ECDC Advisory Forum

AF15/Minutes

Minutes of the 15th meeting of the Advisory Forum
Stockholm, 9-10 October 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 fifteenth meeting. She apologised for the need to move this meeting from the originally scheduled date due to the extraordinary meeting of the Management Board that was held in September.

2. She updated members on the key events that had transpired since the last AF meeting.

3. She relayed apologies from Malta and Italy, and also informed that Anders Tegnell, AF Alternate from Sweden, was due to join for the second day of the meeting.

4. The Director also welcomed Paolo Guglielmetti of the European Commission, Herman van Oyen, newly appointed Alternate for Belgium, and Jeffrey Lazarus as the new observer from the World Health Organization's Regional Office for Europe.

Adoption of the draft agenda and noting the declarations of interest

(document AF15/2 Rev. 2)

5. During the adoption of the agenda, the representative from the UK requested that an update on the Network Committee meeting be added under item 16 "Other matters". The agenda was then adopted with this requested change.

The Director called for the submission of declarations of interest forms to the secretariat in respect of the agenda items. Preben Aavitsland (Norway) declared that his institute is the contract holder for the EpiNorth project. Franz Allerberger (Austria) declared that he is Austrian National Coordinator in the ECDC funded "Clostridium difficile Survey". Maria Teresa d'Avillez Paixeõ (Portugal) declared that she is a Member of the Working Group (Surveillance issues). Popovici Florin (Romania) declared that he is a Member of the Working Group of Surveillance issues. Darina O'Flanagan (Ireland) is a Member of the Venice Project (Childhood Immunisation schedule). Gérard Krause (Germany) hosted Escaide in Berlin (2008). Steffen Glismann (Denmark) was a Project Leader of EUVAC.NET.

Adoption of the draft minutes of the 14th meeting of the Advisory Forum held in Stockholm, 6–7 May 2008

6. The minutes were approved.

Priorities for the ECDC Workplan 2009 including priorities in scientific advice

(document AF 15/5 Rev 1)

7. Philippe Harant, Planning and Monitoring Manager, introduced the work programme priorities with an outline of the planning process. The Heads of Unit and Programme Coordinators then presented the priorities for their area of responsibility.

8. The Director opened the discussion by asking whether the AF considered the programme too ambitious, particularly with respect to the impact on Member States; and what the AF's priorities are.

9. She clarified that comments received from Competent Bodies had not yet been incorporated into the document, but are provided as an Annex for information. Their comments would be fully included before the paper went to the Management Board.

General issues

10. Comments were received regarding how the structure and scope of the paper might be improved, making it easier to understand. One member stated that though this level of detail was needed as an internal planning document (and should be shared with the CBs), the AF in its advisory function needs to be presented with a broader perspective giving the clear orientation of ECDC.

11. The Director proposed that in the future, such documents would include an executive summary. However, she stressed that the structure of the document has to reflect the multiannual strategic plan for the next few years.

12. It was remarked that the paper is indeed ambitious. Further, one member felt that some activities had not previously come before the AF and needed to be fully discussed before the programme could be endorsed.

13. Members stressed the need to demonstrate European added value for each activity, and not to embark on projects that are of largely academic interest only. It was suggested that a specific output should be a critical evaluation of the EU added value.

14. A further question concerned the human and financial resources: had ECDC considered mapping the resource use to specific outputs? In response, the Director explained that these are included in the plan, but that until the budget is given approval at the end of the year, this cannot be finalised. However, she acknowledged that ECDC does need to further consider the capacity of the Member States in its planning. Indeed, as a result of the external evaluation, ECDC will be performing a stakeholder analysis to look into MS capacity as well as their needs and expectations.

15. The Director raised a further issue in the matter of European added value that is the uptake of ECDC's work in the MS, such as the use of scientific advice. Once the uptake has been evaluated, ECDC can then look at how better to promote and disseminate it.

16. Remarks were made in reference to the global economic situation. The Director stated that there had not yet been a systematic analysis of the impact on health security, though she expected that there would be one in due course. Related to this, the European Commission remarked that it would be useful to include something in the work programme on the business continuity plan.

17. Given that a lot of ECDC's activities are planned to be carried out through calls for tender, one member asked about the management procedure for monitoring and integrating the output from these contracts, and how the contractors interact with the CBs.

18. The Director and Elisabeth Robino, Acting Head of Administration, outlined the existing internal procedures from both management and financial perspectives. With regard

to the integration of scientific output, the Director suggested revisiting these issues in the next meeting. There are two elements to it: assessing the quality of the output and its integration with the in-house work of the Centre. The European Commission noted that the workplan of the Public Health Programme usually includes a point on how the output of a call for tender is intended to be implemented.

