ECDC Advisory Forum

Minutes of the Forty-sixth meeting of the Advisory Forum
Stockholm, 14-15 September 2016

Contents

Opening and adoption of the programme (noting the Declarations of Interest and Specific Declarations of Interest, if any) *(Document AF46/01/Rev.2)*

1. The meeting was opened by ECDC Acting Director, Andrea Ammon, who welcomed the participants. She informed the AF members that, due to health issues, Robert Hemmer had resigned from his position as Advisory Forum Member for Luxembourg. The AF expressed their well wishes for Robert Hemmer.

2. Mike Catchpole, Chief Scientist, ECDC, welcomed the AF members and other participants, in particular, Bruno Coignard, Alternate for France, Derval Igoe, Alternate for Ireland, and Albrecht Werner, from DG SANTE. Apologies had been received from Bulgaria, Cyprus, Estonia, Greece, Luxembourg, Malta, Poland, Portugal, Romania and the United Kingdom. The Member for the United Kingdom conveyed his apologies due to a large annual scientific forum being organised by Public Health England. Apologies had also been received from Nedret Emiroglu, WHO Regional Office for Europe. It was also pointed out that Reinhard Marre was attending his last AF meeting as the representative of the Standing Committee of European Doctors, and ECDC thanked him for his contributions and support over the years.

3. The agenda was adopted with one additional request for a short item on data sharing with third parties by Sophie Quoilin, Alternate, Belgium.

Adoption of the draft minutes of the 45th Meeting of the Advisory Forum (12-13 May 2016) *(Document AF46/02)*

4. Anders Tegnell, Member, Sweden, requested a correction to point 34 - diagnostics for hepatitis E had not been outsourced in Sweden but were performed in Gothenburg. With regard to point 72, he clarified that Sweden was still in the process of evaluating whether the rotavirus vaccine should be included in the national programme.

The draft minutes were adopted without further amendments.

Update from ECDC on the main activities since the last Advisory Forum *(Document AF46/03)*

5. Andrea Ammon, ECDC Acting Director, gave a brief update of the main activities since the last Advisory Forum meeting.[1]

Update on actions arising from the second External Evaluation of the Centre

6. Mike Catchpole, Chief Scientist, ECDC, gave a short update on the status of actions.[2]

7. Derval Igoe, Alternate, Ireland inquired whether the Dublin Declaration briefings did not count as policy briefings, to which Mike Catchpole explained that although similar, the policy briefings were distinguished in terms of content and language.

Improving the complementarity of the work of the AF and the MB

9. Mike Catchpole gave a short presentation and opened the floor for discussion.[3]

10. Sophie Quoilin, Alternate, Belgium, explained that in Belgium, AF and MB representatives worked in different areas of competency and therefore tried to meet several times a year to share views on documents for MB and AF meetings.

11. Marta Grgič-Vitek, Member, Slovenia, asked if it might be appropriate to have a platform or forum for sharing documents to facilitate identification of items for discussion by AF and MB representatives ahead of meetings.

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[1] Update from the ECDC on the main activities (A Ammon)

[2] Joint Action Plan to Address Management Board Response to Second External Evaluation (M Catchpole)

[3] Joint Action Plan to Address Management Board response to Second External Evaluation – Complementarity of AF and MB (M Catchpole)

12. Marianne van der Sande, Alternate, Netherlands, said the AF and MB representatives in the Netherlands met between every AF and MB meeting, often by teleconference. Downloading and exchanging documents by email was tedious and would be greatly improved by a shared platform. Document flows were sometimes unclear, e.g. when both groups received the same document with minor changes or no clarification on what had or had not been changed based on the discussions. It was also important to distinguish between the roles of the two bodies so that the MB was not asked for scientific input.

13. Mika Salminen, Member, Finland, agreed that the roles of the two bodies were distinct and the division of work should be clearer. It would be beneficial to have a more formal process whereby the MB consulted the AF. Although more informal consultations could be arranged at country level, it would be useful for both bodies to receive the agendas and documents in advance of each other's meetings.

14. Mike Catchpole suggested that one grey area in which it was important to achieve complementarity was the identification of public health priorities.

