ECDC Advisory Forum

AF14/Minutes

Minutes of the 14th meeting of the Advisory Forum
Stockholm, 6-7 May 2008

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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 to the AF's fourteenth meeting. She relayed apologies from Petri Ruutu from Finland, and Olga Kalakouta-Poyiadji from Cyprus. Tanya Melillo Fenech from Malta and Stef Bronzwaer, an observer from the European Food Safety Authority, were due to join later.

2. The Director also welcomed Franz Karcher of the European Commission and Srdan Matic of the World Health Organization's Regional Office for Europe.

Adoption of the draft agenda and noting the declarations of interest

(document AF14/2 Rev. 1)

3. The Director highlighted a change in the agenda – item 10 ('Need for accurate contact information in the system used in crisis situations') was postponed for a forthcoming AF meeting. She explained that the items on the agenda were of two types: some items on which ECDC wanted the AF's guidance and advice, and others which would simply be updates on the Centre's activities. The agenda was adopted.

4. For the discussions in the Working Groups, five items that were proposed by AF members ahead of this meeting were divided into two working groups. The working group agenda was then also adopted:

- Working Group I: a) How to integrate surveillance data collected on a sentinel basis into TESSY, b) Importance of molecular epidemiology in future surveillance and outbreak response.
- Working Group II discussed items addressing collaboration: c) Collaboration with veterinary/agricultural sector on zoonotic diseases, d) Public-private collaboration between national/governmental public health institutes and private laboratories, e) Options for more practical collaboration in the field of vaccine programmes.

5. The Director called for the submission of declarations of interest forms in respect of the agenda items. Rolanda Valinteliene (Lithuania) declared that her institute was an associated partner of IPSE; Robert Hemmer (Luxembourg) declared that he is a member of the Editorial Board of Eurosurveillance; Darina O'Flanagan declared that she is a member of the VENICE Project; Mike Catchpole (United Kingdom) declared that he was a member of staff of the host institute for ESSTI and EWGLI, and also that he was a member of the Eurosurveillance Editorial Board.

Director's briefing and units' updates on the main activities of ECDC since the last meeting of the Advisory Forum

6. The Director updated the AF on ECDC's general activities since the last meeting. Updates from the Heads of Unit followed: Andrea Ammon (Surveillance), Denis Coulombier (Preparedness and Response), Johan Giesecke (Scientific Advice), Karl Ekdahl (Health Communication).

Adoption of the draft minutes of the 13th meeting of the Advisory Forum held in Stockholm, 19-20 February 2008

7. The minutes were proposed for adoption. One member of the AF proposed an editorial amendment regarding the statement on paragraph 57 that case reports did not integrate sentinel data, which the member did not feel was correct. Andrea Ammon confirmed that TESSy can integrate sentinel data, and said that this passage would be changed. The minutes were therefore adopted.

Annual Epidemiological Report 2008

(document AF14/9)

Outline and timeframe

8. Johan Giesecke of ECDC updated the AF on the status of ECDC's Annual Epidemiological Report. There will be a full report every third year. Publication for the report presenting 2006 data is planned for mid-August or early September.

9. The Director asked for comments from the floor on the feasibility and acceptability of the outline and timeframe presented. There were no comments, so the structure and timeline of the report were therefore taken as having the AF's support.

Special topic on healthcare-associated infections

10. Carl Suetens of ECDC's Surveillance Unit updated the AF on the chapter in the 2008 Annual Epidemiological Report on healthcare-associated infections, which will be a special topic of the report.

11. The discussion was opened to the floor. Some AF members felt that Panton-Valentine Leukocidin (PVL) positive community-associated MRSA should be given greater consideration in the chapter. One member commented that the guideline paragraph of the draft chapter had a too heavy emphasis on the US CDC's experience, and would welcome more use of the substantial evidence based guidelines in Europe. Another member appreciated that the chapter was more than just comparative tables of figures, but was surprised that ESBL *E. coli* were not included in the list of most important AMR pathogens. Another member asked about the future ECDC surveillance on this area which currently focuses on prevalence surveys, but over half the Member States have established Surgical Site Infection surveillance compatible with Helics and wanted to know if Helics would be continued (not clear from the document). This member felt it would be useful for smaller countries still setting up surveillance systems. Other comments related to the involvement of laboratories in relation to healthcare-associated infections, once member had a question on the source of the data in table 3 (the surveillance protocols by country), and another commented about the very estimative character of the HCAI burden estimate and the potential danger of communicating these figures in a non nuanced way. This member also argued that there should be more focus on sharing a minimal protocol of prevalence surveys across Europe. It was considered important to look at EU patterns and see how ECDC can be instrumental in tracking pathogens from one area to another to give the European perspective. It was also suggested that ECDC support national programmes, but also provide an EU perspective, where molecular epidemiology is a very important tool to look at the trends and the pathogens. Another member also supported that more focus should be given to ESBL, and also suggested adding a small paragraph on healthcare-associated norovirus infection.

12. The Director commented that Dominique Monnet, ECDC Disease Programme Coordinator for AMR and HCAI, would address some of these issues in the plenary session planned for the next day.

