ECDC Advisory Forum

AF18/Minutes

Minutes of the 18th Meeting of the Advisory Forum
Stockholm, 12-13 May 2009

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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 eighteenth meeting. She relayed apologies from Cyprus, France, Italy, Liechtenstein, Lithuania and NGOs. Several AF members participated in this meeting via audio conference.

2. The Director also welcomed Mr David Mercer of the World Health Organization's Regional Office for Europe.

3. The Director informed the AF that the agenda had been revised in order to devote the first day of the meeting to the new influenza A(H1N1) pandemic. This change would also provide sufficient time to exchange experiences and strategies and thus prepare for the next stage of the epidemic. One key question in this context would be how to better engage the AF and solicit its expert advice and guidance on strategic and content related issues.

Adoption of the draft agenda and noting the declarations of interest *(Document AF18/2 Rev.2)*

4. The revised agenda was adopted without any further changes.

5. The Director called for the submission of Declarations of Interest Forms to the secretariat in respect of the agenda items. No conflicts of interest were reported to Governance.

Adoption of the draft minutes of the 17th meeting of the Advisory Forum held in Stockholm, 18–19 February 2008 *(Document AF18/4)*

6. The minutes were proposed for adoption.

7. One AF member requested that "national data" in paragraph 83 should be changed to "regional data".

8. The minutes were then adopted.

Update on the latest epidemiological picture of influenza A(H1N1)

9. Denis Coulombier, Head of the Preparedness and Response Unit, gave a brief overview of the current influenza A(H1N1) situation. His presentation is available as a series of PowerPoint slides.[1] Additional information on the A(H1N1) epidemic is available from ECDC's website.

[1] Agenda item 3 - Epidemiological Update (D Coulombier).ppt

Discussion

10. Following Denis Coulombier's presentation, one AF member noted that ECDC's reports were very informative and much appreciated in his country. He also suggested that the AF members should discuss secondary cases in more detail, particularly concerning the reporting practice for such cases, and share their views on case definitions.

11. One representative opined that ECDC's daily situation updates were helpful, but placed too much emphasis on sheer numbers. "Whether there are nine or 12 cases in whatever country is not very relevant", he pointed out. Those numbers were also available from the WHO. What was lacking in ECDC's "Situation Reports" was an assessment of key parameters and expert judgement. Factors as case fatality (CF) or fatality rate, reproductive number, and virulence would be much more interesting than plain numbers.

12. With regard to ECDC's reporting practice, one AF member pointed out that his country still experienced cases of regular seasonal influenza. He thought it would be instructive to include seasonal influenza cases in ECDC's "Situation Reports". In a direct reply, Andrea Ammon, Head of ECDC's Surveillance Unit (SUN), stated that SUN's data indicated that seasonal influenza was still around, although activity was low.

13. The lack of detailed information on the U.S. situation was mentioned by another AF member. He considered the U.S. CDC information on the situation in the fifty states as rather limited and suggested that ECDC produce a digest of the epidemiological situation in the states by compiling information available from the State Health Departments' websites. He said that consideration should be given to embarking on a joint effort of the U.S. CDC and ECDC on order to produce such a digest. A similar digest could be compiled for Canada and South America. These data could — if meaningfully compiled and evaluated — provide insights on community transmission parameters and would aid when trying to predict the future course of the epidemic in Europe.

14. The Director replied that these ideas were essentially in line with ECDC's thinking and that ECDC would consider adding more analytical sections to its publications.

15. Johan Giesecke, Chief Scientist and Head of the Scientific Advice Unit, added that ECDC's publications each focused on specific aspects. While the "Situation Report" series are more factual, "Threat Assessments" provided more analytical information.

16. In reply to a representative's question whether seasonal influenza vaccination provided some protection against the new influenza A(H1N1) virus, Kari Johansen, ECDC Expert on Vaccine-preventable Diseases, SAU, referred to new research which indicated that the seasonal influenza vaccine does not provide protection against the new influenza A(H1N1).

17. In response to a question from another AF member, a representative answered that none of the UK cases had been vaccinated with seasonal influenza vaccine.

Update on ECDC activities and collaboration with the Member States, the European Commission, and the World Health Organization (WHO/EURO and Headquarters)

18. Johan Giesecke briefly presented on ECDC's activities and collaboration efforts. Details can be found in his presentation.[2]

Discussion

19. Immediately following Johan Giesecke's presentation, Paolo Guglielmetti, European Commission, summarised the Commission's efforts concerning a public health response to the new influenza A(H1N1) epidemic. Due to technical problems with the audio link to Luxembourg, much of his contribution was lost in transmission.

20. The Director added that during the extraordinary Council meeting in Luxembourg on 30 April 2009, which was attended by almost all EU health ministers, ECDC's efforts in regard to the new influenza A(H1N1) epidemic were very much appreciated.