15. Silvia Declich, Member, Italy, said that in her country there was no contact between the MB and AF representatives who were based in different institutions. She supported the AF Member for Slovenia's idea of having an extranet platform available to share documents and agreed that the role of both bodies should be distinct.

16. Osamah Hamouda, Member, Germany, noted that at times communication was not ideal between AF and MB members and it would be good to actively intervene via a shared forum and to react or discuss issues of common interest on the respective agendas. He agreed that the roles of the two bodies should be distinct and clearly defined.

17. Marianne van der Sande said that after obtaining feedback from AF, documents were forwarded to the MB and it was not easy to see how AF comments had been integrated. She suggested ECDC could digest AF views and provide a brief summary before presenting to the MB.

18. Hanne Nøkleby, Observer, Norway, said that in Norway the relationship between the AF representative and the MB representative was dependent on the person in the MB role at the Ministry. To date, there had been three different MB representatives and the level of contact had varied according to the person. A system which obliged the representatives of both roles to communicate would be very helpful.

19. Mike Catchpole confirmed that the MB had formed a working group to discuss this issue and he would therefore soon be able to provide feedback to the AF. He thanked the participants for their helpful comments and noted the strong support for a shared workspace.

Priorities - Single Programming Document 2018

20. Andrea Ammon, Acting Director, ECDC, presented the priorities proposed for the Single Programming Document 2018 before the floor was opened for discussion.[4]

21. Sophie Quoilin, Alternate, Belgium, said that ECDC appeared to focus too much on microbiology rather than human disease. She wished to see an appropriate balance between public health issues and disease impact as opposed to microbiology, with more projects similar to the recent burden of disease tool for measuring DALYs. She also suggested removing the word 'communicable' from the vision to focus more on health rather than communicable disease.

22. Referring to ECDC's vision 2018–2020 of being 'a strong and trusted partner enabling and supporting the Member States and the European Commission in protecting the EU population from communicable diseases', Kåre Mølbak, Member, Denmark, argued that ECDC had already achieved this aim and therefore the vision was not ambitious enough. He wished to see a vision reflecting the aim of having a more egalitarian Europe, either in terms of North-South divide, age, ethnicity or gender equality.

[4] ECDC Single Programming Document (SPD) 2018 priorities (A Ammon)

23. Mika Salminen, Member, Finland, agreed that ECDC should be more ambitious as it was already a trusted partner. He also asked for all AF presentations to be made available in advance in order to be able to prepare for subjects which were sometimes quite technical.

24. Marianne van der Sande, Alternate, Netherlands, suggested that there was a need to be careful with wording, given current developments in Europe. She agreed that the focus should be on humans and diseases, but should not become too broad, since the vision had to be realistic.

25. Jan Kynčl, Member, Czech Republic, pointed out that ECDC was already strong in a number of areas (e.g. risk assessments) and countries with decreasing budgets and dwindling numbers of staff were continuously making use of its outputs. He advised caution with changes to wording and recommended not to remove the word 'communicable' from diseases.

26. Franz Allerberger, Alternate, Austria, agreed with the need to exercise caution. The focus should be on communicable disease and the added value and community value that this offered. The Zika crisis had demonstrated to politicians and EU citizens the importance of having a European institution to take the lead on such issues.

27. Guðrún Sigmundsdóttir, Observer, Iceland, supported the idea of removing the word 'communicable' from 'communicable diseases' and added that ECDC should also consider including 'toxic and radiological events'. ECDC had already supported Iceland during such an event in 2010, with the eruption of Eyjafjallajökull.

28. Jurijs Perevoščikovs, Member, Latvia, suggested adding the words 'and related' after 'communicable diseases', citing the examples of cervical cancer, liver cancer, and others.

29. Kåre Mølbak clarified that by being more ambitious he did not mean moving outside the mandate of ECDC, but working for more equity within its mandate. For example, the phrase 'the EU population' could be reworded to 'all in the EU', making it more inclusive, to embrace the concept of health for all.

30. Albrecht Werner, DG SANTE, European Commission, said that ECDC's Founding Regulation refers to 'communicable diseases', and this had to be interpreted strictly. However, some borderline issues had to be included as it was often impossible to know if they were related to communicable disease or not and this fact probably needed to be reflected in ECDC's vision.