19. One member expressed concerns that syndromes with a high burden of disease could be missed because they do not fit the list of pathogens. Andrea Ammon reported that there is currently an EU project on syndromic surveillance. A number of options are being examined including how ECDC would be most usefully involved.

Target: Improving surveillance

20. Several members found the plan to be very ambitious and expressed concerns about the knock-on effect for the MS in terms of data provision, while others welcomed the ambitious scope. However, one member remarked that although not all MS will be able to provide everything that ECDC requests, it is important not to settle for the bare minimum and to stretch MS.

21. One member commented that it is important to include a formal evaluation of TESSy.

22. Regarding the proposal to integrate molecular subtyping data, it was generally felt to be a good idea in the long term, but there were reservations on the timing and the technology to be used.

23. It was emphasised that before conducting surveillance of healthcare-associated infections (HCAI), it is essential to reach a consensus on the definitions. Andrea Ammon confirmed that a meeting will be held in January 2009 in order to agree upon definitions for HCAI and antimicrobial resistance.

Target: Enhancing preparedness and response

24. One member sought more details on the different roles of ECDC and EFSA regarding food-borne outbreaks and what was actually involved in the day-to-day work.

25. Denis Coulombier explained that there was a new unit within EFSA dealing with emerging risks. They recently visited ECDC and jointly reviewed the work of both agencies on threat assessments and agreed on modes of collaboration. These had already been put into practice during the melamine contamination situation and were found to work well. They were further tested during the recent simulation exercise.

26. Explaining the day-to-day collaboration, Johanna Takkinen reported that urgent enquiries mainly related to salmonellosis outbreaks. EFSA collects the data and ECDC contributes with the threat assessments when the outbreaks have an international dimension.

27. A member asked for an update on the status of the work with outbreak assistance laboratories. It was reported that the first meeting had recently taken place. Katrin Leitmeyer explained that although ENIVD would continue, it is not a surveillance network thus ECDC now has four partners, each in the areas of epidemic intelligence, quality assurance, training and response. There had recently been a kick-off meeting where procedures were discussed.

28. Clarification was requested on the inclusion of microbiologists in the EPIET programme. Another member further remarked that changes to the EPIET programme had not been discussed previously with the AF. In reply, Denis Coulombier stressed the fact that training activities for 2008 and 2009 are all included in the Multi-annual Strategic Programme, with the exception of the pilot study to include microbiologists. This was in response to strong requests from the MS for ECDC to become more involved in training for microbiologists.

29. While not denying the principle of providing training for microbiologists, one member was not convinced that their inclusion in the EPIET programme was the best solution. Firstly, he doubted that they would get much real benefit from the programme, and secondly, he was worried that this could lead to a loss of focus of the programme.

30. An internal review of EPIET had been planned for 2008, but at the suggestion of the AF this had been postponed until 2009 so that it could be a more formal external review.

31. A member drew the meeting's attention to a small but important difference between the paper and the presentation. The paper refers to providing support for the establishment of national field epidemiology training programmes (FETP), whereas the presentation referred to "support to MS FETPs". Countries that do not have such programmes clearly need more support than those that do, but it is important to continue to support the existing ones if ECDC wants countries to continue their engagement. He further asked whether there was a strategy to integrate MS-sponsored fellows with the ECDC-sponsored ones.

32. It was explained that the forthcoming meeting with the Competent Bodies would address all these issues. In order to solve problems of differing salaries and costs of living across the MS, it was being proposed that FETP fellows would stay in their own country but benefit from EPIET supervision.

Target: Strengthening scientific support

33. One member sought clarification on ECDC's laboratory strategy in the light of the European Commission's call for tender on reference labs.

34. Johan Giesecke explained that ECDC did give input to the EC's tender, and that the project should build on the work that ECDC has already done. No further steps will be taken on the lab strategy until the Commission's policy paper is seen.

35. The European Commission understood the AF's concerns but explained that the call for tender is on how to establish a framework dataset to facilitate laboratory work, especially for those diseases under Community legislation. It is not to establish a network. He expressed the hope that this project would provide both the Commission and ECDC with the information to facilitate finding the best approach.

Target: Communicating information

36. One member expressed concern that there is an emphasis on activities that are within the MS competence, like communicating to citizens. The Director confirmed that this has been the subject of a long discussion with the MB, but that the external evaluation has called on ECDC to provide more information to the European public. She also reiterated that ECDC's founding regulation requires it to communicate with citizens. However, ECDC must of course be careful to coordinate any activities with MS messages.

