ECDC Advisory Forum

Minutes of the 40th meeting of the Advisory Forum

Stockholm, 10 December 2014 (via audio conference)

Contents

Opening and adoption of the programme (noting Declarations of Interest and Specific Declarations of Interest, if any)

1. Mike Catchpole, ECDC new Chief Scientist and Chair, welcomed members of the Advisory Forum to the Fortieth meeting, arranged via audio conference for the second time. He also warmly welcomed Paul Cosford, newly appointed Member for United Kingdom, Frank Van Loock from the European Commission and Guénaël Rodier, WHO Regional Office for Europe.

2. Apologies had been received from Belgium, Cyprus, Estonia, the Former Yugoslav Republic of Macedonia, France, Iceland, Italy, Liechtenstein, Montenegro, Norway, Portugal, Serbia, Slovak Republic and Turkey, as well as from the Standing Committee of European Doctors and the European Patients' Forum. In reference to the listed apologies, the Advisory Forum was informed that due to the unfortunate last minute cancellation of Silvia Declich, Member, Italy, the programme item on the Italian EU Presidency would not be discussed. Additionally, it was noted that Belgium had submitted written comments on some of the programme items to the Secretariat, duly forwarded to the Chair.

3. The Chair then recalled the letter regarding submission of CVs for uploading to the ECDC website at the request of the European Parliament and reminded the Advisory Forum members who had not yet submitted their CVs to do so at their earliest convenience.

4. In reference to the adoption of the draft programme, no declarations of interests were declared. The draft programme was adopted with one addition requested by Ireland regarding the survey on Enterovirus D68.

Adoption of the draft minutes of the 39th meeting of the Advisory Forum held in Stockholm (24-25 September 2014)

5. The draft minutes from the Thirty-ninth meeting of the Advisory Forum had been previously circulated to the Members. Comments were received ahead of the meeting from Austria, regarding amendment of paragraph 94. There was an additional request from Denmark to amend paragraph 54 on Lyme disease to read 'Denmark had adopted lab-based reporting *of neuroborreliosis*' and Ireland requested for paragraph 57 to be deleted. There were no other comments and the minutes were adopted with these amendments.

Update from ECDC on the main activities since the last Advisory Forum meeting

6. Marc Sprenger, ECDC Director, provided an update on the main activities since the last Advisory Forum meeting highlighting some of the main events, visits and meetings. Much of the activity at ECDC had been as a result of the Ebola outbreak and in connection with this ECDC had recently produced an excellent tutorial on using personal protective equipment. The second external evaluation of ECDC had now been approved by the Management Board (MB) and Advisory Forum members were encouraged to read the report on the ECDC website. The conclusion of the evaluation was that ECDC offered clear added-value and its work was appreciated by the Member States. The Management Board had established a drafting group to look at conclusions and recommendations and ECDC had reviewed the report and was developing an action plan to tackle those aspects within its remit. ESCAIDE (5-7 November 2014) had been a great success, as had European Antibiotics Awareness Day. ECDC had participated in several conferences during the Italian Presidency of the Council of the European Union, including a recent Ministerial Conference in Rome entitled 'Fighting against HIV/AIDS ten years after the Dublin Declaration: Leaving no-one behind – ending AIDS in Europe.'

7. Marianne van der Sande, Alternate, the Netherlands, noted that a discussion of the ECDC Work Programme 2016 was supposed to have been one of the key items on the AF agenda, however, it appeared that this discussion would now not take place and it was therefore questioned whether there would be an opportunity to discuss this at a future AF meeting in 2015.

8. Paul Cosford, Member, United Kingdom, referring to ECDC's work on Ebola, suggested that there should be more regular discussions on port-of-entry screening of EU citizens returning from affected areas and follow-up, which would be very helpful for the EU Member States.

9. Aura Timen, Member, European Public Health Association (EUPHA), commenting on ECDC Director's point on the highlighting of public health policy at ESCAIDE, said that she wished to acknowledge the efforts made by ECDC to address public health policy and thanked ECDC for participating in the EUPHA public health conference entitled 'Mind the gap: Reducing inequalities in health and health care' in Glasgow on 19-22 November 2014.