21. The WHO representative praised the excellent cooperation between the WHO and ECDC. Placing an EPIET fellow in the WHO Regional Office in Copenhagen was helpful. As to the WHO stance on the influenza A(H1N1) epidemic, the WHO representative reported that WHO was currently in the process of shifting its priorities from a focus on case counting, containment measures and mitigation efforts towards a phase of preparedness, ensuring that hospitals are prepared to provide care in case of a pandemic.

22. In answering a question from the AF, Denis Coulombier said that it was very likely that the current travel advisory would be modified after Thursday's EWRS meeting and that it would not include any mention of specific countries. The original rationale behind the travel advice was to rather err on the side of caution than take a chance at increasing the risk of transmission.

23. Another discussion focused on a recent publication[3] in *Science* by a team of researchers lead by Neil Ferguson (Imperial College, London), estimating that "transmissibility [of the new influenza virus] is therefore substantially higher than seasonal flu, and comparable with lower estimates of R_0 obtained from previous influenza pandemics."[4]

24. The WHO representative said that in the U.S., the new influenza A(H1N1) appeared to be less or no more severe than normal seasonal influenza, as far as lethality/virulence was concerned.

[2] Agenda item 4 - Cooperation with MS EC WHO (J Giesecke).ppt
[3] http://www.sciencemag.org/cgi/content/abstract/1176062
[4] http://www.sciencemag.org/cgi/content/abstract/1176062

Country experiences: UK, Spain

25. John Watson, HPA, CfI, connected via audio link from London, presented an update on the UK situation. Details can be found in his presentation.[5]

Discussion

26. In reply to a question on the clinical features of confirmed cases (slide 7), John Watson said that the differences in the frequency of diarrhea and vomiting in different age groups were not yet evaluated. An AF member added that the high number of gastroenteritic symptoms might be due to the fact that the new influenza A(H1N1) seemed to primarily affect younger people who were more prone to such symptoms.

27. In relation to John Watson's mention of the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL), Andrea Ammon (ECDC) said that countries in need of support could contact either her or Maria Zambon.

28. One representative pointed out that, contrary to John Watson's overview on slide 24, Poland had the capability to perform real-time PCR.

29. When asked about the detection of cases through post-flight contact tracing, John Watson said that the initial approach in the UK was to trace three rows ahead/behind a confirmed index case. In addition, all passengers with symptomatic cases were contacted, given health information, and offered prophylaxis.

30. An AF member added that the authorities in her country had difficulties obtaining reliable information on flight seats. The introduction of passenger locator cards was one of the options considered, since airline seating records can be inaccurate as passengers might change seats during a flight.

31. Further to this topic, a representative said that his organisation was preparing a study on contact tracing that will examine flights coming from Mexico or the U.S. with at least one stopover in another EU country before reaching its final destination in the EU. As one member of the AF remarked, a study of this type raises questions of ethics and privacy, and support from national health authorities can only be granted once these questions have been answered.

32. The Spanish AF representative reported on his country's efforts in response to the new influenza A(H1N1) epidemic. The most recent trend was a declining number of suspect cases — as in several other countries. This trend cannot be attributed to the recently revised Spanish case definitions (fever threshold was changed), but there are indications that the reduced number of charter flights to Mexico might play a role. One representative pointed out that as the 'panic level' decreases, fewer people report their symptoms to health professionals. Other reasons are that ILI (influenza-like illness) surveillance is not particularly sensitive, that 30% of confirmed cases showed atypical or very mild symptoms, and up to 50% had no fever when examined by a physician. The absence of fever, one AF member explained, could be explained by the fact that many patients reported to their doctor only after the remission of the fever.

[5] H1N1 UK ECDC AF 12 5 09 (J Watson).ppt

33. The fact that the new influenza A(H1N1) virus is documented as 'easily transmissible' and many cases are accompanied only by mild symptoms prompted an AF member to wonder whether there are already 'thousands of infected people' in Europe.

Future developments: Lessons learned from past pandemics

34. Angus Nicoll, ECDC's Influenza Programme Coordinator, gave a presentation entitled 'Likely evolution of the epidemics/pandemic of novel A(H1N1) influenza',[6] in which he presented a brief historical overview of pandemics and contrasted the features of the current epidemic with those of past pandemics.

Discussion

35. Acknowledging the quality of the above-noted presentation, one representative said that Angus Nicoll 'provided exactly the kind of analytical input we would like to see more of.'

36. One member of the AF wondered whether it was an option to completely stop control measures or even promote infection ('swine flu parties') in order to gain immunity while the virus was only causing relatively mild symptoms. In a direct response, another AF member advised against this approach, quoting a similar approach in his country during the 1918-19 pandemic. The spring/summer influenza of 1918 was considered so mild that health authorities did not recommend any protective measures and even promoted infection as a way to build up immunity. Unfortunately, many of these infections turned out to be lethal.