13. Carl Suetens responded to the above points. He emphasised that the chapter is on healthcare-associated infection rather than anti-microbial resistance, and therefore less emphasis was given to the problems of AMR in HCAI. He nevertheless agreed that there was room to develop more on other pathogens (e.g. ESBL producing gram-negatives), also mentioning norovirus (next to other viruses involved in nosocomial epidemics). Regarding Helics surveillance (part of the IPSE network), he said that these are indeed the protocols that have been developed most in the Member States, and that IPSE is being transferred to ECDC. From 1 July, Helics surveillance will be operated at ECDC, both the surgical site infection component (SSI) and the intensive care unit component (ICU). He said that this did not mean that these protocols should be static over the years, but that ECDC should keep on supporting Member States. He agreed that it was clear that the HCAI surveillance data should migrate to an online system in order to allow for immediate analysis and bench-marking and to avoid delays, and that the aim is to integrate the Helics databases into TESSy in the medium term (early 2009), . He agreed on the importance of involving the laboratories, but that HCAI case definitions are primarily clinical and not always involve lab results (e.g. SSI) and therefore HCAI surveillance involves infection control staff and clinicians as well. Regarding the source of data for table 3, this was partly taken from the IPSE project (coordination data and one of the work packages) and by own research, but he emphasised that this table should be validated by the MS and he already received some corrections (additions) during the AF. Regarding case definitions, he said it is on the AMR/HCAI workplan to look at these for both HCAI and AMR this year. He said that the elaboration of a common protocol for prevalence surveys is on the 2009 workplan, and also that validation studies are needed to assess how clinicians and infection control staff apply these common definitions in different countries. He agreed that ECDC could put more emphasis on the estimation degree of the burden data.

14. Dominique Monnet of ECDC commented that the many points from the floor were well taken. He said that ESBL is not surveyed as such in EARSS, and that this should be placed in the list of future risk assessments. He said that the AF would discuss the first steps towards a prevalence survey the next day.

15. Andrea Ammon commented that ECDC would continue with IPSE activities as of 1 July, in the same format for the time being. Then ECDC would look at developing the future of nosocomial surveillance together with Member States. She said that the link between public health institutes and these experts should be achieved in the coming months.

16. One AF member agreed with this last point, and said that anything ECDC can do to integrate this would be welcomed. Another member asked who would be included in an expanded network, and Andrea Ammon replied that this would be discussed with Member States' Competent Bodies for surveillance, asking for contact points. If a wider range of experts was seen as useful, it should be done.

17. The Director remarked that the burden of disease project was going ahead, slowly. An internal steering group is developing the methodology, and the project should be completed in 2-3 years. She also informed that new chapters of the AER will be circulated to the AF once they are ready.

18. Franz Karcher of the European Commission commented that the Commission is working on these issues, and that he largely shared the views that had been tabled during the meeting.

Seasonal influenza vaccination issues

19. Franz Karcher of the European Commission gave a presentation to the AF on the issue of seasonal influenza vaccination, with the ongoing work on increasing vaccine coverage, mentioning that the Commission was bringing forward a proposal for a Council Recommendation to the attention of the formal Health Council in December and would be seeking the views of MS before doing that.

20. The AF member from Ireland, Darina O'Flanagan, presented the summary results of an EU/EEA wide survey of vaccine policies, practices and performance in all the EU/EEA countries 2008, a survey undertaken by the VENICE Project in collaboration with ECDC's Influenza Disease Programme as part of ECDC's Seasonal Influenza Immunization Project (SIIP). Angus Nicoll of ECDC's Influenza Disease Programme gave a follow-up presentation, explaining what else was in the outputs, including work on estimates of burden of diseases, and impact of improvement, guidance on methods of monitoring coverage and work on vaccine effectiveness (developing monitoring of vaccine effectiveness with *Epiconcept*, Member States and other partners). In particular he asked for comments from the AF on a draft opinion on risk groups and other groups to whom influenza vaccination should be offered.

21. One AF member commented that the two presentations offered a very nice overview of the situation in Europe, but found it somewhat uncritical regarding vaccine effectiveness. Some other editorial comments came from the floor, with one member saying it read a little too much like 'a lobby paper', and another indicating that the sources cited needed to be peer-reviewed and studies with evidence of the effectiveness among health care workers should be cited. Darina O'Flanagan and Angus Nicoll responded to the comments and said that the relevant papers would be revised accordingly and would be circulated to AF members for review and through them to national experts.

Priorities for the ECDC Work Plan 2009 including priorities in scientific advice: methodology and list of priorities

(Document AF14/6)

22. The Director commented that the ECDC Work Plan 2009 was in very early and initial stages of internal thinking, so no paper was yet available. She said that the Centre would nevertheless like to involve the AF in this priority-setting stage. She said ECDC would update the AF on what it thought should be the priorities – targets 2-6 in the Multi-Annual Strategic Plan (the disease programmes would be presented later). She added that ECDC would like to engage the AF at least twice in the process, bringing back a more detailed programme in September before submitting the plan to the Management Board in November. Competent Bodies and the Commission would also be consulted at least twice (once on priorities and once on details).

23. The Director also explained that ECDC's 2009 budget is still under negotiation, and that the following presentation would take into account two budget scenarios:

a. Scenario 1: If Work Plan 2009 has to take place with the present budget or limited increase.

b. Scenario 2: If ECDC gets the full budget increase as foreseen in the Financial Perspective and the corresponding SMP.

24. It was informed that the slides with the presentation of this item would be sent to the AF via email and that comments are welcome.