10. ECDC Director, responding to the three comments, noted that according to its financial regulations, ECDC was required to plan its work well in advance which was why initial discussions had already been held with the Management Board on the 2016 Work Programme. However, provisions had been made to ensure flexibility. The same applied to the 2015 Work Programme which had been approved by the Management Board with the provision that certain activities might have to be cancelled in order to give priority to Ebola. ECDC would propose a list of activities for cancellation at the next Management Board meeting. With regard to the EUPHA Conference in Glasgow, he confirmed that he had attended and had been very impressed, in particular by a workshop on Ebola.

11. The Chair, responding to the comment made by United Kingdom, said that a key role for ECDC was to provide expert opinions and scientific advice to Member States, and therefore suggested that they should contact him at ECDC with any specific questions for discussion and he would follow up.

Update on the EU Presidencies:

a) Update from Latvia

12. Jurijs Perevoščikovs, Member, Latvia, provided an update on the upcoming Latvian EU Presidency.

ECDC Annual Work Programme Priorities 2016

13. Marc Sprenger, ECDC Director, introducing ECDC's Annual Work Programme priorities for 2016, explained that the document, a first draft, was the result of an internal process at ECDC and that it had been brought forward this year and presented for discussion at the Management Board on 18-19 November with a request for feedback within one month. The budget would be similar to 2015, the staff reduction programme for all EU institutions would continue, with a further four posts to be cut. Some of the programme's key elements are further implementation of the cross-border threats to health; further support to improve preparedness, including planning tool kits and evaluation of response plans; full coverage of the infectious disease atlas to display data on the ECDC website; training for Member States to prepare risk assessments. There would be continuously increased resources for antimicrobial resistance and healthcare-related infections (ARHAI) and nosocomial infections. In the areas of HIV, STI and viral hepatitis there would be increased support to obtain better estimates of HIV, hepatitis B and C prevalence and incidence. There would also be increased support for vaccination coverage and improved assessment of latent tuberculosis culture. The AF members were encouraged to provide feedback on the 2016 Work Programme.

14. The Chair noted that Belgium had already provided written comments on the 2016 Work Programme.

15. Kåre Mølbak, Member, Denmark, pointed out two issues. Firstly, the increasing emphasis on e-learning would provide less opportunity for people from various EU countries to meet, interact and exchange experiences. Secondly, in light of the current Ebola crisis, it would be useful to re-evaluate the role of ECDC in international outbreaks and incorporate the results of such an evaluation into the Work Programme for 2016.

16. Anders Tegnell, Member, Sweden, supported the comments made by Denmark and asked about further evaluation of the EPIET/EUPHEM training programmes as this important issue did not appear to be covered and the evaluation work needed to continue. He also wished to see an evaluation of the use and need for surveillance at EU level and clearer goals included in the Work Programme. He appreciated the work being done by ECDC on the infectious disease atlas.

17. Paul Cosford, Member, United Kingdom, appreciated the consistency with the 2015 Work Programme and agreed to provide more detailed comments in writing. Responding to Kåre Mølbak's comment on evaluating ECDC's role in international outbreaks, he noted that it was important to have flexibility in the Work Programme in order to respond to issues as they arose, as in the case of Ebola.

18. Marianne van der Sande, Alternate, the Netherlands, said that it would be useful to involve the network coordinating committees which became operational this year in discussions on the Work Programme. In 2014, the AF had only learned of budget cuts through the Management Board and had had no opportunity to discuss this. She pointed out that it was important to use the networks to get input and commitment.

19. 19. Andreas Gilsdorf, Alternate, Germany, congratulated ECDC on the draft Work Programme. He supported the comment by Sweden regarding evaluation of EPIET/EUPHEM training. He also felt the need for a better alignment of training objectives at EU level, suggesting to continue the AF working group on training objectives, which was stopped without clear results over a year ago. With regard to the external evaluation of ECDC, he felt that there was a need to discuss this in the AF. Regarding evaluation of ECDC's role in international outbreaks, he suggested that any such evaluation should take place in 2015, rather than 2016, while the experience was still fresh.

20. Darina O'Flanagan, Member, Ireland, agreed with the UK that there was a need for technical discussions surrounding response to emergencies such as Ebola and did not feel that the Health Security Committee was the appropriate forum for this. She quoted the UK's Advisory Committee on Dangerous Pathogens' recent review of its advice on Ebola and lowering of the temperature threshold from ≥38·C to ≥37.5·C as an example of a technical area for discussion which all countries could benefit from.