37. When asked about the new A(H1N1) influenza's R_0 value, Angus Nicoll stated that it is notoriously difficult to calculate the R_0 for influenza, as there are rarely 'clean outbreaks'. Commonly, the R_0 of seasonal influenza is given as 1.2 to 1.4; for the new A(H1N1) influenza, he quoted R_0 1.4 to 1.6 . In response to a question on vaccination, he answered that a focus on those groups of the population that are at risk would (hypothetically) be helpful. However, the usual recommendation seems to be to vaccinate small children (ideal in terms of life years gained) or the elderly (ideal in terms of saved lives). In the end, national governments will make these recommendations, in close collaboration with experts and, at a later stage, the pharmaceutical industry. Only 10 or 11 countries, he added, have vaccine advance-purchase agreements.

Case-based reporting

38. Andrea Ammon, Head of ECDC Surveillance Unit, gave a presentation on 'Case-based reporting'. Details can be found in the original PowerPoint slides.[7]

[6] Agenda item 6 - Future Developments Lessons Learnt from Past Pandemics (A Nicoll).ppt
[7] Agenda item 7 - Case-based Reporting (A Ammon).ppt

Discussion

39. One representative remarked that it would be easier having to report only to WHO instead of reporting to both WHO and EWRS. The EWRS is a subset of the WHO questionnaire, so filling out both questionnaires almost amounts to a duplication of the workload.

40. Paolo Guglielmetti, European Commission, said that efforts were underway in regard to the reporting to WHO and EWRS. He was optimistic that — after some minor changes in the schematics — WHO would agree to accept the reporting system used by EWRS.

41. One representative criticised that epidemiologically relevant questions like 'Why was the sample taken?' or 'How was the case detected?' were missing from the questionnaire. In addition, requesting the exact geographical location of a case is not particularly relevant. It would be just as interesting to know whether the infected person had been travelling and where he or she had returned from. However, participants agreed that once pandemic influenza phase 6 is reached, the question of geographical origin becomes moot.

42. The AF agreed that an influenza surveillance working group led by Andrea Ammon should meet earlier than had originally been planned.

Suggestions for joint operational research

43. In his presentation entitled 'Opportunities for studies during the A(H1N1) pandemic',[8] Johan Giesecke suggested that a new working group should be established that should look at 'the natural history of the disease and epidemic' and particularly 'risk factors of severe clinical course or death'.

Discussion

44. Although the questions raised by ECDC's Chief Scientist were considered by several AF members as very relevant, the suggestion was met with reservation as many colleagues were too busy to take on 'additional elective studies', as one AF member phrased it.

45. Other representatives declared their support for the Centre's initiative, and expressed their willingness to participate in the new joint working group.

46. The Director recommended that some of these research topics should be addressed during the Advisory Forum of DG Research in June.

Adjustment of public health measures as the pandemic evolves

47. In his presentation, 'From containment to mitigation'[9], Denis Coulombier discussed the interrelationship between containment and mitigation strategies.

[8] Agenda item 8 - Suggestions for Joint Operational Research (J Giesecke).ppt
[9] Agenda item 9 - From Containment to Mitigation (D Coulombier).ppt

Discussion

48. Most AF members concurred that during the early phases of an outbreak, containment was an appropriate response. The role of prophylaxis was more contentious. One representative stated that his country's approach was 'treatment, not prophylaxis.' Doubts were voiced as to the effectiveness of containment and mitigation. As one representative put it: 'We have no idea whether our activities made any difference at all.' He confirmed that his country would review whether the containment approach would be continued.

49. One expert wondered whether the term 'containment' was a misconception in itself: 'Nobody has ever contained a pandemic'.

50. Several AF members mentioned that they lacked reliable data on disease severity before deciding on community measures, travel advice, or passenger contact tracing. In the end, decisions were less based on scientific evidence but on common sense: 'Be sensible when travelling.'

51. The definition of 'local spread' or 'affected area' represented another confounding factor.

52. The feasibility of measures was another topic of discussion. According to WHO, entry screening should only be 'considered'. Exit screening has to be negotiated with the airlines, as it may cause significant delays at airports.

Status and plans for vaccine development

53. In her comprehensive presentation,[10] Kari Johansen, Expert, Vaccine Preventable Diseases, SAU, provided an overview of the status and plans for vaccine development.

Discussion

54. In response to the question whether this new pandemic would wipe out the seasonal pandemics, Kari Johansen replied that both virus types in parallel are most likely foreseen.

