**ECDC Advisory Forum**


**AF11/Minutes**
**14 November 2007**

# Minutes of the 11th meeting of the Advisory Forum
# Stockholm, 13-14 September 2007

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## Opening and welcome

1. The Chair, Director of ECDC, opened the meeting and welcomed the Advisory Forum (AF) members and alternates present to the eleventh meeting. She welcomed Dr Osamah Hamouda, the new alternate appointed by Germany and attending this meeting for the first time.

2. Apologies were noted from the representatives of Greece and Iceland

## Adoption of the draft agenda and noting the declarations of interest

*(document AF11/2 Rev.2)*

3. The draft agenda was adopted without changes. The Director called for the submission of the declarations of interest forms in respect of the agenda items, as per the agreed procedure. Dr Kåre Mølbak (Denmark) declared that he is the head of the department that hosts the hub of EUVACNET (agenda item 7); Dr Irena Klavs (Slovenia) declared that she is a member of the Steering groups EuroHIV and ESSM (agenda item 7); Dr Mike Catchpole (United Kingdom) declared that he is a member of the EISS evaluation team (agenda item 7) that he is applicant for the EPIET coordinator contract (agenda item 10), that he is a member of the Eurosurveillance Editorial Board (agenda item 13); Dr Preben Aavitsland (Norway) declared that his institute is contract holder for the Epinorth project (agenda item 10); Dr Ruth Gelletlie (European Public Health Association) declared that the Health Protection Agency holds framework contract for the simulation exercises (agenda item 8).

## Director's briefing on ECDC's work progress

4. The Director briefed the AF on progress made since the previous meeting.

5. The main events were outlined, noting in particular the visit from the Deputy Regional Director for WHO/EURO when strategic and technical issues were discussed in relation to the EuroHIV and EuroTB networks. The main items that had been discussed at the tenth meeting of the Management Board were presented, with particular reference to those issues that affect the Advisory Forum: the strategic multi-annual programme; list of competent bodies; agreement that the Chairs of the AF Working Groups should join discussions with the MB.

6. The Director then updated the AF on the work of the individual units.

7. Highlights of the work of the Scientific Advice Unit included the third meeting of the AMR focal points, participation in the Portuguese presidency meeting in Health Strategies, and delivery of the opinion on human H5N1 vaccines. Upcoming work of SAU includes the upcoming ESCAIDE conference in October, and the meetings of the Chairs and Secretaries of EU panels/committees involved in risk assessments and the National Microbiological focal points, both planned for November. In addition, the Scientific Panels on HPV and DPT vaccine scheme are expected to deliver their final opinions in the coming months.

8. A large part of the general work of the Surveillance Unit has concerned the networks. In addition, a first brain-storming meeting on the integration of molecular sub-typing data into surveillance was held, and also a Network Committee meeting on case definitions. Disease-specific work of SUN included activities on Hepatitis B and C, TB, and measles and rubella.

9. Epidemic intelligence activities of the Preparedness and Response Unit included finalising the EWRS transfer and conducting a requirement survey of EPIS users. The Director offered to provide a list of activities in the area of Response, and detailed some of the ongoing work towards coordinating the EU aspects of disease outbreaks. Work on preparedness included 25 country visits, amongst other activities. In the area of training, short courses for Member States continued to be run, the EPIET programme was running successfully, the management of which would be transferred to ECDC by the end of October, and training resource and needs assessment visits had been carried out in several countries.

10. The AF was informed that the Health Communication Unit had launched a call for tender for the web portal and that development of a multilingual interim website was underway. other activities included preparation for the transfer of the DSN websites to ECDC. The Director also explained that the MB had approved the language policy for ECDC apart from the working languages for the MB meeting.

## Feedback form the Advisory Forum's Working Groups

### Surveillance

11. Jean-Claude Desenclos (France), Chair of the AF Working Group on Surveillance, reported back on the discussions of that group. A number of priorities for 2008 had been identified: improving data collection; analysis; communication of results; and quality assurance. The integration of microbiological sub-typing data was also discussed but it was agreed that this is a longer term issue and the priority for 2008 in this area will be to define public health priorities.

12. The proposal on external groups was broadly supported, with a suggestion that emergency ad hoc groups should be considered as an extraordinary Technical Expert Group.

13. In considering the long-term surveillance strategy it was felt that certain points needed to be addressed, including making the EU added value more explicit, setting up criteria and procedures for the addition of new diseases, and developing the principles of collaboration. Concerns were raised about the proposed structure of task forces and coordination groups, especially the burden of meeting attendance on Member States (smaller countries in particular).