25. Andrea Ammon, head of ECDC's Surveillance Unit, presented her unit's plan for 2009.

26. An AF member asked about the evaluation tool for national surveillance systems, saying that many people were anxiously awaiting it. Andrea Ammon replied, saying that ECDC will start working on it this year. The Director asked AF members to indicate to Andrea Ammon which Member States were eagerly awaiting this. She added that ECDC cannot visit all the countries in one year, but that if there is urgency, Andrea Ammon should be informed.

27. An AF member asked if ECDC was collaborating with the World Health Organization (WHO) on the self-assessment tool that they are producing in reference to the International Health Regulations (IHR). Another member asked about the TESSy website and how issues of public disclosure had been resolved.

28. Srdan Matic of the WHO's Regional Office for Europe commented that in his organisation's discussions with ECDC on disease-specific surveillance, one of the issues that was listed but never fully discussed was the intervention and responses to infectious disease. He said that in the discussion regarding plans for data collection it would therefore be a good idea to also have a conversation on how far surveillance monitoring and evaluation should go, and how to meld it with Scientific Advice, link it with TESSy, software development procedures and so on.

29. Andrea Ammon commented that a discussion of the surveillance objectives was already being considered for the September AF. She agreed that details around the objectives need to be discussed. Regarding the publication of data online, she said that ECDC was close to finalising the interim procedures on data exchange, but stressed that whatever is published would be discussed with nominated national contact points. She said that the frequency of updates would be discussed in conjunction with surveillance objectives, but hoped that for standard regular outputs there would not be a need to consult lengthily each time. She agreed that discussions with the WHO on disease-specific work should be intensified.

30. Denis Coulombier of ECDC's Preparedness and Response Unit commented on the IHR self-assessment tool, saying that ECDC had received a new version of it from the WHO a week previously. He said that it was currently being reviewed internally to see how it would fit ECDC and the EU's needs, as it naturally covers issues for the entire region.

31. The Director remarked that TESSy should be linked to a decision-making process, and that doing so would represent a significant added value by ECDC. She added that it would need constant thinking and discussion with the Commission and at other platforms, such as Council meetings.

32. Denis Coulombier, Head of the Preparedness and Response Unit, presented his unit's plan for 2009 to the AF.

33. There were several comments from the floor. One AF member asked about the disease response procedures, specifically the state of development on legionella and food-borne

diseases. Another members asked for clarification regarding the mobilisation of clinicians in outbreak response – was this meant nationally or by ECDC? Another member asked if there had been any preparation for vector-borne diseases for 2009 in the context of global warming. And one member made a comment about the EWRS, requesting mobile device support for it, budget allowing.

34. Denis Coulombier replied that he had presented a quick update on the current situation, and that generic response procedures were to be finalised. He said that the document is in its final stages, but that it has delayed work on legionnaires and food-borne diseases. Regarding outbreak response, he said that just as ECDC wants to engage microbiologists, it also wants to involve clinicians. He said ECDC has a preliminary plan to issue a call for a network of partners of specialised clinicians, but that it had not yet been discussed with Competent Bodies. On vector-borne diseases and their link to global warming, he remarked that on June 11 EDEN would feed back their work, an analysis of the broad situation in the EU regarding vector-borne diseases, and outline actions for coming years. He added that those actions would require additional funding. On EWRS, he said that the current level of funding would be needed to simply maintain the system, and that adapting it to mobile devices would be a significant addition, and would have to be a separate project. However, he noted the comment and the importance of the issue of portable access to AF members.

35. Johan Giesecke, head of the Scientific Advice Unit, presented his unit's plan for 2009 to the AF.

36. One AF member commented that bio-terrorism and dual use threats were very important points to consider. He also raised another problem related to bio-safety and security and possibly terrorism: safety in laboratories. He said that guidelines from ECDC on the exchange of particularly dangerous organisms would be welcome.

37. Johan Giesecke replied that at the first meeting of microbiological focal points, almost everyone mentioned the issue of sending samples across borders as being a problem within Europe.

38. One AF member supported the idea that ECDC should have a strong role in modelling for decision-making, but wanted to know how it was being planned. They felt that ECDC could have an important coordinating role in bringing modelling to the public health community. Another AF member felt there was a need to have a Community reference laboratory for human medicine, similar to EFSA's for food. One example given was that there is no European nomenclature for clostidrium difficile: one community reference laboratory could be mandated to deal with such issues, and ECDC could award the title. Another comment was that AMR seemed to have a low profile in all the plans, but it is becoming a major problem all over Europe.

39. Johan Giesecke replied to these comments. Regarding modelling, he said that this would mainly be a training activity. He agreed that there should be competence in each country. On the reference laboratory issue, he said that the Commission is planning a more general approach to laboratory cooperation within the EU, and ECDC will wait to see what that plan entails. He repeated that all the presentations given were missing the disease-specific work, the plans of which would not be presented today.

40. The Director remarked that there would be more coherence to the disease-specific plans within the next two to three weeks, and that there would be opportunity to discuss them at the

September AF meeting. She said that the Commission's laboratory strategy was due to be completed in June, and that shortly after that ECDC would return to its laboratory strategy.

41. Franz Karcher of the Commission agreed that the laboratory issue was very important, and that progress in the veterinary field showed this. He said that an important step forward was the Public Health Programme, a legal text that will be valid for the next seven years, and which would allow more concrete work to be done. He highlighted close collaboration between the Commission and ECDC and said identifying influenza as a priority and in particular, setting up a Community Reference Laboratory for Human Influenza might be a very good start.