55. One representative inquired about the time frame for vaccine production. Kari Johansen stated that if a seed virus became available at the end of May, it would take four to six months before the first vaccination dose would become available. By October/November, a vaccine would be available, but it might take a total of two years before the 2.5 billion doses became available that are needed for adequate protection. There is also a considerable amount of uncertainty surrounding the minimum number of doses required for immunisation. Health officials will probably recommend three flu shots for this fall, one regular shot for seasonal influenza, and two doses of any vaccine developed for the new A(H1N1) influenza virus. One way of increasing the vaccine's capacity would be to reduce the hemagglutinin level.

[10] Agenda item 10 - Status and Plans for Vaccine Development (K Johansen).ppt

Antiviral agents — Suggestions for priority use and practical issues of treatment, with one five-day course of medication

56. Angus Nicoll's presentation entitled 'Suggestions for priority use and practical issues: Antiviral agents in a pandemic'[11] suggested that antiviral therapy seems to benefit even very sick patients, so being outside the 48-hour window after the onset of symptoms is justifiable. (Anti-viral drugs are less effective when administered 48 hours after the onset of symptoms.) With reference to other medications, he referred to a list currently compiled by French authorities on 'essential drugs during a pandemic'.

Discussion

57. A representative remarked that the standard treatment schedule of five days for antivirals could be too short.

58. Concern was expressed over distribution plans for antivirals. Not all countries might have such plans in place. Another reason for concern was the focus on oseltamivir ('Tamiflu'). Should countries diversify their supplies and include other antivirals because of oseltamivir resistance?

Crisis communication for public health

59. Karl Ekdahl, Head of the Health Communication Unit, outlined his Unit's activities during the current new influenza A(H1N1) emergency. Details are available in his PowerPoint file.[12]

Need for regular technical telephone conferences: How?

60. Johan Giesecke pointed out that the mix of managerial and technical issues during the daily EWRS conferences was less than ideal. He suggested that technical issues be moved to a separate group that would meet one hour per week for a teleconference and discuss case definitions, testing algorithms and similar topics. Conclusions should be summarised in a paper that would be forwarded to EWRS.

Discussion

61. One representative said that the daily EWRS conferences were already quite a burden and that another teleconference would be too time-consuming.

62. This was seconded by other AF members. An additional teleconference would only be acceptable if at the same time other commitments (such as EWRS) would be reduced. Conferences should also be well prepared, with clear voting options without lengthy open-ended discussions.

63. The Director assured that ECDC would consult with the Commission in order to find the right balance and that suitable topics would be assigned to the appropriate body.

[11] Agenda item 11 - Antiviral Agents (A Nicoll).ppt
[12] Agenda item 12 - Crisis Communication (K Ekdahl).ppt

Priorities for Scientific Advice *(Document 18/5 Rev.1)*

64. Piotr Kramarz, Deputy Head of Scientific Advice Unit, gave a presentation on 'Priorities for Scientific Advice'. Details can be found in the original PowerPoint slides.[13] He summarised the process of priority setting developed by the Scientific Advice Unit and piloted in 2008 and remarked on where ECDC is now. He then presented the summary scores for proposed priority topics by disease-specific area of ECDC work. He thanked the AF for having provided the scored feedback and having added additional topics and for having scored them accordingly. He also remarked that not all Member States scored the proposed activities and it is important to encourage more Members of the Advisory Forum to participate in the scoring process next year to achieve more balanced scores.

65. P. Kramarz then remarked that the influenza situation remains a challenge for all units in terms of balancing their work on the crisis versus working on business continuity.

66. He stated that scoring results were disseminated jointly between the respective Unit Heads of ECDC and the Disease Specific Coordinators for consideration of inclusion in ECDC's Work Programme 2010. He also underlined that the input from the AF is crucial in order to avert duplication of efforts vis-à-vis priorities of the Work Programme 2010. In terms of actual inclusion in the Work Programme, he said that this is influenced by other factors beyond the scored priorities, for instance, the Centre's capacity. He thanked the AF and reiterated the value of their input and that it will be carefully taken into consideration.

67. ECDC's Director remarked on the formidable work achieved to date by the Scientific Advice Unit and the progress made towards assuring an evidence-based character of the scientific advice produced. She also recalled the Centre's continuous growth in terms of staff capacity, and affirmed that ECDC will deal with the highly ambitious priorities of the Work Programme. The Director expressed that now is an ideal time for ECDC and the national institutes to agree upon the types of issues to be dealt with and to avert duplication with the work plans. She encouraged feedback from the AF in terms of 'burning issues' vis-à-vis the main priorities and/or processes. The Director then opened the floor for discussion.

Discussion

68. In response to a query from the representative of Luxembourg, P. Kramarz affirmed that he would verify why that country was not included in the existing list of eight countries.