31. Cristina Furtado, Pharmaceutical Group of the European Union, pointed out that ECDC already dealt with issues other than communicable diseases, such as antibiotic resistance, however, this fact was not reflected in the vision.

32. Silvia Declich, Member, Italy, raised the issue of international threats, pointing out that it might be better to focus on EU health needs.

33. Osamah Hamouda, Member, Germany, felt it was unrealistic to extend the mandate of ECDC in such politically challenging times. It was more practical to extend the scope to communicable 'and related' diseases. He agreed with the idea that health should cover everyone living in Europe and not just EU citizens and that the focus should be on human health, rather than embracing new molecular methods.

34. Sophie Quoilin, agreed that human health needed to remain at the centre of ECDC activities. However, while ECDC had already demonstrated its added value and importance for health in Europe, it was necessary to consider broadening the scope of a European agency for health.

35. Franz Allerberger advised against adopting a definition of health similar to that used by WHO ('health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity') as this went far beyond the remit and activities of ECDC.

36. Andrea Ammon thanked the participants for their input and assured them that ECDC would review the vision statement to make it more ambitious, yet realistic. The health for all concept was intended, since the previous vision statement had referred to EU citizens and this had already been changed to be more all-encompassing. Admittedly, there was a grey zone within ECDC's Founding Regulation providing some room for manoeuvre in terms of the mandate, however, many of the areas proposed were not relevant to ECDC's current vision or the direction of its work. With regard to international threats and field response work, the first objective was always to protect Europe, and sometimes the solution is to go directly to the source. With regard to antimicrobial resistance, this was just one element of disease-specific activities and it was already implied. Although humans should be the main focus of ECDC's work rather than microbes, to protect humans, it was necessary to know more about microbes.

ECDC Surveillance and Response Update

37. Hervé Zeller, Head of Disease Programme, Emerging and Vector-borne Diseases, Office of the Chief Scientist, ECDC, gave a short update on the current situation with the Zika virus worldwide. The AF was asked whether they supported ECDC's decision not to change the recommendations for the prevention of sexual transmission of Zika virus in returning travellers.[5]

38. Jan Kynčl, Member, Czech Republic, pointed out that any recommendations should be based on evidence and consultations that are not at risk of potential conflict of interest, citing the example that the recommendation to use barrier methods such as condoms should not be influenced by considerations of the interests of condom manufacturers.

39. Mika Salminen, Member, Finland, said that there should be no change in the European recommendation since six months for returning travellers was already excessive.

40. Fernando Simón Soria, Member, Spain, agreed that the European recommendation was already excessive. He also requested clarification regarding increases in notification of Guillain Barré syndrome and confirmation of the exact number of cases of Guillain Barré syndrome in Europe with Zika virus confirmed/undetected.

41. Anders Tegnell, Member, Sweden, said that there would have to be a justification for going against WHO's recommendations, which would be difficult politically. However, it was neither essential nor relevant for the Member States to reach a common understanding among themselves.

42. Sophie Quoilin, Alternate, Belgium, supported ECDC's position.

43. Albrecht Werner, DG SANTE, European Commission, said it would be difficult for ECDC to justify taking a different approach to WHO. He suggested discussing the issue further with WHO.

44. Mike Catchpole, Chief Scientist, ECDC, informed the AF of the UK position, conveyed to him by the UK AF Member: the UK was not planning to change its position, which was in line with ECDC advice, but would possibly add an extra clause, inviting those wishing to take a more precautionary approach to consult the WHO guidelines.

45. Marianne van der Sande, Alternate, Netherlands, said that the issue did not just concern ECDC but had a knock-on effect worldwide, in terms of credibility. It would be a major challenge for Member States to have to make their own judgements.

46. Denis Coulombier, Head of Surveillance and Response Support Unit, ECDC, suggested that with support from the AF, it should be possible to address the issue with WHO.

47. Fernando Simón Soria said that everyone assumed WHO's scientific advice was first-rate, but in some instances countries probably had more data available than WHO.

48. Franz Allerberger said that this example demonstrated the enormous added value of having a European agency for public health, and underlined the need for a European position on such issues.