42. Karl Ekdahl, Head of ECDC's Health Communication Unit, presented his unit's plan for 2009 to the AF. There were no comments from the floor.

Methodology

43. Johan Giesecke of ECDC presented the methodology on how ECDC comes to its list of priorities for scientific advice

44. Comments from the floor were generally appreciative. Two AF members suggested that the AF might have a chance for input both by email at an early stage and then at the meeting in May. One AF member was sceptical of the use of having an additional weighting, and said that colleagues in his country were emphatically against the idea of industry involvement in priority setting. Another member asked for a transparent overview of where the questions that had been prioritised had originated. Following on from that, another member suggested there was flexibility in the list of priorities, as new issues could emerge, as oseltamivir resistance had recently shown.

45. Johan Giesecke replied that an overly complicated weighting scheme would be problematic. He said that the scientific questions ECDC has received came from Member States, and that there had also been rapid questions – which were more like requests for risk assessments – from the European Parliament via the Commission, as well as public health institutes in Member States; some questions had been devised internally. He agreed that flexibility was crucial.

46. The Director said that ECDC's website should list all the questions ECDC has received and which ones it has initiated. This would be something to do in the new website and web portal.

List of priorities for scientific advice

47. This specific topic was reassumed after first discussing other agenda items. Johan Giesecke of ECDC presented the list of priorities for scientific advice, which were the results of a questionnaire given to the AF.

48. One AF member felt there was too much focus on antibiotic resistance. Johan Giesecke said that for the next round ECDC would group major disease groups for that reason.

49. The Director said the next meeting would have presentations on the ongoing activities, the ones weighted highest by the AF to take on board as priority, and additional issues the AF wanted to prioritise for next time.

50. One AF member asked about guidance on susceptibility testing, and if cooperation with the European Committee on Antimicrobial Susceptibility Testing (EUCAST) was taking place. Another member stressed the importance of looking at what is already being done to avoid duplication.

51. Stef Bronzwaer of EFSA said that their agency had recently adopted guidance on antimicrobial susceptibility testing, which had been done with EUCAST. He said he was happy to share the information with the AF.

52. Another AF member wondered if ECDC could play a kind of broker role between Member States, looking at problems some were having and seeing if, for example, guidelines had been developed in other countries.

53. Johan Giesecke commented that this was one purpose of the AF – for members to bring topics and challenges from their Member States for discussion. He said that the members of the AF were also the group that would best know what is missing and what has already been done in Member States. Regarding a question about whether or not ECDC could look at bat screening, he pointed out that it had not been mentioned by anyone in the questionnaire as a priority so he could not guarantee it.

54. The Director remarked that the list of priorities should be regularly updated, and act as a rolling plan to be distributed to AF members at every meeting.

Surveillance issues: disease-specific objectives and roadmap for the Long Term Strategy

(Documents AF14/7 and AF14/8)

55. Andrew Amato, Deputy Head of the Surveillance Unit, presented the disease-specific objectives and roadmap for the Long Term Strategy, and invited comments from the floor.

a. Disease-specific objectives

56. The Director asked for volunteers for a joint Working Group to be created between the AF and the CBs to discuss the surveillance objectives. Several members did so (as the AF representatives): Mike Catchpole (United Kingdom), Maria-Teresa d'Avillez (Portugal), Florin Popovici (Romania), and Irena Klavs (Slovenia). ECDC will invite an equal number of CB representatives (seeking an appropriate geographic balance and mix of large and small states) to join these and work with the Surveillance Unit in the summer months, mainly via email and teleconferences, and the resulting work would be on the agenda in September.

b. Roadmap for the Long Term Strategy

57. One AF member noted that there were several references to new modules and syndromic surveillance, and commented that some discussion was needed on how feasible it was for Member States to support such activities. Similarly there were many disease group meetings planned that caused some concern among the members. This member also raised the issue of public access to the data and what this really means was discussed at some length. The main issue of concern was the data protection guidelines that in many cases refer at the minimum cell size that can be made public. Several AF members stressed that the work to improve the quality of data should be paramount, and the hope was also expressed that a lot of the proposed meetings be 'virtual', i.e. by phone or video, to avoid overload.

58. Andrew Amato agreed that the main goal of this strategy was to improve the data quality. He also said that much of the background work ECDC is doing should all impact the data quality, although perhaps this is not recognised immediately. He said that data confidentiality issues would be clarified, and pointed out that it was very unlikely that the ECDC would ever make available public access to case-based data, although this needs to be discussed in greater detail. He acknowledged the concerns about the number of meetings, and said that every effort will be made to see that the number of physical meetings would be limited to the absolute minimum, by using video and teleconference facilities whenever possible.

59. Andrea Ammon responded on the issue of public access to data, saying that this would be fully discussed with the surveillance contact points. Regarding the new modules, she said these are potential additions and enlargements, but that the AF would be consulted first. She also pointed out that until very recently the 17 disease networks all had annual meetings, and that ECDC has already foreseen to cut this down to six annual meetings for the disease groups.

60. The Director remarked that the AF working group is also looking at these issues, and expressed her hope that there would be a consolidated view of dealing with the Competent Bodies by September.

61. One AF member commented on the problem of presenting data when they dealt with small numbers, and suggested it might be an opportunity to discuss via ECDC with the European Data Protection Agency. The Director said ECDC would look into it and seek clarification by the next meeting.