69. Following a query from Slovenia, P. Kramarz affirmed that some of the topics, in particular, vaccination-preventable diseases (VPD), contain some similarities and thus are grouped within the VPD areas. He added that the scientific topic of the potential need for additional boosters for DTP will be taken into account.

[13] Agenda item 15, "Priorities for Scientific Advice" (Piotr Kramarz).ppt

70. ECDC's Director cautioned that the Work Programme remains a challenge that needs to be carefully examined especially with respect to deliverables, given that many other priorities need to be pushed forward. She recalled that, due to the immediacy of the influenza issues item that was placed on the AF Draft Agenda, one of the items had to be dropped from the AF this time in order to discuss the priorities of the Work Programme 2010. She reassured the AF that ECDC is working on Priorities for Scientific Advice and that the list will also incorporate those outlined in P. Kramarz' presentation. The Work Programme, including incorporated priorities, will be circulated to the AF in due course for subsequent verification and feedback prior to submission to the MB in June for initial discussion. The process is ongoing until year end. The Director stressed that the Centre is seeking guidance from the AF on this matter and will thus work closely with them.

Childhood Immunisation Schedule *(Documents 18/6a Rev.2 and 18/6b)*

71. Pierluigi Lopalco, Senior Expert, Scientific Advice Unit, gave a presentation on 'SPACIS Guidance on DTP Vaccination. Details can be found in the original PowerPoint slides.[14] He recalled that the Executive Summary was dispatched to the AF for comments in March 2009 and thanked the members for their active involvement in the process. He also informed that 90% of their feedback pertained to problems in accepting the need for boosters and acquiring consensus. He also noted that the majority of suggestions received from the AF were incorporated into the Executive Summary (summary of points).

72. ECDC's Director thanked Pierluigi Lopalco for his solid work and opened the floor for discussion.

Discussion

74. In response to a query from David Mercer, WHO Europe, P. Lopalco affirmed that he received the internal comments from WHO Europe on guidelines for schedules and added that all comments were collected and forwarded to the panel.

75. The representative from Germany highlighted the need to discuss how the entire process was actually presented. He expressed the concerns of AF members given the number of replies that the Centre received, and noted that Germany had only learned about the final announcement one day prior to the press release. The representative stated that the general public may not necessarily be the appropriate target audience with phraseology such as 'recommendations' per se. As it stands, the document contains superfluous statements, and as such, is a 'toothless summary' with no added value. He then sought ECDC's view on how the Centre will fill in the gaps in knowledge and produce an evidence-based document that can be profited by all and utilised for future work.

76. In concurring with Germany, the representative from Belgium affirmed that the document is lacking a firm conclusion and remarked that there is no rationale for having a major difference in vaccination schedules in Europe. He also stated that communication should be made directly by the appropriate officials in the respective Member States that are working on such schemes and not with the general public at

[14] Pierluigi Lopalco, 'SPACIS Guidance on DTP Vaccination' ppt.

large. He added that ECDC's approach places unnecessary tensions throughout the Belgium administration.

77. ECDC's Director responded that lengthy discussions have already ensued in the MB regarding immunisation schedules vis-à-vis competencies of EU institutions. Based on ECDC's Founding Regulation, the Centre already has a mandate in this area. Notwithstanding the sensitivity of the issue, ECDC is moving cautiously in this area using a step-by-step approach as countries are guarding their national immunisation schedules. ECDC is progressing in this regard and is engaging the appropriate parties who are responsible for national immunisation schedules. Accordingly, ECDC's first expert advisory group is planned to convene at the end of May. The Director then suggested that approval of the Executive Summary be postponed until the AF has had the opportunity to discuss the matter further with members of the expert advisory group. Following the next meeting of the group, the Executive Summary will be further refined and finalised via the AF.

78. The representative from Denmark remarked that he had been in contact with his Minister and it was highlighted that ECDC needs to recognise that the child immunisation scheme is essentially a national issue. He added that public health is not being served well with this discussion which should be put on hold. He suggested analysing how vaccination coverage can be improved and how to achieve dialogue with vulnerable populations, for instance, migrant populations. He highlighted that the core of public health is to serve the population.

79. In recalling the Founding Regulation, ECDC's Director concurred and affirmed that mandate related issues should be left to the jurisdiction of the MB and not the AF. She recalled that the work of the Centre is to support the Commission, the latter of which is strongly convinced that EU institutions are responsible for working on cross border aspects of the childhood immunisation schedule.

80. The representative from Slovenia expressed her support for the previous speakers and noted that her country's current national immunisation schedule is omitted in the Executive Summary.