14. In reviewing the progress of the TESSy project, concerns were expressed that any delay to the case definition ratification beyond the implementation date, could create an additional workload for Member States in amending systems/datasets.

15. The EFSA proposal for food-borne outbreak reporting was discussed and issues raised regarding the definition of 'verified' versus 'confirmed', and the inclusion of household outbreaks in the reporting system.

16. The working group made some comments on the proposed TB Action Plan, and asked that greater prominence be given to public health actions.

17. On the future of the working groups, the added value of covering issues that would also be discussed in the AF meeting was questioned. It should be borne in mind that often scientific topics will be common to all groups, and further, it is not always feasible to separate discussions on surveillance from outbreak investigation and scientific advice.

## Scientific Advice

18. Darina O'Flanagan (Ireland), Chair of the AF Working Group on Scientific Advice (SAU), presented a summary of the discussions from their group.

19. The group considered the 2008 priorities for SAU, and the larger discussions were highlighted:

- (strategy 3.2)in relation to migration, it was suggested that the scope should be broadened from just HIV and TB to include broader screening issues;
- (strategy 3.2) although there is no official research remit, ECDC could strengthen in-house scientific research competence, for example, economists;
- (strategy 3.4) a possible "science watch" function would be a valuable tool, although opinion was divided as to whether existing items, like the Influenza news should be proactively distributed.

20. In addition the meeting of EU agencies involved in risk assessment was noted.

21. The WG also considered the various external groups and concluded that none of them was ideal for fast risk assessments. Some suggestions were given for how that situation might be dealt with more effectively.

22. An additional point was raised in the WG concerning the resolution from Sweden to the EP proposing to end research on primates. It was felt that ECDC might usefully prepare a paper on the public health consequences of such a step.

## Preparedness and Response

23. Preben Aavitsland (Norway), Chair of the AF Working Group on Preparedness and Response, briefed the AF on the group discussions.

24. The four principles of the 2008 priorities were broadly supported.

25. It was felt that the paper on external groups provided a much clearer picture, but that the role of these groups in relation to the AF should be looked at.

26. The chikungunya risk assessment was a good example of the role ECDC can play, providing visibility and added value.

27. The group also provided feedback on the training strategy meeting. The outcomes of the discussion were that previous work should be consolidated, podcasts of training materials could be made available on the website, and that there should be an evaluation of the EPIET programme.

## Burden of disease

28. The AF was informed that full minutes of this working group would be circulated.

29. There had been an internal discussion on European procurement procedures: the call for tender and terms of reference for the study would have to be prepared internally within ECDC, not involving AF members, in order to avoid any potential conflicts of interest.

30. The key issues were discussed: the purpose, the scope, procedure and logistics. Also, the future of this ad hoc group was discussed.

31. In response to the reports from all three WGs, the Director explained that the AF has an important role in the operationalisation of the work with the Competent Bodies (CBs). There will be a more in-depth discussion regarding the overall architecture of ECDC, based on the paper being prepared jointly with the European Commission.

32. Going forward, the AF Working Groups need to be reviewed and the issue will be added to the agenda of the next AF meeting. Now that the CBs are in place, the remit of the AF itself will necessarily change. However, there are three main pillars to the role of the AF: to advise on new epidemiological aspects of the work; to maintain ECDC's scientific excellence; to advise on how best to interact with the CBs and how best to coordinate resources. Further, when the AF is able to deal with an issue, rather than convening a new WG, then it should do so.

## Adoption of the draft minutes of the 10th meeting of the Advisory Forum, 7–8 May 2007 *(document AF11/4)*

33. The draft minutes were adopted with no changes.

## Briefing on the work of the ECDC scientific panels and expert advisory groups: immunisation topics *(document AF11/5)*

34. Dr Johan Giesecke, Head of the Scientific Advice Unit presented an update of the work of the scientific panels on immunisation issues.

35. The Director reminded members of the procedure: that they are invited to comment on reports from the panels before they are sent to the Commission.

36. Some members raised the point that there was no way for members to know for sure whether their comments had been taken into account, and that a simple procedure to document how each comment was handled would encourage future active involvement.

37. It was agreed that this would be done for future reports.

## Update on ECDC's activities on influenza *(document AF11/6)*

38. Angus Nicoll, coordinator of the Influenza project, presented an overview of recent work the Project, and outlined the suggested developments on work to improve surveillance during a pandemic.