49. Jurijs Perevoščikovs, Member, Latvia, supported ECDC's position on recommendations to prevent sexual transmission among returning travellers, but used the WHO definition to avoid having to explain the difference to the press, which could become complicated.

50. Denis Coulombier noted that there appeared to be a consensus that there was no scientific justification for changing the recommendation and a strong need to reach agreement among the Member States.

51. Albrecht Werner said it was clear that this now needed to be discussed in the Health Security Committee to see how the Member States would react.

52. Hervé Zeller introduced the second Zika topic, regarding sexual transmission and the presence of Zika virus in semen. The AF was asked whether it would support ECDC preparing an algorithm for semen testing.

[5] Zika virus infection (H Zeller)

53. Sophie Quoilin said she favoured a very strict testing algorithm with testing only available for those for whom delaying pregnancy was not an option. In Belgium, many people were currently asking for tests and she would therefore recommend applying restrictions.

54. Guðrún Sigmundsdóttir, Observer, Iceland, had a similar understanding and concerns about costs of testing. Serological testing would be acceptable, but not semen testing.

55. Fernando Simón Soria did not want to commit to such an algorithm as it would result in hundreds of people requesting serological tests, while there were other diseases for which testing was not being performed.

56. Anders Tegnell agreed and wondered whether such an algorithm was within ECDC's mandate as it represented more patient-oriented medicine than epidemiology. He would not recommend publishing the algorithm, but it could possibly be used as a guideline for individual clinicians.

57. Mika Salminen said that publishing the algorithm would be sending the message that ECDC was recommending testing for public health reasons, which would result in huge public demand.

58. Marianne van der Sande stated that it was important to consider who testing should be recommended for. The term 'safe procreation' also needed to be rephrased as it was too strong.

59. Kåre Mølbak, Member, Denmark, said that some guidance would be good, whether from ECDC or elsewhere, since it could reduce the amount of testing. For example, having a relevant travel history and having been seen by a specialist could be criteria for testing and semen testing could be incorporated here.

60. Denis Coulombier continued the presentation by touching on the classification of countries before opening the floor for comments.

61. Kåre Mølbak said that this was a difficult issue as the outcome of infection could be terrible in pregnancy, yet on the other hand, Zika had been endemic in some areas for many years. It was difficult to make specific country recommendations based on data from Asia since Zika cases were only being detected due to the current crisis. Travel advice should be based on an assessment of the overall risk of outcome in pregnancy although the precautionary principle should also apply.

62. Anders Tegnell agreed that travel advice was a really difficult issue with many financial implications. Endemicity had not been calculated into any of the assessments of affected countries, yet this played a major role in assessing the risk. Mosquito presence was therefore insufficient in itself and other factors needed to be taken into account, such as serology. He suggested looking at travel-related incidences or historical data. Assessment of the situation in Thailand and South-East Asia would become more acute as Christmas approached, and many travellers headed for the region. In Sweden, if travel to a country was not advised by the Foreign Office, travellers had the right to demand reimbursement from their travel agency.

63. Aura Timen, EUPHA, strongly advised adding the status of the population (naïve, partially immune, etc.) where possible, as this would help to determine the magnitude of the risk in countries where the infection had probably been present for many years.

64. Bertrand Sudre, Scientific Officer, Environmental Determinants and Outbreak Response, SRS, noted that recent serological data on the virus was very limited for South East Asia and insufficient to be able make assessments on a country-by-country basis.

65. Osamah Hamouda, Member, Germany, said that the situation with regard to reimbursement by travel agencies was similar in Germany. He suggested that recommendations should be based on individual behaviour rather than the country visited.

66. Kåre Mølbak noted that he had not found ECDC's maps to be sufficiently informative, and although it was difficult to go against ECDC on this issue, his Institute in Denmark had done so because the criteria did not take into account historical transmission.

67. Anders Tegnell suggested looking at cases registered in the country, even without sero-epidemiology. He also pointed out that with an endemic situation the risk in a country could never be zero.

68. Albrecht Werner asked whether any Member States were conducting studies on returning travellers in connection with Zika virus.