ECDC's role in investigation of outbreaks of unknown origin

(Document AF14/11)

62. Massimo Ciotti made a presentation on this subject and the Director added that the finalised paper would be brought to the AF at a later date.

63. One AF member said they felt the title of the paper was misleading – it seemed to be more about ECDC's role in investigating deliberate release events. However, he said that ECDC's thinking should go beyond deliberate release. Other members reinforced the message that it seemed to be the wrong strategy to build a separate system just for intentional release. One AF member commented that there are sensitive issue in terms of competence regarding the Member States and the Health and Security Committee, and suggested this be developed more in the paper. Several members felt the paper should clarify ECDC's role in relation to other actors. One AF member expressed doubts that the paper was needed at all: he felt that when it came to dealing with events of unknown origin, the same steps would be taken, simply one step behind. Good laboratories would be a key issue, as well as good field epidemiologists, close collaboration with microbiologists, and good international communication lines to exchange information and assess epidemiological intelligence. The member pointed out that there is a well known basis of field epidemiology learned through EPIET and EIS. Another member said they could understand the need for the paper scientifically, but that in practice the problem became those people dealing with security issues. A discussion on ECDC's mandate in this field followed, and a broader strategic view was requested.

64. The Director commented that ECDC's mandate stresses that, in events of unknown origin, the Centre can act on its own initiative.

65. Massimo Ciotti explained that the main challenge for ECDC was the collaboration with other entities in such events. He said that joint training was a good approach, and that ECDC is currently doing this with the Commission. Finally, he commented that specific procedures would have to be developed.

66. Denis Coulombier agreed with comments from the floor that the paper may be too restrictive in its current form, and that it addressed preparedness issues more than response ones. He suggested expanding the scope of paper to look at what would be the specific role in an outbreak of unknown origin, and to bring the paper back to the AF for further consultation in September.

67. The Director stressed that there was no intention of creating competition between the Commission and the Health and Security Committee – ECDC does not want to take over any of those roles, but rather feed its work into the HSC. She highlighted that ECDC is very careful regarding the competence of Member States.

Epidemic intelligence: update on recent threats in the EU including an update on oseltamivir resistance in A(H1N1) influenza viruses

68. Denis Coulombier of ECDC gave an update to the AF on recent threats that ECDC has recently been involved with.

69. Pierluigi Lopalco, Coordinator of the VPD Programme at ECDC, presented an update on the current situation on measles in the EU.

70. One AF member said they were surprised by the advice published by ECDC on this issue, as their country did not need to be reminded of vaccination. This led to a prolonged discussion on this issue, with views on both sides – some members felt the advice was crucial. Denis Coulombier stressed that the advice had been anticipatory.

71. Piotr Kramarz of ECDC gave an update on the emerging threat of oseltamivir resistance in H1N1.

72. While AF members were pleased with the work on the issue, at least one felt that it may have involved too much work for the Member States and everyone else involved. The main issue was access to the EISS database for the data collection, which has proven difficult.

73. Andrea Ammon of ECDC said that next season the epidemiological data will come to ECDC anyway, and that data access issues would be addressed in EISS's annual meeting due to take place in two weeks. She felt that it was intolerable that these data are not shared, as they are collected for public health purposes.

74. Johan Giesecke of ECDC gave a presentation to the AF on an incident regarding contaminated steel in Italy. In reply to a question from the floor, he mentioned that the precise reasons for the contamination were not known.

75. Jean-Claude Desenclos (France), gave a presentation on two recent incidents involving rabies in France. Then Mike Catchpole (United Kingdom), presented on an incident regarding a rabid dog imported into the UK from Sri Lanka.

76. AF members made comments about the problems of illegal introduction of animals in the EU, from dogs to raccoons. One member said rabies could be very serious if it would break into wildlife, and suggested the French authorities visit Africa to look at the problem. Jean-Claude Desenclos replied that the French administration and customs do not control all the movements from one country to another, and that this problem is probably beyond the scope of France to deal with alone. Another AF member thought that the issues raised went beyond rabies, and could be an area for future research for ECDC. Mike Catchpole said that the regulations regarding the movement of animals in the EU were under review, and that this might be an opportunity for ECDC to feed in to that process.

77. Franz Karcher of the Commission said that there are guarantees that should be provided for animals once they are moved, but that the problem was implementation of these regulations by owners.

78. Denis Coulombier of ECDC replied that not all of the issues raised were in ECDC's mandate, but said that he would summarise the comments and bring them to the attention of the European Commission.

79. Angel Kunchev (Bulgaria), gave a presentation on recent cases of Congo-Crimean in Bulgaria.

80. Evelyn Depoortere of ECDC's Preparedness and Response Unit gave a presentation on the enterovirus 71 (EV71) outbreaks taking place in China and elsewhere in east Asia.

81. One AF member asked what data ECDC had on EV71 circulation in Europe, and what ECDC's view was on the safety of the Olympic Games. Another stated that it is not rare, and is circulating in Europe, but advised playing down the issue.

82. Evelyn Depoortere replied that EV71 was not under surveillance in Europe so ECDC does not have data. She commented that it is common worldwide, but that the magnitude currently being seen in east Asia is unusual, with 26 deaths already reported. She said it was a reminder of the outbreak in 98 in Taiwan, where there were around 130,000 cases reported and 78 deaths. The reasons behind such large outbreaks were not known, but one hypothesis involved immunity, and that it is a virus that mutates easily.