37. Further on this issue, ECDC also needs to engage more with policymakers, but the Director assured the AF that the main priority will always be to communicate with the scientific community.

Country visits

38. One member asked after the proposed standard methodology for country visits, remarking that the visits require a lot of input from the country and it is only worthwhile if the report is done in good time and with useful content. Alain Lefebvre, Country Relations and Coordination, confirmed that the procedure had been previously presented to the AF and MB. He summarised the deadlines for production of the reports.

39. There followed a discussion about the process for deciding which countries are visited and on what subjects. The point was made that unless reports are shared, then only the country in question benefits. A conflicting point of view was that if a report is to be made public then there could be a tendency to self-censor. The idea was raised of having two levels of report – one with general points that would be of interest to other countries and one more specific one that remained confidential, in which ECDC would be free to be more critical if necessary. It was noted that in practice no country has so far refused to share their report.

Disease-specific programmes

40. Few comments were received specifically on the disease programmes. One concern regarding the HASH programme was that it was very ambitious and MS might not have the resources to commit to it. The study of listeria was found to be a good example of EU added value.

41. There was some concern that diseases singled out as priorities have not been previously discussed with the AF. To clarify, Denis Coulombier explained that rabies was mentioned because there have been several rabies incidents within the EU. The paper would not be to issue guidance, but to lay down some procedures for dealing with similar incidents because of the specific problems related to that disease. Leishmania has been identified as a priority as a result of the vector-borne diseases project (to be reported on later in the agenda). The Director proposed compiling a list of priority pathogens for discussion in a future meeting.

42. A question was asked regarding the estimate of vaccine effectiveness. Angus Nicoll explained that this would not need to be done across all member states and there is no reason to believe it would differ across the continent. The study is looking at different methodologies to see which would best suit Europe.

Surveillance issues

(documents AF15/6 Rev. 1 and AF15/7)

a) Surveillance objectives – Report from the AF Working Group

43. Andrea Ammon, Head of the Surveillance Unit, presented the outputs of a Working Group which was set up after the previous AF meeting to review a first draft document on surveillance objectives. As a product of this work, a second draft was being presented to the AF for further discussion. The Working Group had agreed that the objectives should be made more operational and that they should be grouped into short-term objectives – comprising

those needed to detect and respond to threats and to be implemented in the next two-three years –, and long-term objectives to be implemented by 2013.

44. Furthermore, three additional objectives had been proposed by the Working Group: 1) Define surveillance outputs that will provide added value by informing public health decisions and actions at EU and Member State level; 2) Ensure patient confidentiality and legal foundation for data collection in individual Member States; and 3) Promote the wider use of surveillance data for a maximum of public health benefits. In closing her presentation, Andrea Ammon presented the points for discussion, namely, if the revised proposition of objectives was considered useful by the AF, the need for a discussion on a procedure to review the objectives, and how to prioritise the surveillance objectives.

45. Clarification was requested from the floor regarding to which extent this concept relates to the work with the DSNs and the pending discussion on the lessons learned with the DSNs. Andrea Ammon explained that the first draft had indeed as a starting point the objectives set out for the DSNs, and that the lessons learned would be addressed in the coming year.

46. To address another question from the floor, Andrea Ammon stressed the importance of having denominators for different data sources and also clarified that for each data record it was mandatory to fill out a variable data source, so that the information is not lost.

47. The Director suggested that all comments regarding this draft document be sent in writing to Andrea Ammon.

b) Molecular epidemiology in future surveillance

48. Andrea Ammon presented a draft concept on how to integrate molecular typing data into EU level surveillance. The concept is the result of a brain storming meeting held at ECDC with experts who have comprehensive experience on molecular typing.

49. During the discussion, members of the AF highlighted the importance and quality of this paper. One member cautioned that in the future molecular diagnosis will become increasingly routine, and therefore countries need to be prepared for this development. Andrea Ammon acknowledged the need to stay at the forefront of the most modern methods, but this poses a challenge due to the changes they entail. The member also suggested a correction to the draft paper, namely to include the epidemiologists in the expert groups mentioned in paragraph 26 of the document. It was agreed to correct the paper accordingly.

50. Another member requested clarification regarding the graph included on page 9 of the document, which shows the flow of information. It was explained that the reference database would be included to compare results. The dataflow is indicated via the National Surveillance Centre.

51. The EC representative recommended that all matters in this concept related to data protection be consulted with ECDC's Legal Advisor.

52. One member mentioned that during previous surveillance exercises, the issue of costs was not addressed, but this needs to be taken into account in the future.