69. Bruno Coignard, France, said that France had carried out surveillance of imported cases to try and identify the country of origin. There were 918 imported cases and it had been possible to document the country of origin for 82%, but this documentation was time-consuming for surveillance teams.

70. Denis Coulombier thanked the participants for their guidance and support.

ECDC Scientific advice: update on assessment, reviews and guidance

Updated model for seeking AF opinions on scientific priorities of ECDC (Document AF64/04)

71. Helena de Carvalho Gomes, Head of Section, Scientific Advice Coordination, Office of the Chief Scientist, ECDC, gave a short presentation on the updated model, which included, among other things, the suggestion to discontinue the annual call for proposals and replace it by a system that would allow the continuous expression of needs following Article 6 and 7 of the Founding Regulation, and the use of IRIS whenever there would be a need for prioritisation, and invited comments.[6]

72. Derval Igoe, Alternate, Ireland asked how many formal requests were received through the existing mechanism.

73. Helena de Carvalho Gomes said this was difficult to answer. Requests from the European Commission and the European Parliament were captured in an internal document management system (SARMS) and there were around 60 per year but many of the requests from Member States were more for information.

74. Mika Salminen, Member, Finland, endorsed the idea of having a needs-based system where requests could be lodged at any time instead of on an annual basis, given that timing was possibly one reason for the low number of requests.

75. Fernando Simón Soria, Member, Spain said that he would need to discuss the proposal with national experts before being able to respond but he was positive.

76. Marianne van der Sande, Alternate, Netherlands, found the proposal good and pragmatic. It would strengthen the position of the networks at the core of the process and make more use of their specific expertise on what to prioritise within each topic area and how to proceed.

77. Mike Catchpole, Chief Scientist, ECDC, emphasised that the AF would still be involved as they had a better overview and were less likely to be partisan than the networks. ECDC needed to document the process clearly and develop a formalised process internally. However, there appeared to be broad support for the approach. He thanked the participants for their input.

Update on the work of the ARHAI disease programme (Document AF46/05)

78. Diamantis Plachouras, Expert, Antimicrobial Resistance and Healthcare-Associated Infections, SRS Unit, ECDC, presented the draft EU guidelines on the prudent use of antimicrobials in human medicine and asked the AF for its opinion on the proposals.[7]

79. Kåre Mølbak, Member, Denmark, was positive about the document, however, he wished to see an expansion of the diagnostic part to cover responsibility for the taking of samples and to highlight the interaction between treating doctor and microbiologist. With regard to the list of proposed examples of qualitative indicators, he asked for clarification as to how some of them would be used.

80. Silvia Declich, Member, Italy, congratulated ECDC on its work. She suggested that the list of indicators could be expanded and asked when the document would be published.

81. Reinhard Marre, CPME, was concerned whether it would be difficult to achieve the objectives at hospital level and asked if they could be prioritised in order of importance. He suggested that ECDC should consult health insurance companies, who also had a role to play.

[6] IRIS – ECDC tool for scientific advice priority setting (H de Carvalho Gomes)
[7] Draft EU guidelines on prudent use of antimicrobials in human medicine (D Plachouras)

82. Nerija Kuprevičiene, Alternate, Lithuania, proposed that there should be more about vaccination in the guidelines, particularly flu and pneumococcal vaccines.

83. Marianne van der Sande, Alternate, Netherlands, said that a public consultation was a significant first step in the right direction and would help garner support for the guidelines. She noted, however, that while there had been a great deal of input on the issue from the Netherlands, not all of this feedback was reflected in the document.

84. Bruno Coignard, France, congratulated ECDC on the document, but expressed frustration that almost everything had already been written in 2001 in the Council Recommendation[8]. This illustrated the importance of going beyond guidelines to implementation. He also supported the idea of having links to infection control and vaccination programmes.

85. Jan Kynčl, Member, Czech Republic, also wanted the guidelines to include more on vaccination, education and hygiene. For example, pneumococcal and influenza vaccinations, prevented a great deal of disease and therefore needed to be highlighted.