81. The representative from Ireland remarked that the content of the entire document (including the Executive Summary) has not been discussed in depth. She dissented on a number of scientific points raised in the document. The representative from Ireland explained that individuals at various stages of life are being given boosters (not only children) and thus need to be considered in the report. The representative of Ireland conveyed her apprehension of the document being disseminated to the EC and the Health Council.

82. In referring to an earlier comment from Belgium, the representative of Poland stated that it is much easier to achieve theoretical consensus regarding harmonisation of schedules in Europe rather than practical consensus. He noted that in Poland, due to budgetary limitations and an awareness of needs, major difficulties have arisen with the national immunisation schedule. In terms of coverage and elimination of measles per se, the Polish Government is obliged to provide complimentary vaccines for measles to

children; however, very low coverage exists for various other vaccines that people are required to pay out of pocket.

83. In recalling earlier comments from Germany, P. Lopalco explained that the Executive Summary (SPACIS document) was essentially a document that was modified to be used primarily as a basis for further discussion. He likened it to a compilation of available knowledge and/or evidence that may serve as a basis of discussion at the Member State level. He conceded that heterogeneity poses a potential problem from a public health perspective but that the document was purposely drafted to avoid strong conclusions in the Executive Summary. The Executive Summary should include a list of points that can guide the reader on the rationale of the document.

84. In response to Ireland, P. Lopalco agreed that while some comments were not taken on board in the main document, this is not the fault of ECDC but rather the topic. He stated that 90% of the remarks (including those of Ireland) were taken on board by the experts (SPACIS). Yet some of the remarks regarding the need for boosters in the second year, for instance, were not taken on board due to lengthy discussions and varying opinions of the experts in the panel. He added that at the end of the day, the experts decided on the content of the document as it stands.

85. P. Lopalco promised that ECDC will hold further consultations with the expert advisory group (EVAG) on 25 May 2009 regarding the content of the executive summary.

86. In response to the comment from Slovenia, P. Lopalco explained that in terms of immunisation schedules, the data in the table in the document differs slightly from the schedules on the EUVAC website since it changes in the meantime. The data in the table might contain discrepancies since it was compiled more than six months ago.

87. P. Lopalco maintained that measles remains a top priority for ECDC and recalled that, prior to the influenza pandemic, the Centre was working steadfastly to support the elimination strategy.

88. ECDC's Director clarified that while the paper is the result of the work of the scientific panel, at the end of the day, it represents the scientific advice of ECDC, the latter of which takes full responsibility for it. She then informed that the Centre will consult with EVAG and bring it back to the next AF meeting in September in order to achieve consensus on the matter including the next steps forward.

89. The Director also reassured the AF that the document will neither go to the Council nor to the Commission. She also recalled that the Commission has been dealing with cross border aspects that affect several hundreds of thousands of families.

90. The representative from Norway stressed that minor variations in the vaccination histories of children living in different countries should not be exaggerated. He cited the example of his country's health services that have served to accommodate the children of immigrants and temporary workers.

91. The representative of Germany proposed that ECDC continue collecting existing national childhood immunisation schedules while trying not to impose any burden on the Member States. Alternatively, ECDC could collect the existing evidence,

present it, and allow the Member States to make their concluding observations since they possess different medical systems that influence the timing of vaccinations. Notwithstanding ECDC's mandate, through its resources, the Centre could formulate new evidence that cannot be carried out solely by a Member State. He added that Member States would certainly benefit from this option.

92. P. Lopalco responded that the childhood immunisation schedule represents a work in progress that is part of ongoing discussions. He said that the Commission has planned a plenary meeting inviting all ministries of health to discuss these issues, albeit procedures regarding the childhood immunisation schedule represent only a component of the plenary session. He also recalled a recent large-scale public consultation on several issues and highlighted that the document serves as a starting point to illustrate the problem of gaps per se. A list of gaps is contained at the end of each chapter, including the need for scientific research. While ECDC can take on board some of the topics, research centres in Europe represent the appropriate channels in which to conduct research in this direction in order to address some other gaps.

93. ECDC's Director thanked everyone for their helpful comments and stated that the childhood immunisation schedule issue will be addressed once again at the next AF meeting.

Annual Epidemiological Report 2009

73. Johan Giesecke announced that due to the influenza outbreak, the draft Annual Epidemiological Report 2009 cannot be presented at this meeting. Accordingly, ECDC will send a draft version to the AF electronically for their review and comments in due course.

Surveillance issue: Behavioural Surveillance related to HIV and STI: Next Steps *(Document 18/7 Rev.1)*

74. Marita van de Laar, Senior Expert, Surveillance Unit, gave a presentation on 'STIs, including HIV/AIDS and Blood-borne Viruses – Behavioural Surveillance Related to HIV and STIs. Details can be found in the original PowerPoint slides.[15] She remarked that input from the AF in terms of i) comments on conclusions re behavioural surveillance systems; ii) suggestions regarding the agenda of the final meeting and; iii) suggestions on the next steps that would be appreciated by 22 May 2009.