21. ECDC Director, responding to the comments on ECDC's role during the current Ebola outbreak, said that the Agency had been able to respond well to the crisis, thanks to its flexible public health emergency plan, and he was sure that it would be able to adapt to other emerging situations in the future. Since the European Commissioner for Health's visit to the affected countries in West Africa and the arrival of the new Juncker Commission, there had been a clear policy of greater collaboration between ECO and SANCO. The Commissioner had raised the issue of how ECDC and Europe could better support affected countries and it was hoped that more resources could be mobilised in Europe as there were many experts who could contribute. This matter would be discussed further during the Commissioner's visit to ECDC the following day (11 December 2014). In response to the comment by Ireland on technical discussions, he felt that this issue should be raised at the Health Security Committee; however ECDC was also willing to set up meetings with technical specialists if necessary.

22. Karl Ekdahl, Head of Public Health Capacity and Communication Unit, ECDC, responding to comments on training, said that discussions were ongoing in his unit with regard to the future of EPIET and EUPHEM. The discussion paper presented at the last AF meeting had been updated and presented to the Management Board whose Members had been asked for feedback by 19 December 2014. The next step would be to set up discussion groups with those responsible for training in the countries, Advisory Forum Members and ECDC training specialists with a view to having a draft document by June 2015. He welcomed feedback from Advisory Forum Members and noted that it was not the intention for e-learning to replace on-site training courses, but to complement them. There would need to be further discussion on how to get the balance right in the future.

23. The Chair pointed out that the external evaluation document was very important for ECDC and would be discussed at the next AF meeting in February 2015.

24. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, responding to the comment by Sweden on developing EU added-value in surveillance activities for the Work Programme 2016, said that the evaluation of outputs currently under development would be built into the meetings with NFPs in order to obtain more feedback. He also noted that following an audit that had been carried out in 2014, the link between EPIS, TESSy, etc. would be re-engineered during 2015, which would provide an opportunity to review in-depth all the functional requirements for surveillance with the countries.

Scientific advice: update on assessments, reviews and guidance:

25. Marc Struelens, ECDC Chief Microbiologist, introduced this item and welcomed feedback and input from Advisory Forum Members on the three papers.

a) The carbapenemase-producing Enterobacteriaceae molecular surveillance strategy

b) The meticillin-resistant Staphylococcus aureus molecular surveillance strategy

26. Barbara Albiger, Scientific Officer, Antimicrobial Resistance and Healthcare-Associated Infections, Office of the Chief Scientist, ECDC, introduced the two above noted papers and concluded by asking the AF members whether they agreed with the objectives and proposed survey design and whether they thought that the expected health benefits could be obtained in their countries.

27. The Chair recalled that Belgium had provided comments on these items in writing stating that they agreed to support both proposals which were well aligned with national surveillance programmes on MRSA and CPE.

28. Andreas Gilsdorf, Alternate, Germany, said that experts in Germany agreed with the overall perspectives, although they had some concerns regarding the details. It would be difficult to obtain the analytic and epidemiological details through the laboratory track, despite agreeing that it was important to have this information. This applied to both proposals. There were also concerns about the representativeness of sample size for CPE, given that it was relatively difficult to achieve the sample size due to the low prevalence of CPE. In the CPE strategy the study design seemed similar to the EUSCAPE study, the role of the identified national reference laboratories was quite vague and he wondered whether it would be possible to define their role more clearly in the future. In Europe, surveillance systems were more or less integrated and it was important not to build systems that bypassed the normal systems or acted as parallel systems.

29. Kåre Mølbak, Member, Denmark, was unsure whether the strategy would be able to fulfil all the objectives and whether the sampling strategy would actually achieve the aim of improving understanding of the dynamics of this clone and addressing issues about transmissibility. Nevertheless, Denmark would support the proposals and see what would come of them in the future.

30. Anders Tegnell, Member, Sweden, wondered if the strategies were somewhat ambitious and also felt that in general there was no clear connection between the usefulness, the goals and the actual interventions that could be made in-country, even though there was potential in the proposal. The situation in Sweden would be similar to that in Germany with regard to data collection and it might be difficult to obtain samples from local laboratories so he suggested that ECDC determine how many Member States could actually do this before going any further.