39. In response to some comments from the floor, the European Commission reiterated that there is a clear separation between the roles of ECDC and the Health Security Committee (HSC). ECDC advises, especially in the area of risk assessment, whereas the HSC was convened to share views on policy. It was also stressed that in the area of surveillance the WHO system of reference laboratories works well over the seasonal flu period and that rather than duplicate work, ECDC should look to strengthen existing capacity.

40. The Director added that ECDC does attend HSC meetings as an observer, and that there is still some discussion to be had on the split between science and policy.

41. Regarding virus-sharing the European Commission is trying to clarify its position on this highly political issue.

42. It was confirmed that comment on the paper is expected and welcomed.

## Long-term surveillance strategy *(document AF11/8)*

43. Andrea Ammon, Head of the Surveillance Unit, presented a first draft of the long-term surveillance strategy for discussion and comment from the AF. She explained that this was a deliberately early discussion, so as to ensure that the strategy is developed along the right lines.

44. Some concerns were raised regarding the disease groupings. It was feared that this could lead to a loss of commitment and skills from experts in a specific disease.

45. Further, some members felt that with such a broad mandate, another level of smaller technical groups would be required between the networks and the coordination groups. A point was made that without this, it might appear that ECDC only works on a strategic level.

46. In, response, Andrea Ammon further explained the thinking behind the role of the groups and agreed that more work needed to be done to define them. Terms of reference for them would be written before the next discussion, and the possibility of more specialised groups considered.

47. One member felt that a clear definition of the added value to Europe was lacking, for both the Member States and international bodies.

48. Another noted that the issue of differences in reporting was not addressed. The lack of denominators is often the weakness of a reporting system. It is a difficult task, but an important one. It was explained that this is encompassed by the section "Quality management and assurance process" but it was agreed that this needs to be expanded.

49. There was also some general misunderstanding about the strategy for working with laboratories, which is a critical issue. It was explained that it is foreseen that the laboratories will continue to play a role

50. In answer to a point raised regarding the discovery of outbreaks, it was explained that this was not the purpose of the proposed structure. However, if outbreak detection is considered an important objective of EU surveillance, then the consequences of that decision must be accepted and the system designed accordingly. This is why it is important to discuss this now and agree on the objectives.

51. Finally, the Director summarised the discussion. The working group comments would be taken into account when revising the paper. On the lab issue, the MB has appointed laboratory Focal Points who will help ECDC to review the architecture of the state laboratories in each country. This work will feed into this paper. On the political level, it is clear from the list of Competent Bodies that countries work in very different ways: in some, access to the data lies in the ministry; in others, the public health institutes. The experience of preparing the Epidemiological Report made it clear that ECDC has to work with the ministries.

## Draft editorial policy for Eurosurveillance *(document AF11/7)*

52. Professor Karl Ekdahl, Head of the Health Communication Unit, presented an update on Eurosurveillance's activities. Karl Ekdahl particularly underlined the importance of the upcoming first Eurosurveillance's Editorial Board meeting since its transfer to ECDC, the fact that the journal is free of charge, a main competitive advantage, and the merger of the weekly and monthly editions in a single journal. The team aims now to deepen the journal merger, to attract new readers and to extend the scope of the longer articles, to cover all topics falling within the remit of ECDC. All these changes will be reflected in the new website.

53. Some members questioned the move to a scientific journal from a more public health research-oriented "newsletter". They both discussed the lack of room and the competition such a journal would face. On the contrary, others members felt that a need exists for a journal

with just that scientific scope. Eurosurveillance's independence from ECDC as well as concerns about the weekly and monthly issues merger were also raised.

54. Karl Ekdahl addressed the concerns by stating that Eurosurveillance already is an established scientific journal, with all its releases indexed in MedLine. Furthermore, there is a clear niche for a high-quality scientific journal in the area between traditional journals on clinical microbiology, clinical infectious diseases and general public health. Eurosurveillance could gain from dealing with scientific studies in any area covered by ECDC's mandate. Eurosurveillance's mandate remains as it was previously worded.

55. Concerning Eurosurveillance's independence, Karl Ekdahl distinguished the more strategic decisions from the day-to-day editorial work. A detailed procedure was developed to publish articles originated from ECDC. Eurosurveillance has the freedom to refuse articles from ECDC, to publish articles contrary to ECDC's policy lines or to report complains on ECDC's work.