83. Denis Coulombier of ECDC commented that that there may be a problem with denominators and case definition. He added that ECDC was keeping a close eye on the situation, especially with regard to the Olympics.

Discussion and feedback from the AF Working Groups

84. Angel Kunchev (Bulgaria) gave feedback on the discussions of the Working Group on Competent Bodies. A draft document covering defining activities and areas of integration with the core functions of ECDC was presented and discussed. According to Mr Kunchev, the draft document still lacks straightforwardness, as it involves too many authorities and organisations. Also, some of the rules and regulations remain rather vague and are only loosely connected to real-life situations. The group will meet again in July to work on these issues. A final version of this strategic document should be available for the AF meeting in September.

85. Following this presentation, the chairs of two working groups established during the AF14 meeting presented the results of their discussions.

Working Group I

86. Working Group I, chaired by Osamah Hamouda (Germany) presented the results of their discussion on 'How to integrate surveillance data collected on a sentinel basis into TESSy'. As a first step, Working Group I suggested that the term 'sentinel data' should be abandoned in favour of 'sample-based surveillance'. After this clarification, it was pointed out that sample-based surveillance worked particularly well with frequent diseases, but would also yield acceptable results with diseases that are less frequent.

87. Obvious advantages of sample-based surveillance include more intensive surveillance (variable time periods), the option to measure incidence or prevalence, and the possibility to conduct enhanced (in-depth) surveillance.

88. But sample-based surveillance also faces problems. It can be difficult to establish an accurate denominator, and such denominators may shift or change. The fact that deducing the true incidence rate requires heavy algorithms further complicates matters.

89. The group came up with several suggestions to solve these problems. First of all, it needs to be decided which diseases are suitable for sample-based surveillance (influenza, varicella, norovirus). As a second step, protocols on sample collection have to be established, and parameters have to be described: denominator, underreporting, capture/recapture (to indicate sensitivity), and origin of data. The AF could facilitate this process by filling out a (yet to be developed) questionnaire on sentinel systems that are already in place. Additionally, the group recommended a tender for developing a strategy on sentinel/sample-based surveillance which would define the appropriate methodology necessary to address the desired level of reporting. A series of pilot projects could be started to check feasibility and 'European added value' of these recommendations.

90. In response to the working groups' recommendations, Andrea Ammon (Head of ECDC's Surveillance Unit), remarked that TESSy can address most of the issues mentioned by the group. TESSy is perfectly capable of including all recommended parameters. Unfortunately, the problem lies not with TESSy but the reporting countries which frequently cannot provide such highly specific datasets.

91. One AF member indicated that including everything that is technologically feasible into TESSy carries a certain risk. Since sentinel surveillance meant different things to different people, a strategy should be developed that addresses — among other issues —questions like inclusion and definition.

92. Andrea Ammon (ECDC) pointed out that the existing surveillance strategy paper already addresses these issues.

93. The chair of the working group then addressed the importance of molecular epidemiology and surveillance in outbreak response. He predicted that molecular epidemiology and molecular methods in general would gain more prominence in the coming years. Especially in the area of outbreak response, epidemiological typing and subtyping would continue to grow in importance. For routine surveillance, however, the role of typing and subtyping was not as obvious and should probably be limited to certain pathogens.

94. As to the inclusion of data in TESSy, the chair of the working group emphasised the vast amount of data that had to be accommodated and evaluated. He also touched upon the issue of laboratory capacity. If molecular typing of micro-organisms should become a standard procedure, many countries would be hard pressed to comply with such regulatory requirements. However, additional funds could help to improve the situation in countries with limited lab capacity. Another open question was the incorporation of AMR (antimicrobial resistance) data.

95. Several AF members indicated that in 5 to 10 years, standard typing methods will be not economical any more. Also, molecular typing yields very convincing results. It is therefore a necessity to include molecular typing into TESSy. ECDC should help with the standardisation of typing methodology and establish strong links with high-quality laboratories.

96. Andrea Ammon (ECDC) informed the AF that a small working group had been convened to develop a more detailed concept on which data types will be added to TESSy. She pointed out that all data types can be kept in TESSy as long as they could be expressed in numbers and letters. She also applauded an AF member's suggestion to use HIV and TB as model diseases for specific typing methods (e.g. VNTR typing for TB) but pointed out that there were many more diseases that would lend themselves well to such an approach.

Working Group II

97. Mike Catchpole (United Kingdom), Chair of Working Group II, presented the conclusions, which dealt with the collaboration between ECDC and the veterinary/agricultural sector on zoonotic diseases. The chair first cited some encouraging examples of such collaboration and then listed some of the perceived difficulties such as lack of data and problems with sharing information by veterinary bodies. In many Member States, the continuing privatisation of the veterinary sector poses a serious problem since commercial interests can obstruct the free flow of information. Moreover, some veterinary organisations engage in activities related to human health thus further complicating an already complex situation.

98. According to the working group, ECDC's role should be twofold: ECDC should conduct a survey of good practices in the Member States and — in case of problems — identify issues where collaboration would be useful for both sides. A second, more top-down approach, should (a) encourage collaboration starting with one area, (b) consider asking DG SANCO to invigorate the collaboration with the veterinary sector (ideally to establish a standing collaboration committee), and (c) work on the clarification of mandates of ECDC and EFSA regarding any potential overlap in the zoonoses paper.