Discussion

75. The Polish representative requested amendments to be made to their in-country HIV and STI country visit report and incorporated into ECDC's final mission report.

76. The representative from the Netherlands asked that behavioural indicators be included in the final report.

[15] Marita van de Laar, Senior Expert, Surveillance Unit, gave a presentation on 'STIs, including HIV/AIDS and Blood-borne Viruses – Behavioural Surveillance Related to HIV and STIs'.

77. In citing the popularity of behavioural surveillance indicators in annual reporting from the United Nations, the representative from Norway expressed his concern over the list of core indicators at the end of the Centre's report since it is often almost impossible to obtain in a satisfactory manner and will subsequently pose a burden (work wise) for many countries to acquire those indicators. He also questioned the way in which indicators are collected and the thoroughness of research endeavours, for instance, the way in which indicators are obtained in terms of the number of partners a homosexual man has had in the past year. He questioned the worth of such indicators and stated that none of them can be entirely representative of a country's population.

78. In concurring with the Netherlands, Belgium conceded that there are various methodological problems vis-à-vis indicators thereby leading to insufficient research. He advised that when planning to use such indicators, the practical public health views regarding behavioural surveillance related to HIV and STI need to be taken into consideration. He recalled a general health survey from Belgium that seemed useful, though not for people involved in the fight against infectious diseases. He relayed that national bureaus are not permitted to inquire about the sexual orientation of people. In referring to the list of indicators in the paper, he proposed that ECDC think in terms of what it can be used for 'in practice' in order to make changes to policies, for instance.

79. In responding to an earlier question from Poland, M. van de Laar affirmed that she is currently working on a mission report that will be issued shortly.

80. Following a query from the Netherlands, M. van de Laar affirmed that behavioural surveys are not restricted to HIV and that the Montreux expert meeting covered both HIV and STD.

81. In response to Norway, M. van de Laar stated that once the mapping report is completed, it will show the available sexual behavioural indicators of gay populations collected in Member States or in dedicated surveys. She conceded this is a missed opportunity for this group whereby basic indicators could be monitored. She also recalled that the project's initial main objective was to streamline and harmonise indicators (so that comparable data are obtained) and not double the work for Member States.

82. In referring to ECDC's discussions with international partners, M. van de Laar recalled that they were to devise a list of six indicators as a basis for potential surveillance related to HIV and STI and to achieve a consensus on a limited set of indicators. In addition, and beyond the scope of the project, in-depth surveys are being carried out and the main objective of this project is to reach consensus on a minimum set of indicators that could be used by the Member States if they wish to conduct behavioural surveillance surveys. She stressed the importance of using the same indicators and not to replicate discussions. In terms of the list of indicators, the entire list does not necessarily need to be used; instead, a user-friendly tool kit will be developed as a second phase that can be adapted by individual countries in order that they can implement surveillance. In keeping with the *Dublin Declaration*, a consensus (action) plan needs to be rolled out in order to formalise a scheme at the EU level.

83. Andrea Ammon, Head of ECDC's Surveillance Unit (SUN), clarified the above-noted proposal and suggested that, following their return home, AF members discuss among their colleagues and experts in this area and to duly inform ECDC and proposed

that the AF conduct a step-by-step approach and agree on a minimum to start with, if deemed useful, then proceed from there and possibly convene a meeting.

84. The representative from Norway questioned the value of this exercise and postulated that even if the analysis is boiled down to six indicators, there remain some eight different groups, many of which are extremely difficult to reach (e.g. representative samples of homosexual men or sex workers). He further conveyed that the workload will far outweigh the utility of the exercise.

85. In concurring with Norway, the representative from Belgium recalled DG SANCO's European survey and WHO's school surveys and he reiterated that ECDC should start with existing instruments since they represent a vast investment. He recommended using sentinel survey systems --- either with practitioners or through labs --- that can add value (albeit limited), including the identification of changes in behaviour. He expressed his concern that the study will not integrate what has already been carried out among other organisations in Europe.

86. M. van de Laar clarified that the above surveys are included in the final mapping report and serve as a base for the youth and general population. The report maps what has already been done in the Member States. In terms of populations, the Member States will be provided with an overview of what has been carried out to date. In regard to behavioural surveillance, it is not ECDC's intention to impose on countries, but rather, to offer and develop a toolkit for Member States that want to conduct a survey on a certain population for subsequent comparison of other countries.

87. ECDC's Director conveyed that there is no rush in taking a decision on this matter and that M. van de Laar will draft a mapping report (tool kit) illustrating what ECDC plans to do. The report will be submitted to the AF at a future meeting in 2009.