53. Andrea Ammon informed that the draft paper will be sent out for a wider consultation. It was also mentioned that this issue can be discussed further in an AF working Group.

c) Update on TESSy

54. Edward van Straten, Acting Head of the Data Management and General Surveillance Section in the Surveillance Unit, presented an update on progress with the TESSy database, and explained that it has now 1.1 million records. The online training for users has proved to be very successful and the TESSy concept is effective, as all 49 diseases are now covered in one system. Remaining challenges were then explained and information was given on upcoming developments. Andrea Ammon thanked the countries for their collaboration and appreciated their efforts in performing the validation of the data.

55. The EC representative congratulated ECDC for the remarkable work and the quality of TESSy, as it is in line with the legal requirements and provides added value. Another member highlighted the quality of the support that the Centre is providing to TESSy users.

56. One member cautioned that more work is needed on increasing comparability of the data, due to the different reporting methods. Furthermore, the pitfalls of adding other diseases, e.g. healthcare-associated infections (HCAI), need to be addressed. Andrea Ammon agreed that the inclusion of HCAI data is difficult because of problems with the comparability, but there needs to be a starting point. ECDC is currently transferring the data from the IPSE project, taking the necessary precautions. She also explained that discrepancies in the data from the EFSA Zoonoses Report and ECDC's Annual Epidemiological Report were due to the fact that countries had reported differently.

57. Addressing a comment on the new case definitions adopted by the European Commission, it was explained that this is a process and all countries are now working on the implementation. Therefore these changes will also be reflected in the TESSy database latest in 2010.

Annual Epidemiological Report – lessons learned

58. Johan Giesecke explained the main problems encountered during production of the latest Annual Report and the lessons learned from the process. He emphasised that in order to publish earlier in 2009, deadlines for data upload and validation must be strictly adhered to. He further asked members for suggestions by email for the special topic for 2009.

59. It was felt that the report was valuable, despite the delays to this year's publication, and one member remarked that problems with the first editions are bound to be problematic.

60. One of the problems from the MS side was that the second round of checking needs to be done by different people than the first and this is what led to a lot of the late changes. The countries need to find a way to deal with this for the next edition.

61. The Director proposed that this be put back on the agenda for the December meeting to discuss possible subjects for the 2009 special topic, the length and target audience.

Evidence-based approach to scientific advice: procedures, templates, selection of experts and grading of evidence

(Document AF15/8)

62. Piotr Kramarz, Deputy Head of the Scientific Advice Unit, presented the latest thinking on the procedures for providing scientific advice and asked for the AF's views on several

issues: should ECDC include an element of public consultation; suggested criteria to ensure the highest calibre of experts; how to handle conflicts of interest.

63. Regarding the selection of experts, there were several comments and suggestions from the floor. ECDC were cautioned not to focus solely on academic credentials such as publications. Often, published papers have a very narrow focus which does not necessarily mean the author is qualified to advise on public health matters. Further, there area lot of experienced public health professionals who may not be publishing but whose expertise would be extremely valuable to ECDC. In addition, ECDC needs to consider the range of sciences to be covered; subjects such as behavioural science, health economics, medical ethics, health communication all have some relevance for ECDC's work.

64. One member suggested that ECDC might be able to use the national advisory boards within the Member States as these experts have already been evaluated in some way. The European Commission suggested contacting DG RTD and Sanco C7 as there is a comprehensive list of experts in a wide range of fields related to public health.

65. Members were thanked for their useful comments. Johan Giesecke highlighted the fact that it is harder to select experts on an international level. For instance, professional societies often do not have European equivalents. He also emphasised that ECDC must remain open and transparent and thus needs to solicit experts via the website as well as seek counsel from the AF and CBs, who in any case may not be aware of the experts in some of the other disciplines.

66. With regard to the grading of evidence, it was suggested that ECDC could look at the systems used by the editors of scientific journals.

Update on vector-borne diseases related activities

(Document AF15/13)

67. Evelyn Depoortere presented an update on the output from the projects on vector-borne diseases. She also took the opportunity to highlight an ongoing issue regarding the methodology used to produce risk maps. The debate is whether to base them on current knowledge only, or to take expert advice and anticipate future developments.

68. One member found the projects interesting but asked what actions will come out of the findings. In reply, ED explained that the workplan for 2009 already includes a similar risk map project on tick-borne diseases, risk analyses for Leishmania and Dengue and the production of another toolkit.