56. With regards to the balance between shorter article (now in the weekly release) and longer articles (now in the monthly release), Karl Ekdahl emphasised a need for a balance, safeguarding the short, timely articles. One of the strengths of Eurosurveillance is the possibility to have an article submitted, peer-reviewed and published within two days, as demonstrated during the recent chikungunya outbreak. However, more could be done on the longer articles. With Eurosurveillance now formally one journal, confusion exists on its nature. It creates a problem when it comes to publication. The importance of the weekly edition has increased, leading to a risk of repetition in the monthly report. Short outbreaks can be quickly reported as short articles later followed later by longer more comprehensive articles.

57. Finally Karl Ekdahl informed the AF that an effort will be made to increase Eurosurveillance's diffusion once the new website will be operational in January 2008. He also confirmed that Eurosurveillance is an official e-journal, also available as a printed compilation. Articles will be published online the same week as they are finally approved. The journal will also apply for an impact factor as soon as the new website is live.

## Update on the evaluation and assessment of the surveillance networks

*(document AF11/9)*

58. In her presentation, Johanna Takkinen, from the Surveillance Unit, explained the status of the evaluation and assessment of the surveillance networks. 14 networks were visited by the teams by the end of August 2007. The evaluation has been completed for 10 networks as from 13 September.

59. Answering to a question of a member, Johanna Takkinen clarified that the different structures require qualifying the process. ECDC entered in the evaluation process for the EPIET programme. Its first evaluation was launched in 1999.

60. A member supported the idea to outsource some network activities fully. ECDC would overload itself otherwise. Johanna Takkinen clarified that tasks are outsourced when ECDC has not the capacity or the expertise in-house. But it remains a short term solution with the aim to integrate the activities of the outsourced networks as soon as possible.

61. ECDC Director acknowledged that EuroHIV is an easy well functioning network and promised that ECDC will keep the spirit. The Director also reminded on the unique methodology developed by ECDC on the evaluation and assessment of the surveillance networks.

## ECDC programme of work priorities for 2008 *(document AF 11/17)*

62. The Director presented and explained ECDC programme of work priorities for 2008, underlining in particular the "work in progress" process and her policy not to be over ambitious to avoid putting unnecessary pressure on the AF and the Member States. A lot happened over the past two years. 2008 is planned to be a year of consolidation in terms of content and quality.

63. The Director exposed her proposed procedure to develop it. A short paper will be developed for the MB. It will not be very detailed as the internal organisation lays on the Director's decision. One of the crucial points is to ensure the synergy with the AF members on the many activities ECDC shall conduct. On 21 September, a joint meeting composed of members of the MB and the chairmen of the AF's working groups will meet at ECDC to review the priorities. It will be a good occasion to examine it more into details and to develop the next logical steps. On 24 September, the Director is planning to go to the EC to ensure the full synergy of the planning process. It will lead to a draft expected to be ready by end October for consultation with the MB, AF and the Commission before a final version is submitted to the MB for approval. The AF will be consulted throughout the process.

64. The AF validated the proposed procedure without commenting it

## Epidemic intelligence: update on recent health threats in the EU and current activities *(document AF 11/11)*

65. Denis Coulombier, Head of the Preparedness and Response Unit, presented the activities performed in the epidemic intelligence field: 1) new threat tracking tool; 2) the simulation exercise done on 4 – 5 June 2007, a week after the inauguration of the EOC. A new simulation exercise is planned during the first six months of 2008; 3) trends in threats: several outbreaks were registered and an increasing resistance in contagious diseases was noticed. The guidelines on response will be reviewed to address the changes. ECDC is in close contacts with the EC as far as non communicable diseases threat is concerned. 4) update on the index case and the contact tracing. As a consequence the WHO guidelines were revised. 5) chikungunya outbreak in Italy. A team with two people from ECDC and three people from France will be in Italy next week.

66. The representative of Italy updated the AF on the recent chikungunya outbreak in Italy. Since 2006 Chikungunya as well as Dengue virus have been in Italy. It is thought that the virus was imported by a man originated from India visiting a relative in Italy. This person arrived in Italy with high fever and was sent to hospital, which felt identifying the nature of the disease. This case was registered 10 days before the next one on an indigenous person. Ironically enough, Emilia Romania is one of the regions in Italy where mosquito dissection is the most effective.

67. In Italy, two institutions are responsible to address Chikungunya. Preventive measures leaded to block around 30 000 blood donors as well as organ donors from the infected area. Although the number of infected people is now decreasing, the risk of disease spreading remains.