88. Following the coffee break, ECDC's Director presented Professor Ragnar Norrby with flowers and thanked him for his support especially during the start-up phase of ECDC. After several applauses, Maria-Teresa d'Avillez, Portugal, thanked him for his warm hospitality over the years.

Disease Programme Activities: Antimicrobial resistance and healthcare-associated infections

i) ECDC-EFSA-EMEA Joint Assessment on MRSA in livestock, companion animals and food *(Document 18/8 Rev. 2)*

89. Dominique Monnet, Senior Expert, Antimicrobial Resistance, Scientific Advice Unit, presented his summary paper for discussion and informed the document would be launched on 1 June 2009.

Discussion

90. The representative of Belgium expressed his delight that ECDC had participated in this timely topic. In recalling some experiences, he stressed the importance of getting

people outside the public health sector to acknowledge MRSA. He promised he would read the paper more in depth and respond with some feedback.

ii) Draft ECDC-EMEA Joint Report: "The gap between multidrug-resistant bacteria in the EU and development of novel antibacterial medicinal products" *(Handout)*

91. In referring to the seventy-page handout (tabled), Dominique Monnet, Senior Expert, Antimicrobial Resistance, Scientific Advice Unit, stated that the current draft joint report comprises an analysis of trends concerning the burden of antimicrobial resistance in the EU and in particular, the identification of a gap between the burden of infections due to multidrug-resistant bacteria and the development of new antibacterial agents to tackle the problem.

92. D. Monnet informed that EMEA was responsible for carrying out a thorough, first-rate analysis of the antibacterial drug development pipeline. He affirmed the hypothesis that in the future, there will be a gap between resistance and the lack of drugs to combat the bacteria. The goal is to present this document during the Expert Conference on Innovative Incentives for Effective Antibacterials (17 September 2009).

Discussion

93. Following a query from the Portuguese representative, D. Monnet explained that the he would forward to the AF a revised version of the draft joint report for their comments in due course. Once the finalised version is published, AF Members may share it with their respective countries.

94. The representative from Luxembourg expressed his satisfaction with the paper that was now tabled and noted the excellent collaboration between ECDC and the European Antimicrobial Resistance Surveillance System (EARSS) should continue.

95. Following a comment from Sweden, D. Monnet clarified that Professor Ragnar Norrby is the Chair of the Working Group thus the AF is represented throughout the entire process.

96. In recalling a comment from Luxembourg, D. Monnet emphasised the importance of transferring not only the EARSS interactive database from RIVM but also scientific and technical knowledge, which will definitely represent a challenging endeavour for 2010.

iii) European Antibiotic Awareness Day 2009: Key messages for primary care prescribers *(Document AF18/9 Rev.1 [Info Note])*

97. Dominique Monnet, Senior Expert, Antimicrobial Resistance, Scientific Advice Unit, informed that, following feedback from the Member States, the Centre decided not only to disseminate key messages and slogans to the general public, but also to address concerns and raise awareness regarding primary care prescribers per se. A series of key messages have been developed based on facts and references from published studies. He added that some European doctors in Brussels discussed the tone of ECDC's messages and opined they are too prescriptive and that it would be better if primary care prescribers get the message across to patients.

98. D. Monnet informed that Doc AF18/9 Rev.1 (Info Note) will be further revised and welcomes input from the AF with respect to the key messages.

Discussion

99. The Danish representative welcomed a revised document and inquired whether over-the-counter antimicrobial drugs should be addressed vis-à-vis European Antibiotic Awareness Day. He also asked whether any evaluation was carried out on the outcome of the previous Antibiotic Awareness Day. He stressed the importance of benchmarking the event and summarising previous experiences before actually planning the next event.

100. In responding to Denmark, Dominique Monnet noted that in terms of the over-the-counter drugs, a part of the message from last year that will be carried forward this year addresses self-medication with antibiotics. Although there is no complete overview, some studies have demonstrated that over-the-counter dispensation of antibiotics leads to self-medication. The Commission intends to conduct a Eurobarometer survey probably later this year and an overview on this matter is anticipated by the end of 2009 or early next year. As a caveat, D. Monnet noted that enforcement of law vis-à-vis dispensation of antibiotics remains under the jurisdiction of Member States.

Other Matters and Closure

101. ECDC's Director informed the link between the threat assessment and the situation report will be facilitated even further in the future and that it will be easier to locate on the web site. In terms of the link between EWRS and the AF, the Director advised that ECDC shall approach the European Commission and that both entities will also review topics and find ways in which to connect the two bodies including the types of issues that will be discussed within the AF.

102. It was agreed to that ECDC would convene an audio conference with the AF within a few weeks' time.

103. ECDC's Director adjourned the meeting and thanked the AF for their excellent work.