31. Darina O'Flanagan, Member, Ireland, said that Ireland's microbiology leads were supportive of the strategies but she was concerned about ECDC's proposal to collect data directly from laboratories rather than going through the national institutes. Although this was not such a problem for larger countries where reference laboratories were often within the same organisation as the national institute, smaller countries needed to ensure collaboration and the proposals did not seem to take account of this. She suggested that the strategies could be a subject for discussion in working groups at the next AF meeting in February 2015.

32. Mika Salminen, Member, Finland, supported Ireland's comments, having noted other recent instances where the ECDC approach had been to link surveillance systems across Europe without necessarily involving the main surveillance institutes. He stressed that any molecular surveillance approach should go through the NFPs for surveillance and not parallel systems, which were not necessarily in line with the national strategy for surveillance. In Finland there were very strong views on this matter and therefore more discussion was required at a future AF meeting.

33. Marta Grgič-Vitek, Alternate, Slovenia, supported the comments by Ireland and Finland, stressing that it was very important for the data to be provided via the national institutes of public health and not directly from laboratories to ECDC.

34. Franz Allerberger, Alternate, Austria, was not convinced that the main objectives stated (identifying the MRSA clones of public health importance) would actually provide added value for public health. MRSA had been around for three decades, many studies had been published on it, work was being undertaken by many institutions on this subject but little progress had been made in combating it. He believed it was a mistake to give MRSA the same status as CPE and gonorrhoea. He applauded action by ECDC to investigate carbapenem resistance and drug—resistant gonorrhoea as these were still

new topics but it was wrong to indicate to stakeholders that MRSA, gonorrhoea and CPE all had equal status.

35. The Chair noted, regarding assessment of the value of collaboration between microbiology and epidemiology, that ECDC was proposing the creation of a task force to review molecular strategy and it was hoped that the task force would address this.

36. Barbara Albiger, ECDC, agreed that the strategy was quite ambitious and that the epidemiological data were difficult to obtain, however, citing the preliminary data obtained from the EUSCAPE (European survey on carbapenemase-producing Enterobacteriaceae) project, she pointed out that the results had not been as bad as anticipated. Regarding comments on low prevalence, she agreed that for certain countries it might be difficult to obtain the sample size, however she pointed out that the situation was getting worse and even countries with low prevalence were now experiencing an increase. Of the 36 countries that had participated in EUSCAPE, there was only two that did not identify a single CPE in a six month period (Iceland and Kosovo). The various comments regarding use of national reference laboratories and the need to go through national institutes had been noted.

37. Marc Struelens, ECDC Chief Microbiologist, responding to comments on the suitability of the survey design for monitoring dynamics of clonal dissemination, agreed that it was ambitious and pointed out that it would only address the question of dynamics in the longer term, complemented by more flexible and frequent assessment. With regard to the concerns expressed relating to alignment with national surveillance systems and strategies, he believed that this could be technically addressed with colleagues from the Surveillance and Response Support Unit, in close collaboration with the NFPs. He understood that full alignment was an absolute necessity.

38. The Chair, summarising the discussions, had understood that the objectives were broadly felt to be worthwhile but should be kept under review. As to the second question of whether it would be feasible to attain the expected health benefits, ECDC would seek help from the task force to tackle the technical issues. Commenting on the issue of survey design, he said it would probably be necessary to retain the design but that feasibility could be reviewed over a number of cycles of surveillance. With those notes of caution, he proposed that the issue of how to ensure the alignment of both epidemiology and microbiology should be discussed at the next AF meeting.

39. Anders Tegnell, Member, Sweden, pointed out that ambitious proposals by ECDC usually involved a great deal of work for the countries and asked for this fact be taken into account before the proposal was adopted.

40. Frank van Loock, European Commission, said that the Commission supported the process and welcomed ECDC's role. He wished to know how the EU could support those countries with least capacity in order to facilitate the process.

41. Barbara Albiger, ECDC, said that ECDC had a strong role to play in training and capacity building and had recently supported a train-the-trainer course, followed by an external quality assessment involving 36 countries. Moreover, all countries, even those with fewer resources, had proven that they were capable of collecting the data.