68. Answering questions, the representative of Italy clarified that the person who brought the disease from India didn't transmit it. Transmission always operates through mosquitoes. Infected Mosquito can spread eggs, potential vectors of the virus. Quite a long time exists between the first case and the first local infected case.

69. Denis Coulombier presented two maps showing the areas where infected mosquitoes could potentially spread. . ECDC Director consulted the AF on whether it would be appropriate to put them on ECDC website. Some members required the possibility to inform their ministries before the publication. It was then agreed that the maps would be reviewed and sent to the AF for comments before publication.

70. Questioned on a reaction in case of outbreak, Denis Coulombier stressed that information to infected areas, appropriate isolation and disinfection were crucial. In La Reunion, a strict control was established around the infected houses. When 35% of the people were immunised, the infection dropped. Immunity may therefore also limit the transmission.

71. Denis Coulombier specified the role of ECDC in the long term chikungunya outbreak follow up. Together with the Italian authorities, a report will be issued, putting an end to the outbreak coverage.

72. A member stated that the follow up of tuberculosis cases on airplane is disproportioned compared to the health threat. The pressure to follow cases and trace contacts is inappropriate compared to the low evidence of transmission.

## ECDC training strategy *(documents AF 11/13 and AF11/14)*

73. Carmen Varela from the Preparedness and Response unit presented the ECDC training strategy through two presentations: one focusing on core competencies for public health epidemiologists in the EU and another on capacity building through training.

74. One AF's member commented the difficulty to measure an increase in performance and therefore to improve it, especially across different organizational levels. Another member

expressed concerns about the control of the messages passed while training people and their interpretation. Capacity building in the MS is not achieved exclusively by training. Barriers need to be defined, as for example limited available resources or career opportunities. A potential language barrier problem was also raised.

75. While acknowledging that ECDC training programme was important, another member contested it fully meets public health institutions needs. The mandate of most of the latter is not restricted to infectious diseases. Another member recalled that the EC also develops training programmes and requested more synergy among training programmes of EU institutions. A third member underlined the successful establishment of a senior epidemiologist network, stating that even if indeed a potential large range of courses exists, developing capacities remains a key issue.

76. One member proposed, and was supported by others, that ECDC explore the "hybrid model" of EPIET training, i.e. fellows trained in and paid by their home country, but otherwise following the same training as the other EPIET fellows. This could increase the number of fellows trained.

77. Carmen Varela agreed on the importance to increase synergies in training to avoid any waste in resources. The epidemiologists working in response to outbreaks at the local level will be a priority target for training modules in outbreak investigation in 2008.

78. While expressing his satisfaction on the EPIET programme functioning and sustainability now ensured by ECDC, one member pointed out that there seem to be a delay before the EPIET fellows receive their first salary.

79. ECDC's Director acknowledged the late salary payment for some EPIET fellows and said that solutions to remedy this situation would be investigated.

80. To keep updated the ECDC training strategy and to support the development of training activities, consultations with the MS and assessments of training resources and needs, conducted using a systematic approach and by visits to the countries that request them, will continue.

## Action Plan to fight TB in the European Union *(document AF11/16)*

81. Karoline Fernandez de la Hoz, from the Surveillance Unit, presented the Draft Action Plan and updated the AF on progress.

82. The plan was generally well received. One member felt that the plan will not be developed urgently and there are countries with the biggest problems where action is needed quickly. It was suggested that concrete activities to support these countries with high TB rates should be done in parallel to the development of the Action Plan. In response, it was explained that the planned visits for this year had not been possible, but that country visits to priority countries will take place during 2008 in order to identify actions to support them.

Another member would like to see more emphasis on public health actions. Another member suggested that low incidence countries could collaborate with high incidence countries.

83. One representative suggested changing the word "ideal" to "efficient" regarding national action plans, so as to avoid any political problems.

84. The Director informed the AF that they were welcome to forward comments over the following two weeks, but there was still substantial consultation to come. It was noted that if the Plan is to go on the agenda for the December Council meeting then there was not much time to finalise it. ECDC needs to know as soon as possible whether it will be included, so that the process can be speeded up.

## Annual Epidemiological Report on Communicable Diseases 2006: choice of topic *(document AF11/12)*

85. Andrew Amato Gauci, Deputy Head of the Surveillance Unit, presented the suggested outline of the next AER possible topics for in-depth coverage in the next report. He asked the AF to agree on just one, ideally, and then, given that agreement, to identify what aspects of that topic should be included for special attention.