99. Moving on to the exchange of experiences and ideas in public/private collaboration, the working group warned that the progressing privatisation of diagnostic laboratories (including microbiology labs) threatened the provision of surveillance data. In some Member States, even labs under municipal jurisdiction do not feel obliged to comply with MoH regulations. Another challenge for public-health microbiology is how to motivate clinicians to collect and share samples.

100. Possible solutions — as proposed by the group — include new legislation enforcing the sending of samples to public-health reference labs and the purchase of services from private laboratories that have contractually agreed to provide data.

101. The group also expressed hope that future EU presidencies would add the issue of strengthening investment in public health to the agenda of their informal Council meetings.

102. The Irish representative added that in Ireland designated 'surveillance scientists' habitually send data requested by public health institutes.

103. The last issue discussed by the working group dealt with collaboration in the field of vaccine programmes, particularly with respect to the purchase of vaccines. Every year, large amounts of funding go to vaccine purchases. ECDC could provide a forum for risk assessment and communication to support the Commission in a potential collaboration with the vaccine industry.

104. Some representatives added that stockpiling of lesser-used vaccines at the European level would make sense from a financial point of view. The DG SANCO representative cautioned that all vaccination issues are handled by the Member States. Also, earlier attempts at stockpiling had failed because of financial disagreements.

105. The DG SANCO representative elaborated that the Commission could not actually interfere with national vaccination policies. Therefore, workshops like the one on meningitis that showcased the very successful UK approach would be a good way to positively assist Member States in sharing best practice.

106. After these presentations, the Director thanked all AF members for contributing to the working groups and for having proposed discussion topics. She pointed out that she was looking forward to new discussion topics, but that all proposals had to be received two weeks ahead of the next AF meeting.

Evaluation of the first ESCAIDE Conference and content of the next ESCAIDE

107. Johan Giesecke, Head of ECDC's Scientific Advice Unit, presented the results of a survey conducted after the ESCAIDE conference 18–20 October 2007. After a short introduction to ESCAIDE and its objectives (see http://www.escaide.eu/en/articles/escaide/general-information.cfm) he outlined the outcome of the survey. The survey had a response rate of 55%. Overall conference quality was rated 'good' or 'excellent' by 91% of the respondents. 84% rated ESCAIDE's relevance to work as 'good' or 'excellent', 84% gave the same rating to the abstract book. 94% of all respondents plan to attend ESCAIDE 2008, and 66% prefer ESCAIDE to take place at different venues across Europe. To address this majority vote, ESCAIDE will take place every year, alternately in Stockholm or a major European city that is home to a public health institute.

108. During the 2008 ESCAIDE conference (19–21 November, Berlin), the following topics will be discussed:

a. Migration and communicable diseases in Europe
b. Special needs in communication. How to reach the hard-to-reach?
c. The expansion of vector-borne infections in Europe: are we prepared?
d. Old and new vaccines, old and new challenges

109. AF members were encouraged to propose a venue for the 2010 ESCAIDE conference.

110. When asked about the procedures when submitting abstracts for ESCAIDE, Johan Giesecke pointed out that all submissions would be reviewed by three peers.

111. The Swedish representative recommended to do away with the printed version of the abstract book. A digital version would be more cost-efficient and would allow for a much later submission deadline.

Update on AMR and HCAI activities

112. Dominique Monnet, AMR and HCAI Programme Coordinator at ECDC, outlined four strategies aimed at combating AMR and HCAI.

a. To enhance the knowledge of the health, economic and social impact of AMR and HCAI in the EU region.
b. To improve the scientific understanding of AMR and HCAI determinants.
c. To improve the range of evidence base for methods and technologies for AMR and HCAI prevention and control.
d. Contribute to the strengthening of programmes for AMR and HCAI prevention and control at EU level and in Member States.

113. Dominique Monnet also informed about activities in conjunction with a major public awareness campaign entitled 'European Antibiotic Awareness Day' (18 November 2008). The campaign's key message had been forwarded earlier to all AF members.

114. His next topic was the efforts to establish a pan-European Point Prevalence Survey on HCAIs. So far, prevalence surveys on HCAI in European countries lack comparability due to different methods, definitions and a slew of other factors. Only an EU-wide standard would make it possible to produce a map of HCAI prevalence in Europe. As a first step, national protocols will be reviewed against the guidelines set by HELICS ('Hospitals in Europe Link for Infection Control through Surveillance') and its protocol. The ultimate goal of these efforts: a map of HCAI prevalence in Europe available by 2012.

Update on migrant health

(document AF14/12)

115. Davide Manissero, ECDC Tuberculosis Programme Coordinator, gave a short presentation on the topic of migration and health.

116. During the Portuguese presidency to the EU, extensive work was carried out on the topic of migration and health. The Council conclusions that were adopted as a result of the Portuguese presidency call for an ECDC report on migration and infectious diseases to be delivered in 2008. ECDC has responded to this call and reoriented some of its ongoing work toward migrant health, particularly in the fields of TB, HIV and vaccine-preventable diseases. The ECDC Migrant Health Report will consist of two main components: a scientific statement (Part A) and a series of reports entitled 'Migrant Health: Disease Report Series' (Part B). The Disease Report Series will cover TB, HIV and VPD (including measles and rubella).