69. A number of comments were made regarding the decision to prioritise certain diseases over others. It is difficult to do so at the European level as something highly relevant to the northern countries will probably not be so relevant for the southern ones and vice versa, yet some diseases affecting some of the MSs have been given equal priority with others that affect the whole of the EU. The member for France stated that research is currently being undertaken in order to redefine vector control in France. This is an important issue for that country and has legal implications. Based on that experience he asked how the potential risk could be analysed. The member for Romania reminded the AF of the presence of West Nile virus in his country and suggested this should be included in a list of priority vector-borne diseases. The European Commission added that West Nile virus has always been included in

the new legislation concerning blood transfusion and this has a large impact on Romania so is an important issue.

70. Evelyn Depoortere agreed that it is difficult to set priorities considering the wide geographical differences across Europe. Specifically, West Nile was considered a medium, not high, priority because current knowledge suggests that the risk of spread is limited. However, ECDC is open to adding it to the list of priorities if the situation has changed.

71. It was agreed that a working group would be set up to deal with these issues and a strategy for how to choose priorities in this area.

Relations with the Competent Bodies

(Document AF15/10)

72. On behalf of the working group, Mike Catchpole, member for the UK, introduced the paper for discussion, highlighting specific items for consideration.

73. The Director thanked the working group for its work to date, and hoped that the AF could find a consensus ahead of the Management Board meeting in November 2008.

74. One member inquired about the implementation plan for the strategy for working with CBs. The issue arose in the context of nominations from his country. Alain Lefebvre, Country Relations and Coordination, explained firstly that the current paper had been prepared to assist the CBs to understand their role and to help ECDC to work with them. There will be a revised paper in December after which time internal procedures can be adjusted to fully implement it. In terms of the designations, it was always planned that these would be revised after a period. The Director confirmed that 2009 would be an appropriate time to review the situation after a discussion with the MB.

75. Other comments related to the role of the AF members as contrasted with the CBs and specifically whether AF members are acting in their personal capacity or represent their national interests. The Director clarified her views by explaining that the CBs represent the national interest, whereas the AF is one of the official governing bodies of ECDC and as such should act in the interest of European public health. The AF is the only body that can advise ECDC's Director on matters such as the content of the workplans, quality of ECDC's work and independence. The Director went on to express the view that she would be reluctant to lose the advisory role that the AF currently has. However, it might be possible to set something up with the framework of the Founding Regulation that would act to give more independent scientific advice, but she felt this should be in addition to the AF in its current form. A member thanked the Director for her views and suggested that in the light of this clarification it could be useful to return to the discussion on how to make best use of the AF meetings. The Director agreed to put this back on the agenda so that the AF's views could be presented to the MB in March 2009.

76. One member felt the paper was overcomplicated and that despite the list of terminology there were still a lot of confusing terms. Mike Catchpole replied that although he tended to agree, it was also important not to oversimplify in order to maintain some quite subtle differences between some of the roles.

77. The member for Germany noted as a point of information that until the paper is ratified by the MB, the German Government will not allow the nomination of any disease-specific

focal points. The European Commission clarified that there is, however, a legal obligation on MSs to nominate focal points for the dedicated surveillance networks.

Country profiles

78. In response to a question that arose earlier in the meeting, the Director asked Alain Lefebvre to clarify the situation regarding the country profiles.

79. He explained that the country profiles were commissioned in order for ECDC staff to be fully informed of the situation in each Member State, particularly when going on country visits. Indeed, this was a direct response to complaints from the MS and was one of the criticisms in the external evaluation. They were prepared by external contractors based on existing sources available on relevant websites (national health institutes, government websites, OECD, Eurostat, European Commission, WHO, etc). However, they were found to contain a lot of mistakes and it was realised that it would be impossible to properly keep them up to date. They were therefore sent to the countries to check and to let ECDC know which parts were good or not. He stressed the fact that ECDC was not asking the countries to take responsibility for re-writing them (thought some countries have asked to do so). He further made it clear that these documents are for internal information only, not for publication.

80. Given these problems, one solution is being piloted and a call for tender has been launched that would make payment for assistance with certain activities that MSs are not obliged by the Founding Regulation to provide. This includes regularly updating the profiles, summarising public health news in that country, updating contact lists, etc. AL confirmed that they were looking for someone in a particular country to be responsible for the information solely in that country. Thus far, there have been responses to the call for tender from only two countries and that there are funds set aside to test this approach with 5-10 countries. After an evaluation, if it was found to be successful, the initiative could then be extended to all countries.

Epidemic intelligence: update on recent threats in the EU

Lessons learned from the A(H1N1) oseltamivir resistant viruses

81. Piotr Kramarz presented an update of the work done so far on the subject of oseltamivir-resistant influenza viruses and outlined the next steps to be taken. Specifically there will be a ‘lessons learned’ document prepared at the request of WHO.

