm on 5 and 6 March 2024.

Annex: List of participants

Member State	Representative	Status
Austria	Bernhard Benka	Alternate
Croatia	Aleksandar Šimunović	Alternate
Czech Republic	Jan Kynčl	Member
Denmark	Tyra Grove Krause	Alternate
Estonia	Natalia Kerbo	Member
Finland	Carita Savolainen-Kopra	Alternate
France	Bruno Coignard	Member
Germany	Osamah Hamouda	Member
Greece	Dimitris Chatzigeorgiou	Alternate
Hungary	Zsuzsanna Molnár	Member
Italy	Silvia Declich	Member
Latvia	Jurijs Perevoščikovs	Member
Luxembourg	Isabel de la Fuente Garcia	Member
Malta	Tanya Melillo	Alternate
Poland	Małgorzata Sadkowska-Todys	Member
Portugal	Carlos Matias Dias	Member
Romania	Adriana Pistol	Member
	Radu Cucuiu	Alternate
Slovakia	Maria Avdičová	Member
Slovenia	Marta Grgič Vitek	Alternate
Spain	Fernando Simón Soria	Member
Sweden	Anneli Carlander	Member
	Birgitta Lesko	Alternate

Observers		
Iceland	Kamilla Sigridur Jósefsdóttir	Member
Norway	Trygve Ottersen	Member
European Commission Non-Governmental Organisations (NGOs)		
Association of Schools of Public Health in the European Region	John Middleton	Member
European Institute of Women's Health	Rebecca Moore	Member
European Commission		
DG SANTÉ	Dirk Meusel	
DG SANTÉ	Laura Gillini	
DG SANTÉ	Marta Valenciano	