117. A member of the AF remarked that the definition of 'migrant' is widely disputed. Davide Manissero replied that the term 'foreign born' was a good approximation of migrant status, but that he and his team would look into this matter. Another option would be to adopt the definition adopted by the United Nations.

118. The WHO representative cautioned that the title for Part A should be carefully worded. Calling it an 'ECDC scientific statement: migration and infectious diseases in the EU' might oversimplify the connection between disease and migration.

119. Another representative opined that measles and rubella are not primarily issues of migrant health. These diseases are, at best, travel-related, and as such their inclusion in the report was by no means warranted nor advisable.

120. Pierluigi Lopalco, Coordinator of the VPD Programme at ECDC, confirmed that 90% of all measles infections are indigenous and not imported. But in countries with a sizeable Roma/Sinti population, a focus on measles may be important. His view was seconded by another AF member who also mentioned that disease rates in foreign enclaves were substantially higher than in the rest of the population.

121. One AF member asked why hepatitis B was not included. In his reply, Davide Manissero said that hepatitis B will be included in the 2009 workplan and covered in the Disease Report Series.

122. It was informed that the draft of the document will be circulated to the AF.

Update on the Framework Action Plan to fight TB in the EU

(document AF14/13)

123. After his presentation on migrant health, Davide Manissero updated the AF on the TB Framework Action Plan. It was launched on World TB Day and a printed version will be available this summer. To support the Action Plan, a series of follow-up actions were promised, which include technical development and cooperation. To assure its effectiveness, the role of the Action Plan in supporting the development, updating or strengthening of national plans has to be defined. The Plan calls for the development of technical packages that aid and support the implementation of measures in the Member States.

124. Short-term outputs will consist of identifying technical counterparts in Member States (a recent document circulated to the AF requests assistance in this area), a consultation workshop, joint WHO-EURO/ECDC country visits, and background work on defining programme and epidemiological targets/indicators. Synergetic effects between WHO-EURO and ECDC are expected, hopefully leading to intensified TB control and progress toward elimination.

125. Members asked if ECDC could provide more specific information on the qualifications of these 'technical counterparts'. The Director ECDC replied that ECDC will provide ToRs to help AF members identify qualified counterparts.

HCU activities

126. Karl Ekdahl, Head of the Health Communication Unit (HCU), gave an overview of his unit's recent activities.

127. *Eurosurveillance* continues to prosper. It now boasts 13,200 subscriptions and is the most cited journal in ProMed. A special TB issue will be presented to the Swedish King in May.

128. HCU has improved its circulation and dissemination procedures. All ECDC print publication are now sent to core stakeholders: MB, AF, Directors of CB, all MEPs in the ENVI Committee, Directors and Heads of Communications in selected agencies, and institutional libraries. Distribution will gradually extend to named experts in CBs and selected agencies as well as to selected experts outside the CBs. A monthly e-mail to all core stakeholders will provide short summaries (plus web address) of recently published e-documents.

129. The new interim website will be launched mid-May, while the Web portal project is well under way.

130. HCU completed the production of campaign material for the First European Antibiotic Awareness Day and finalised a chikungunya toolkit.

131. On 8–9 April, HCU met with the CB Heads of Communication. During the meeting, HCU was asked to provide additional training activities, e.g. outbreak communication and exercises. Meeting participants expressed their willingness to support ECDC initiatives to develop toolkits and campaign materials. During the meeting, ECDC was asked to provide a science base for communication, e.g. with hard-to-reach populations. Other requests asked ECDC to provide a platform for sharing material and best practices and to set up a crisis website linked to various national websites. Linguistic topics discussed included the production of a public-health terminology database for all languages and CB assistance with the proofreading of translations.

132. One member asked why the impact factor for *Eurosurveillance* was not already in place. Karl Ekdahl replied that ECDC wanted to make sure that the impact factor would come at the right time. Now, with the new IT infrastructure in place, *Eurosurveillance* will be able to submit a successful application for an impact factor.

133. The EFSA representative added that his personal experiences with a terminology database of 500 terms had been very positive and encouraged HCU to proceed in this direction.

Other matters and closure

134. The representative from EFSA gave a brief overview of ECDC-EFSA relations. Thanks to the Brussels-supported MoU between both agencies, the collaboration between ECDC and EFSA had now reached a new level, fostering further exchange, mutual understanding and intensified collaboration. He reported that EFSA's Director came away very impressed after her visit to ECDC. ECDC and EFSA had already enjoyed robust collaboration in the preparation of the zoonoses report ('The Community Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents and Antimicrobial resistance in the European Union in 2004'), published in 2006, and for the future a deepening of this collaboration is very likely. Areas of collaboration include, but are not limited to, biohazards, surveillance, and avian influenza.

135. The WHO/EURO representative praised the exceptional cooperation between his organisation and ECDC. He emphasised how, over the last year, collaboration had grown at an 'incredible speed, at all levels'.

136. The representative of Poland asked the AF for support and input in regard to a proposed school of public health that would educate a new generation of epidemiologists. The Director

ECDC promised to raise this issue with Denise Coulombier (ECDC) to see whether the 'public health function' might be utilised in conjunction with this proposal.

137. Finally, the Director thanked the members for their active participation and invited them to submit any item for the agenda of the next AF meeting and also to propose items for discussion by the working groups, within a 14 working days' notice before the next AF meeting.