86. Diamantis Plachouras, addressing the issue of contributions by laboratories, acknowledged that systems were very different across Europe and was keen to ensure that this fact was reflected in revisions. With regard to indicators, it had not been the intention to include a list of indicators used in Europe, but just to have some ideas to link to the specific recommendations in the document. There were already indicators available for use at Member State level (both TATFAR indicators for antimicrobial stewardship and indicators for the project DRIVE AB relating to hospital/community consumption). It was anticipated that the document would be published in 2017, but as yet the date was not fixed. Responding to the question on priorities, the indicators had been ranked following meetings of the expert group, but the ranking had not yet been included in the guidelines. With regard to insurance companies, ECDC had included them at the national level, and he was aware that there should be collaboration among all the actors. As far as vaccination was concerned, he emphasised that the scope was guidelines for prudent use of antimicrobials. Therefore, including the concept of vaccination throughout distracted the focus from antimicrobial use. He thanked the AF members for their feedback. The revised version would be available by the end of the month and the AF would have two weeks to comment.

Technical advice on surveillance of antimicrobial resistance in human health in the EU/EEA and options for strengthening these systems (Document AF46/06)

87. Ole Heuer, Senior Expert, Surveillance/Group Leader, Surveillance Group A, SRS Unit, ECDC, gave a short presentation after which the floor was opened for discussion.[9]

88. Franz Allerberger, Alternate, Austria, was very sceptical about the practicability of setting up this type of surveillance, given that antimicrobial resistance was simply an everyday reality which had to be faced. In Austria, there was neither a reporting system nor a legal basis for making such reporting mandatory.

89. Anders Tegnell, Member, Sweden, was also sceptical as cross border events in antimicrobial resistance were rare and the system would not be specific enough to be useful. A monitoring system of this type would involve considerable resources and time to set up and would be of little benefit. Increased analysis was needed of the kind of cross-border events involved since the majority of AMR cases were more of national than international concern.

90. Fernando Soria Simón, Member, Spain, pointed out that this was quite a specific issue as the situation was different in each hospital so it was difficult to take a European approach. If Member States could not extend the scope of the surveillance to national level, he doubted that it would be possible to achieve this at EU level.

91. Mika Salminen, Member, Finland, was also sceptical and had concerns about how the system would work. In Finland, as in other countries, antimicrobial resistance was chiefly only an issue in hospitals

[8] Council Recommendation of 15 November 2001 on the prudent use of antimicrobial agents in human medicine
[9] Technical advice on surveillance of antimicrobial resistance (AMR) in human health in the EU/EEA (O Heuer)

and he wondered what value there was in setting up such a surveillance system, when EWRS was available for rapid communication with Member States.

92 Kåre Mølbak, Member, Denmark said that although it was relevant to think about antimicrobial resistance in a European setting, most Member States were not well equipped to deal with it. Therefore, it would be better for ECDC to help countries improve their national surveillance rather than creating a super system. Once national surveillance was improved data could be collected in a more timely matter. In the meantime, he encouraged colleagues to exploit the existing potential in EPIS and/or EWRS.

93. Bruno Coignard, France, was not so sceptical. France had been dealing with antimicrobial resistance in hospitals for more than 15 years, implementing surveillance systems for endemic multidrug-resistant pathogens with hospital infection control units, and a national early warning and response system for emerging multidrug-resistant pathogens and outbreaks; implementing such surveillance systems nationally in other countries would help build a European capacity to deal with the problem.

94. Sophie Quoilin, Alternate, Belgium, said that in Belgium the problem was not the surveillance data, but how to process it and feed it to EPIS quickly. The baseline was insufficiently defined, there was no obligation to provide information on patient transfer between hospitals or countries and hospitals were reluctant to declare that they had a problem because of the financial impact. Therefore. Increased communication and awareness of these issues would provide added value within healthcare systems.

95. Osamah Hamouda, Member, Germany, said that antimicrobial resistance was more of a national than a cross-border issue. Germany had an AMR surveillance system, thus in principle, the data would be available. Yet setting up a supranational surveillance system would be a significant undertaking and it would be better to make more use of existing systems such as EWRS.

96. Mike Catchpole, Chief Scientist, ECDC, thanked the participants for their input and affirmed that the consensus view was that the focus should be on strengthening existing national systems, capacity building and raising awareness of the potential for using existing systems such as EWRS.