42. Kåre Mølbak, Member, Denmark, said that he supported the initiative; however he understood that some public health institutions felt that it would leave them with less control. It was necessary to accept that this was already happening in many countries, with universities and other institutions setting up alternative systems, but this did not mean that a brake should be put on ECDC initiatives. He agreed that such issues should look be discussed at a future AF meeting.

c) The multidrug-resistant Neisseria gonorrhoea molecular surveillance strategy

43. Gianfranco Spiteri, Expert HIV STI, Surveillance and Response Support Unit, ECDC, introduced the paper and presented two questions for the AF members, asking whether they agreed with the objectives and public health benefits and whether they agreed with the proposed survey strategy.

44. Darina O'Flanagan, Member, Ireland, referring to the method for data reporting, said that she would support use of TESSy as a way of tying in all the national institutions in EU Member States.

45. The Chair concluded that there seemed to be a general agreement with the paper and a positive response to it.

d) Varicella vaccination in the European Union

46. Lucia Pastore Celentano, Head of Vaccine Preventable Disease Programme, Office of the Chief Scientist, ECDC, provided the AF with an update on varicella vaccination in the EU1 which had been subject to a public consultation process.

47. Marianne van der Sande, Alternate, the Netherlands, said that in the Netherlands, they were currently looking at how to collaborate with industry on post marketing. She asked about ECDC views on such collaboration, given that industry had been involved in the public consultation under discussion and that there were clearly risks involved.

48. Lucia Pastore Celentano, ECDC, said that the public consultation had enabled ECDC to retain independence and it improved the transparency process as comments were included in the general discussion.

49. The Chair pointed out that after a public consultation the papers came back to the AF for further consideration and discussion.

50. Andreas Gilsdorf, Alternate, Germany, said that the public consultation process was simply a collection of knowledge on a certain subject which was why it was not too controversial; however it was a long, drawn-out process. It had taken over a year to complete the entire process of developing the documents and it was now necessary to revisit literature on the subject to see if anything more relevant had become available in the meantime. It was therefore doubtful whether the public consultation process was beneficial.

51. Lucia Pastore Celentano, ECDC, agreed that the process was very long but explained that at ECDC there had also been a lack of staff available to work on the consultation due to reorganisation which had also slowed the process down. She pointed out that ECDC was unable to make recommendations and therefore the document contained guidance and information and it was up to the Member States themselves to decide whether or not to introduce the vaccine. Given that there had been many new publications on the subject and that the systematic review was somewhat out-of-date, a list had been provided with all the most recent relevant documents and reports up to June 2014.

52. The Chair noted that Belgium had provided written comments on the document. He was also aware of the need to look at the timescale for public consultation processes and to ensure that it did not exceed the point of utility.

53. Lucia Pastore Celentano, ECDC, responding to a question from the European Commission as to whether the results had been verified by colleagues at the European Medicines Agency (EMA), confirmed that the results had been published, meaning that EMA had been informed along with all other stakeholders.

54. Robert Hemmer, Member, Luxembourg, pointed out that there was an error in the document in that the vaccination was not only recommended in Luxembourg. The vaccination had been in use since 2010 and over 83% of children in Luxembourg had received two doses. He therefore requested that the information be amended accordingly.

Epidemic intelligence: update on recent threats in Europe: Ebola

55. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, gave an update on epidemiological situation for Ebola and feedback on his mission to Guinea. Overall, there were currently almost 18 000 cases of Ebola and there had been around 6 000 deaths since the beginning of the outbreak. The most recent information indicated that case incidence was stabilising, although in Sierra Leone it had been on the increase. The impression he had gained in Guinea was that the situation was volatile. Although teams working in the field were active and had been responsible for improvements, in some areas the epidemic was still spreading or had been reintroduced. In the area he had visited there had been 50 new cases in the past two weeks recorded as community deaths, which meant that it was only after deaths or secondary cases had been identified that these cases were traced. Overall in Guinea the capacity for admission and isolation of cases had improved, however, the main shortcomings related to support in the field with case identification, detection and tracing. For this reason ECDC has been

[1] Varicella vaccination in EU (L Pastore Celetano)

asked by WHO and US CDC to follow up with response operations. ECDC had had two EPIET staff from Ireland and one ECDC staff member in the eastern part of Guinea for two weeks and was in regular contact with them. They confirmed the huge need for support at the community level to bring epidemic under control. The WHO/CDC coordinator at national level believed it could take at least six more months to bring the epidemic under control, even with increased resources. ECDC was in contact with the European Commission and the Commissioner for Health would be visiting ECDC on 11 December 2014. It was high time to consider ECDC's response in the region, both in Guinea and possibly also in Sierra Leone and Liberia.