82. One member remarked that the body that was in place to provide most of the data was not in the event able to comply and this in turn put tremendous strain on the Member States. He asked that this be included in the ‘lessons learned’. The European Commission is following up on this issue, is fully involved and is motivated to get the MSs to share data on antiviral resistance. PK further noted that the data took a long time to produce partly because at first there did not appear to be a public health emergency so an investigation was not mobilised until quite late.

Q fever

83. Marianne van der Sande (Netherlands) presented information on a recent outbreak of Q fever.

Update on Salmonella outbreak

84. Darina O'Flanagan (Ireland) presented information on the recent international Salmonella outbreak, stressing the successful collaboration with ECDC and the fact that molecular subtyping was a crucial factor in identifying the source.

CCHF

85. This item was postponed until the next meeting.

Hepatitis A

86. Jurijs Perevoscikovs (Latvia) presented information on the outbreak of Hepatitis A in Latvia. He advocated help from ECDC for epidemiologists in his country on how to work more effectively with risk groups (such as MSM and IDU) and with an exchange of information.

Melamine contamination & Implications of a new family cluster of vCJD in Spain

87. These items were not presented but Denis Coulombier indicated that any questions related to these outbreaks could be put to him after the meeting.

Childhood immunisation schedule

(Document AF15/12)

88. Pierluigi Lopalco, Scientific Advice Unit, presented the main points of the paper on childhood vaccination schedules, currently in draft and circulated to the AF for comment. He requested that comments be submitted before the end of the year. However, the European Commission stated that the meeting of the policy group was planned for the end of November and an advance draft before then would be preferable.

Seasonal influenza vaccination issues – seasonal influenza

89. Angus Nicoll, Scientific Advice Unit, presented the work of the seasonal influenza immunisation project and asked the AF whether they saw any more needs or gaps. In response to a question, AN stated that after reviewing the literature there is no evidence that there is an additional burden among pregnant women and children, though that may simply be because the relevant research and surveillance has not yet been carried out. There is no surveillance in Europe of severe disease. Though this would be complicated, it is something that is being done by WHO and the US CDC to find out which respiratory infections are responsible for hospitalisations. It is done using a sentinel system, rather than routinely.

90. The European Commission informed the AF that the recommendations made will be considered under the Czech Presidency.

91. The representative from WHO promised to take the AF's comments back to the responsible parties at WHO.

Proposal for definitions of multidrug-resistant (MDR), extensively drug-resistant (XDR) and pandrug-resistant (PDR) bacteria other than mycobacteria

(Document AF15/9)

92. Dominique Monnet, Coordinator of ECDC's Programme on Antimicrobial Resistance and Healthcare-associated Infections, presented the draft proposal for discussion.

93. Members were largely supportive of the initiative and agreed with the need for consistency in the terminology. However, there were some concerns regarding certain aspects of the project.

94. One member sought clarification on where this paper fits into the structure for scientific advice as presented earlier, and also asked for more information on the methods used. Johan Giesecke explained that the procedure outlined in Document AF15/8 concerned responses to questions from MS and EC, whereas this was on ECDC's own initiative. That said, ECDC needs to reflect on how these kinds of papers fit into the overall work of ECDC.

95. Dominique Monnet further clarified that this is not a review done by a formally convened panel, but the opinion of the key experts in this area after scientific consultation.

96. A member stressed the importance of a wide public consultation in order to have this accepted and widely used. Another member advocated field testing before final publication and suggested this could be done against retrospective data. It was confirmed that public consultation is already foreseen at a later stage and that field testing could be included then. The WHO Collaborating Centres will carry out some of this testing.

97. One member warned against using acronyms for resistant pathogens and gave as an example the fact that MRSA has gained a 'life of its own' in the public mind, and is now seen as pathogen in its own right.

98. It was asked why TB had been excluded from this exercise. Dominique Monnet explained that TB already has its own definitions that work well – there was no need to change them.

99. Several members were concerned about the implications for infection control measures. Although these are not included in the paper, it was felt that the political reality could not be ignored.

100. The Director agreed to the suggestion that a working group be set up to discuss the purposes of this paper.

Update on drafting of ECDC Migrant Health Report

101. Davide Manissero, Scientific Advice Unit, presented the status of the work on the reports concerning migration and infectious diseases. He emphasised that the title had been changed to 'background note' following earlier comments from the AF. Also, Hepatitis B had been added to the list of key diseases to be covered. There had been much discussion on the definition of 'migration'. He noted that the VPD section goes beyond what has been agreed, to look at minority communities and Roma populations, but it was felt especially important to include them in this case.