ECDC business case for CRE/col-R Enterobacteriaceae genomic surveillance ***Document AF46/07***

97. Daniel Palm, Senior Expert, Microbiology/Group Leader, Molecular surveillance, SRS Unit, ECDC, presented the proposed objectives and implementation plan. The floor was then opened for discussion.[10]

98. Bruno Coignard believed that inclusion of colistin-resistant *E. coli* and *K. pneumonia* in the genomic based surveillance was appropriate, albeit he had reservations about including *Klebsiella* as most of the cases in the published literature related to *E. coli* isolates.

99. Kåre Mølbak said that, while Denmark supported the proposal, he also had some reservations regarding feasibility as a standard microdilution test for colistin resistance was not being used in laboratories in Denmark, thus it was difficult to detect colistin resistance phenotypically and more work was needed on this.

100. Marianne van der Sande stated that, while she supported the proposal, the objectives were still unclear. One concern was the unique identifier, which was not permissible in the Netherlands. Another concern was that only the MCR 1 gene was included and not MCR 2.

101. Sophie Quoilin inquired about the objective of the exercise and its significance for public health.

102. Anders Tegnell asked how ECDC would obtain sufficient data for the surveillance, pointing out that Sweden would not have enough data available. He asked for more specific information on what ECDC wished to achieve at EU level.

103. Fernando Soria Simón said that although antimicrobial resistance was an issue for the future, at present there were other more pressing priorities in public health. He also wondered how it would be possible to collate data from so many different sources and whether the data could be representative.

[10] ECDC business case for genomic based surveillance of carbapenemase-producing Enterobacteriaceae and colistin-resistant Enterobacteriaceae (D Palm)

104. Franz Allerberger said that if the main purpose of the study was to prove that the use of colistin in animal production was the source of the resistance problem, some food isolates should be included in the study.

105. Bruno Coignard had similar reservations as the Member for Denmark regarding microdilution and whether laboratories would be able to implement this. He also wondered why screening isolates had been excluded from the protocol.

106. Mike Catchpole noted that the big issue appeared to be whether the EU added value of subjecting these strains to whole genome sequencing had been made clear. ECDC would review the proposal in the light of the comments made by the AF and feed back to the AF and the relevant network. He thanked the participants for their input.

ECDC Communication Strategy (Document AF46/08)

107. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication Unit, ECDC, presented the draft Communication Strategy and asked for feedback from the AF.[11]

108. Noting the performance indicators of an annual increase of 5% in page views and 10% in Twitter followers, Derval Igoe thought that these seemed very modest.

109. Fernando Soria Simón approved of the strategy, but advised to differentiate between communication to target audiences and the provision of information to CCBs and NFPs.

110. Karl Ekdahl responded that the indicators had been defined to be ambitious, but achievable. ECDC hoped to have a more user-centric web portal in place in 2017 to drive more traffic to the web portal. He confirmed that risk communication was the role of the Member States and that ECDC simply supported them in sharing their experience.

111. Mike Catchpole, concluded that the general impression was that the AF approved of the strategy.

Concept Paper – Continuous Professional Development Programme (Document AF46/09)

112. Karl Ekdahl presented the concept paper on implementing the new programme and asked the AF for their feedback.[12]

113. Aura Timen, EUPHA, asked whether ECDC had mapped all the existing programmes and training courses available in Europe in order to avoid overlap.

114. Anders Tegnell, appreciated the concept paper, but felt that the non-national EU structure was missing and that the selection process and criteria were difficult to understand.

115. Osamah Hamouda said that this was a good initiative and supported the idea of including cascading in the programme since this had been an issue in many Member States. He wondered if a course was already being planned for 2017.

116. Marianne van der Sande pointed out that further discussion of training needs was required as there could be a significant difference between the needs of Member States and those of ECDC and the European Commission. She highlighted the importance of communicating properly, which had not been the case with recent changes to the EPIET programme.

117. Kåre Mølbak said that his senior staff would like to see the different training components fitting together into some form of diploma or certificate and for the five courses or components to be recognised in some way.