56. Paul Cosford, Member, United Kingdom, asked about modelling of the Ebola outbreak and the latest predictions. The reproduction number, R0, was below one in Guinea and Liberia but above one in Sierra Leone, although moving downwards towards one. He wondered how it would be possible to bring the R0 down to below one and asked for Denis Coulombier's thoughts on this matter.

57. Kåre Mølbak, Member, Denmark, asked whether there was sufficient treatment capacity to enable meaningful contact tracing in Guinea. He also wondered about the situation in the other countries and where the 'bottlenecks' were.

58. Andreas Gilsdorf, Alternate, Germany, having visited Sierra Leone on the EU exit screening mission along with the Commissioner, wondered about Europe's response and how insignificant it had been to date, despite all the expertise available. More effort had been done on protecting Europe and reducing an already low risk of infection in Europe rather than providing local support. He mentioned a questionnaire sent to epidemiologists in the EAN network to obtain a response in the various countries in order to try and understand the reasons for epidemiologists and experts not going to West Africa. He suggested that some analysis could be done now that the situation seemed to be more under control in order to find out how the Member States could do more to respond and why some experts were going to West Africa and others were not. It was not just the highest qualified specialists that were required; it should also be possible to send well-trained, but maybe less-experienced experts. Germany was about to analyse this information and would be happy to share its results with ECDC to stimulate discussion.

59. Darina O'Flanagan, Member, Ireland, said that many countries were now arranging training for experts going to the treatment centres and she wondered whether ECDC could arrange a 1-2 day training course for epidemiologists to help Member States to identify and recruit the appropriate people in their country.

60. Paul Cosford, Member, United Kingdom, said that one of the issues they wished to see discussed would be how to support the over-arching outbreak control infrastructure and mechanisms, as it appeared from discussions with UK aid agencies that this was the area that should be developed. He wondered whether ECDC was in agreement.

61. Guénäel Rodier, WHO Regional Office for Europe, said that he completely agreed with the comments made by Denis Coulombier and the description of the situation in Guinea. He thanked ECDC for taking the initiative to send people to Guinea. In response to the question from Ireland about sending the appropriate experts, he said that over and above expertise, it was important that people had experience of the working in the field, in a poor-resource country. If the experts had received training beforehand then of course this would be very welcome. He acknowledged the help provided by the European mobile laboratory in Guinea and by the Hamburg laboratory in Germany. WHO had sent 130 young Guinean doctors to build on the national capacity within the country and was trying to involve them in tracing and contact activities to help break the chain of transmission. It was a challenge to find French-speaking personnel for Guinea whereas it had been easier find English speakers for Liberia and Sierra Leone.

62. Denis Coulombier, ECDC, responding to the question from the United Kingdom on modelling, said that the epi curve for Liberia and Guinea showed a plateau in the incidence of cases (which was close to one) and this was probably a reflection of reality. However, in Guinea there was still significant under-reporting so he was not confident that the reporting was a reflection of reality. Cases and contacts were very mobile and a chain of transmission could start in one prefecture and then move to another. Despite the plateau in the epi curve, the epidemic was obviously still not completely under control. It appeared that the basic local infrastructure had been established but that the overall performance of the system was not up to the task. Cases were being isolated too late and burials were unsafe. In Guinea, cases had often been traced after they had died and transmission had already occurred. Intervention would stop transmission and have a positive impact and this was where the system was breaking down. Ideally local teams should consist of two staff – one African member of staff who has been working in a local capacity and knew the area and a more junior, possibly

international, staff member providing day-to-day local support. One possible model would be the WHO model, involving rotation of staff every 4-6 weeks as this was probably the most efficient for senior experts. He noted the comment made previously by the representative of the WHO Regional Office for Europe about the need to mobilise more French-speaking staff and would look into this. He also asked for more information from Germany about the questionnaire on Ebola outbreak response sent to national experts.