86. The AF endorsed ECDC's suggestion of focusing on healthcare-associated infections, with the following comments:

- include economic factors to send a stronger message to Governments;
- the increased mobility of patients could be considered, and its impact on the spread of these infections between countries;
- this topic is an extreme example of heterogeneous reporting systems and could provide an opportunity to address the problem of non-comparability of data;
- unlike some of the other topics suggested, HCAI may be less amenable to traditional public health interventions, raising the issue of what role ECDC can play;
- would patient safety include antimicrobial resistance?

87. Andrew Amato Gauci agreed to take on board all the points raised. He clarified that AMR would not be included in depth because the focus would be on the healthcare setting infections.

## Food-borne outbreak reporting in the framework of the Zoonoses Directive: discussion on EFSA proposal *(document AF11/15)*

88. Pia Makela from the European Food Safety Authority (EFSA) presented a proposal for the development of harmonised reporting food-borne outbreaks. She explained that this had been prepared by a joint EFSA/ECDC working group and that post-consultation the proposal

had been simplified. The current draft of the proposal had been discussed at EFSA and the Member States were generally positive, though one was concerned they might lose some data by employing the categories. The European Commission was not comfortable with the definition of 'food-borne outbreak', and there were some minor comments on the pick list.

89. EFSA would like to implement this system for 2007 reporting, and therefore need agreement quite soon. Comments would be received until the end of September, the document will then be revised if necessary, circulated for final quick comments, with the aim of finalising agreement by the end of October.

90. In response to several questions, it was explained that the definition of 'outbreak' and whether to include household outbreaks had been discussed at length. The aim is not to change the methods of reporting in the Member States, but that where the information is already available in a country's system it should be included.

91. The term 'verified' was difficult to agree upon. It had originally been proposed to use similar categories as for human diseases (possible/probable/confirmed) but it was potentially risky from the point of view of legal action to employ the term 'probable', so the categories of 'probable' and 'confirmed' were merged into the term 'verified', which also reflects the wording of the Directive.

92. Details on the level of evidence are being requested because it is important to know that the information is reliable. Further, this information is interesting for analyses.

93. Regarding the pick list of food categories, it must be borne in mind that food hygiene is harmonised in the EU and that this leaves little flexibility. Eurostat has been involved to ensure compatibility across the EU, and compatibility with ECDC systems is one of the aims of this joint approach.

94. It was confirmed that further comments should be submitted directly to EFSA with a copy to ECDC.

## The European Surveillance System (TESSy) *(document AF11/10)*

95. Edward VanStraten, from the Surveillance Unit, presented an update on the current status of TESSy noting that there are as yet no external users. These need to be nominated through the competent bodies as soon as possible.

96. In response to questions, it was clarified that as DSN data is used as the primary data, Member States would only be asked to validate their submission if there were gross differences. Also, the AF was reassured that data already submitted to the DSNs for 2006 would not have to be resent.

97. Regarding non-EU countries who contribute to some of the DSNs, it was explained that ECDC would like to keep them included, but that they are not able to fund it. However, the non-EU members on Enter-net have agreed to come to the next workshop to discuss options.

EuroHIV met the previous week and agreed that all 53 countries would remain in the network after its transfer to ECDC. EuroTB were to meet shortly and would discuss this same issue.

## Update on the compilation of the competent bodies *(document AF11/21)*

98. Alain Lefebvre, Country Relations and Coordination Officer, outlined the progress made with regard to ECDC's competent bodies. The AF has a role in advising on ECDC's interaction with competent bodies, as per the Regulation.

99. With regard to the question of adding microbiological laboratories, it was explained that the terms of reference had been very difficult to define and so the MB had been asked to designate microbiological focal points to help clarify the situation in each country. The MB had warned ECDC against proceeding too quickly on this sensitive issue.

## Dates of the Advisory Forum's meetings in 2008 *(document AF1/19)*

100. It was explained that the 4$^{th}$ meeting of the AF is proposed to be held in December insead of Novemebr as in previous years, in order to allow the Management Board to meet in November and to approve the work programme in good time. The AF had no objection to this proposal.

101. Members were asked their opinion on the MB's suggestion of having a back-to-back meeting with them. This has not been planned for and would create a very heavy workload.

102. There were no comments on the proposed dates for the AF meetings in 2008, AF members were asked to inform ECDC within the following week if they had any objection to any of the dates proposed: 19-20 February; 6-7 May; 23-24 September and 9-10 December 2008.