102. Several members were of the opinion that syphilis should be included. DM explained that more diseases would be included from 2009, and that syphilis has been mentioned for consideration.

103. Caution was advised when wording the documents as the issue of migration is highly sensitive politically. Dominique Monnet agreed and reassured members that the Technical Expert Groups were fully aware of the issues. In drafting the reports, the authors had been very careful to avoid discrimination and stigmatisation.

104. On the subject of policy issues, Dominique Monnet stressed that the background paper will be a purely technical one looking at the evidence around the epidemiology and intervention. Policy will be touched upon just as background, drawing on the conclusions of the Portuguese Presidency.

Update on Framework Action Plan to Fight TB in the EU

105. Davide Manissero, Scientific Advice Unit, presented an update on the TB Framework Action Plan. He explained that there had previously been criticism that the follow-up went beyond ECDC's mandate. However, the European Commission has now formally requested that ECDC provide technical support.

106. Several comments referred to the use of the word 'elimination' as it was felt to be unrealistic for many countries. DM clarified that it is used in the context of a long-term goal. It is necessary to have a target that countries can work towards and the existing targets are no longer relevant.

107. It was confirmed that ECDC is taking country-specific approaches – a strategy is being developed for the five EU countries that are in WHO's 18 top priority countries.

108. One member suggested that it might be time to reconsider what data is being collected, as some of the datasets in her country were not suitable for measuring TB control.

109. It is not expected that countries will receive yet more questionnaires as a result of the follow-up.

Disease Programme activities

a) Update on future surveillance of Hepatitis B & C

110. An overview of current and past activities in hepatitis surveillance was presented by Johann Fontaine, member of ECDC's Disease Programme for HIV, STI and Blood-borne viruses. A main event held in 2008 was the technical expert group meeting, where discussions focused on the countries' experiences and the development of a roadmap for future surveillance activities. It was informed that the expert group recommended including the burden of disease with cost-effectiveness studies as objective for hepatitis surveillance, as well as the evaluation of immunisation and screening programmes. The group also had recommendations regarding methods and data sources to use, variables for enhanced hepatitis surveillance to include and suggested that de data collection be done on an annual basis. Furthermore, the planned activities for 2009 were summarised during the presentation.

111. Clarification was requested from the floor on how it is planned to capture burden of disease information based on surveillance data. Concerns were raised due to the fact that surveillance has a different structure and methodology. Johann Fontaine explained that e. g. data from hospitals will be used, taking into account mortality by hepatitis will most likely occur in future feasibility studies or special surveys. Andrea Ammon acknowledged the

limitations of using the surveillance data, but some parameters could be extracted from it, like the clinical data and prevalence.

112. The Director pointed out to the AF that another project in development by ECDC is specifically looking at burden of disease.

113. The representative from the EC reminded that during the most recent Network Committee meeting it was requested that the case definition for hepatitis be revised.

114. Several members of the AF explained the difficulties encountered with surveillance data on hepatitis and expressed their concerns over the implications of having to include burden of disease as a surveillance objective. Limitations mentioned were: data showing an incomplete picture, problems with the subtyping of Hepatitis B, difficulties with reporting Hepatitis C. It was also mentioned that additional resources would be needed to embark on an enhanced surveillance.

115. Despite the limitations, some members agreed on the importance of getting a clearer picture on the burden of hepatitis B and C. The WHO representative commented that it is relevant to look at the latency and the complications derived from hepatitis C.

116. One AF member expressed that while the discussion of this topic was interesting, the objective needs to be clear. The surveillance data would neither be helpful for assessing the burden of disease, nor for detecting outbreaks, nor for assessing incidence – due to the delay between infection and diagnosis –, nor for detecting transmission routes. What is needed is a better definition of the natural history of Hepatitis C. The problem was, therefore, to assess which would be the best methodology. Another member suggested that population surveys would be more effective than surveillance data.

117. Andrea Ammon agreed that Hepatitis C clearly shows that different approaches are valid for the objectives and prevalence data collection (in sentinel surveillance or focussing on specific risk groups) would be more appropriate. The questions arising will be discussed with the nominated contact points. in order to assert the specific aims and purposes. She recalled that Hepatitis B and C are in the list of reportable diseases and that the list for surveillance will be revised in the EU. ECDC is proposing that instead of having one list with all diseases, it would be better to have a list presenting two categories: 1) diseases for which reporting is mandatory, and 2) diseases for which reporting is optional – for those countries with the capacity to do so. Hepatitis C could enter into this second category.