63. Andreas Gilsdorf, Alternate, Germany, said that the questionnaire had been sent out via the EPIET Alumni Network (EAN) and to the Public Health Institutes in EU to evaluate the national responses from epidemiologists and microbiologists and their reasons for going or not going to West Africa. Around 260-70 responses had been received from 27 EU Member States. The results would be analysed over the next couple of weeks and the results are expected to be available by the end of 2014. Around 10% of those who responded had actually gone on mission to any of the affected countries in West Africa and his group now hoped to further investigate the differences in expectations between those who had been in the field and those who had not.

64. Denis Coulombier, ECDC, thanked Andreas Gilsdorf for the explanation and asked to be kept in the loop on the results of the survey.

65. Darina O'Flanagan, Member, Ireland, referring to the need for a technical group that could meet regularly, said that these type of issues needed to be discussed at the EU level, perhaps by teleconference, at least once a month, in a specific forum.

66. Denis Coulombier, ECDC, said that he totally supported the need for a technical group and suggested that this point could be channelled through the Health Security Committee at its next meeting.

Any other business

67. Darina O'Flanagan, Member, Ireland, wished to raise an issue of communication in connection with the ECDC external tender relating to Enterovirus D68 and the survey undertaken through the NVRL. Although she thought that it was a good initiative to carry out the survey, there had been no communication via the national institutes and she wished to insist that such projects should go via the national institutes. The Chair said that this point had been noted and that there would be a discussion on this issue at the next AF meeting.

68. ECDC Director paid tribute to the EU Presidency of Italy for having organised a number of conferences in the field of public health during the past six months. He also asked all Advisory Forum Members to read the external evaluation document carefully and said that he was looking forward to receiving their input at the February 2015 Advisory Forum meeting.

69. Sotirios Tsiodras, Alternate, Greece, commenting on the national response to the Ebola outbreak, said that on 6 December 2014 they had had a meeting with the Greek national committee on Ebola response and the EU Ebola Coordinator. Greece had responded to the EU call for mobilisation and would be sending a team of six specialists to the affected countries. He also wished to point out that the Ebola epidemic would have a significant effect on routine childhood immunisation against measles and polio, in the affected countries. There had been a general lapse in all immunisation activities due to healthcare workers being involved in the treatment of Ebola patients and healthcare systems being overwhelmed. WHO had published guidance in October 2014 recommending that vaccination campaigns be postponed until all countries with current Ebola outbreaks had been declared Ebola-free. According to current estimates, the earliest possible reintroduction of immunisation campaigns would therefore probably be March 2015 or later. Measles vaccination uptake in 2013 was already very low at 62%. He expected that there would be further reductions over the next few months and that the situation would deteriorate and therefore it was important to discuss the reinstating of immunisation campaigns in the affected countries at the earliest possible time. It would be very tragic to see further unnecessary loss of life after Ebola when it could actually be prevented.

70. The Chair thanked the AF delegates for their valuable input and wished everyone a very happy holiday season and all the best for the new year. The next meeting of the AF will be held in Stockholm on 18–19 February 2015.

Annex – List of Participants

Country	Representative	Status
Austria	Franz Allerberger	Alternate
Bulgaria	Mira Kojouharova	Member
Czech Republic	Jan Kynčl	Member
Denmark	Kåre Mølbak	Member
Finland	Mika Salminen	Member
Germany	Andreas Gilsdorf	Alternate
Greece	Sotirios Tsiodras[2]	Alternate
Hungary	Ágnes Csohán	Member
Ireland	Darina O'Flanagan	Member
Latvia	Jurijs Perevoščikovs	Member
Lithuania	Loreta Ašoklienė	Member
	Nerija Kuprevičienė	Alternate
Luxembourg	Robert Hemmer	Member
Malta	Tanya Melillo Fenech[3]	Alternate
Netherlands	Marianne van der Sande	Alternate
Poland	Małgorzata Sadkowska-Todys	Member
Romania	Florin Popovici	Member
Slovenia	Marta Grgič-Vitek	Alternate
Spain	Fernando Simón	Member
	Isabel Noguer	Alternate
Sweden	Anders Tegnell	Member
United Kingdom	Paul Cosford	Member
Non-Governmental Organisations		
European Public Health Association (EUPHA)	Aura Timen	Member
European Commission		

[2] Joined around 11:30 CET
[3] Joined around 10:15 CET

Country	Representative	Status
SANCO	Frank Van Loock	
World Health Organization		
WHO Regional Office for Europe	Guénaël Rodier	