118. Andrea Ammon proposed a meeting to be organised during the medium term with the nominated contact points on Hepatitis B and C to further discuss these issues. ECDC's Director added that this matter will be brought back at a future AF. Johann Fontaine then summarised the discussion and assured that the AF will be involved in the further work in this ongoing process.

b) Update on the European Antibiotic Awareness Day

119. Dominique Monnet, Coordinator of ECDC's Programme on Antimicrobial Resistance and Healthcare-associated Infections, explained the aims and characteristics of the European Antibiotic Awareness Day (EAAD), to be celebrated on 18 November 2008 focusing on the general public. Activities are confirmed in 28 countries, and on the aforementioned date a scientific briefing and a press conference will take place at the European Parliament in Strasbourg. The campaign includes a logo translated into all EU languages, slogans, a media

toolkit and a short film for countries to use in their activities. A special website has also been developed, and Dominique Monnet encouraged countries to link to this site. Letters have been sent to the countries to secure political support. Furthermore, *Eurosurveillance* will dedicate two special issues on antimicrobial resistance in connection with European Antibiotic Awareness Day.

120. Compliments to ECDC for this initiative were expressed by an AF member, who pointed out that having a specific date for EAAD has given impulse to other related activities. In his country it facilitated a meeting of different sectors to discuss a national strategy, and it has also raised awareness among professionals.

121. The Director then informed that if countries needed ECDC presence during their planned activities for EAAD, the Centre was willing to offer support. In closing this agenda item, Dominique Monnet thanked the AF for all their support with this initiative.

Other matters and closure

a) Update on ESCAIDE

(document AF15/14)

122. Johan Giesecke, Head of the Scientific Advice Unit, informed on the status of the preparations for the next ESCAIDE Conference, to be held on 19-21 November 2008 in Berlin. At this stage, more than 450 persons had registered on-line and more participants were expected. It was also mentioned that ESCAIDE 2008 was accredited by the European Accreditation Council for Continuing Medical Education (EACCME) and participants will be eligible to receive up to 18 CME credits for attending the conference.

123. Questions were received from the floor as to location and dates of future conferences, to allow for planning. Johan Giesecke explained that, as agreed previously, every other year a conference will take place in Stockholm, and during the year in between it will be held in another country. He also mentioned that is was difficult at this stage to give exact dates.

124. The ECDC Director recalled that, even if countries wished to have this kind of event outside of Stockholm, it was already discussed with the EC to have as many ECDC events in Stockholm as possible. One AF member suggested considering the advantages of having events like ESCAIDE in different countries since it allows for more people to participate and increases ECDC's visibility in the host country. The representative from the EC then informed of a document by the Commission that addresses these issues, and offered to brief the AF on this at the next meeting.

b) Update on the Network Committee meeting

125. This item was added to the agenda at the request of the AF representative from the UK.

126. The EC representative informed that in the Network Committee meeting a main item discussed was the procedure to establish agreements on contact tracing and declare emergencies.

127. The AF member from the UK then explained that further analysis should be made of the actual need to mutually agree on response procedures, as there appears to be legal uncertainty

on the mechanism of selective information related to an outbreak via EWRS, in particular as regards exchange of patient information.

128. The representative of the EC replied that precisely because of this, legal certainty through a mutual agreement on the selective exchange mechanism is much needed and therefore the Commission proposes clarification. He added that the available functionality in EWRS for the selective exchange of information has been abused by some countries, which has led to legal uncertainty. He recalled that, according to Decision 2119, all Member States need to be informed on all events related to Annexes 1 and 2. If a Member State must notify any information related to a Public Health measure or an event per se, all other countries need to be informed.

129. Another country representative noted that two different matters where touched upon in this discussion: the legal aspects of data transfer and the mechanism used. It was felt that further discussion is needed and overburdening the system should be avoided, and this was supported by other AF members.

130. Denis Coulombier, Head of the Preparedness and Response Unit, clarified on issues related to the application of Decision 2119 and explained that the specific exchange of personal data only made sense when done between a few countries. He also informed that the EWRS is currently being assessed with the Data Protection Officer of the EC.

131. One member strongly opposed to the comment made about countries that are abusing the mechanism, and clarified the issue in discussion is rather related to Decision 2147 and not 2119.

132. The representative of the EC clarified that the aim was not to blame countries and acknowledged that the criteria needed revision. The IHR also needs to be considered in this discussion. He offered to report back to the Commission on this discussion and suggested to always include outcomes from the Network Committee meeting in the AF agenda. He then informed that the Network Committee meets again in December.

133. The Director confirmed that an agenda item for the next AF meeting would be EWRS, and in closing the 15th AF meeting, thanked all participants for their active participation.