118. In summarising the discussions, Karl Ekdahl stated that existing programmes had not yet been mapped but that the training section would be working on this shortly. A collaboration agreement had also

[11] ECDC Communication Strategy (K Ekdahl)
[12] Continuous Professional Development Programme (CPDP) (K Ekdahl)

been signed with the Association of Schools of Public Health in the European Region (ASPHER) on setting up a network of schools of public health within the ASPHER organisation that had an interest in public health and communicable diseases. With regard to the selection process, ECDC wished to address the needs of the various networks whilst also working with the NFPs for training in each country to determine more generic needs. The request for training needed to emanate from the specific networks and the identification of the appropriate attendees would be agreed with the relevant NFPs so there would not be a centralised selection process. The needs assessment would also take a bottom-up approach. The 2015 training assessment exercise had been difficult for many countries, and ECDC continued to work on a training needs assessment with the focus now on discussing training needs in the various networks. He added that there would not be a diploma for the whole programme, but accreditation would be given for each of the individual courses completed.

Models for conducting 'virtual country visits' as part of Advisory Forum programmes

119. Mike Catchpole, Chief Scientist, ECDC, introduced the session, recalling the proposal discussed at a previous AF meeting to pilot the concept of "virtual country visits" as part of AF meeting programmes[13], i.e. presentations from AF members highlighting priorities and issues on which ECDC could provide added value through its mandated function.

120. Kåre Mølbak, Member, Denmark, gave a presentation[14] on the recent HPV vaccination crisis in Denmark. The presentation was followed by a discussion.

121. With reference to the first topic, ECDC Chief Scientist said that this issue had echoes of the MMR crisis which had gripped the UK some years ago.

122. Derval Igoe, Alternate, Ireland, found the information really helpful and particularly liked the virtual tour. Ireland had recently been experiencing a similar 'infostorm' around HPV vaccination on social media.

123. Sophie Quoilin, Alternate, Belgium, appreciated the initiative of "virtual country visits" and hoped that it would continue in future AF meetings. She was struck by the fact that doctors in Denmark had described the girls' symptoms as 'adverse effects' of the vaccine, implying that they were also sceptical.

124. Osamah Hamouda, Member, Germany, pointed out that in Germany, there had never been an uptake greater than 35% for the HPV vaccination; however, the issue was more an information crisis than a public health crisis. The only way of counteracting such a crisis was by making more information available and physicians and doctors were probably the best channels available to do so within the public health sector.

125. Kåre Mølbak said that the Danish study had shown that the majority of girls displaying symptoms had pre-vaccination indicators of higher levels of morbidity or self-reported illness. The preliminary results of the study had been presented in April and were covered in Danish newspapers and had a significant impact in the media. He himself had also participated in a television show and also been interviewed. There had also been a lot of criticism of vaccine sceptics in the media which was helpful for the public health cause.

126. Hannah Nøkleby, Observer, Norway, congratulated the AF Member for Denmark on the enormous efforts made to try and counterbalance the infostorm. The Danish television documentary had also been shown in Norway and there had been around 20 notified cases of HPV side effects in 2015. The main concern was that the issue might affect a catch-up vaccination campaign being planned in Norway for 20-25 year old girls in autumn 2016.

127. Anders Tegnell, Member, Sweden, endorsed the virtual country visit initiative, which provided a good basis for discussions and wished to continue with it at future AF meetings. Sweden had been concerned about a similar backlash to that experienced in Denmark and Norway, although it had not happened. He suggested looking at possible early responses to counterbalance such events.

[13] AF42/05 ECDC Advisory Forum – future ways of working; Minutes of the Forty-second meeting of the Advisory Forum, 12-13 May 2015

[14] A virtual country visit to Denmark (K Mølbak)

128. Marianne van der Sande, Alternate, Netherlands, said that it was a shocking story that went beyond public health. It was important to try and understand how to bridge the gap between a rational approach and an emotional approach with issues of this kind.

129. Marta Grgič-Vitek, Member, Slovenia, asked whether it would be permitted to use the presentation to show to Slovenia's national vaccine coordinators. In Slovenia, HPV uptake had been at 50% but was now decreasing. Kåre Mølbak responded affirmatively and suggested to make the presentation available via the AF Extranet.

130. Mika Salminen, Member, Finland, was also in favour of the virtual country visit initiative and continuing this at future AF meetings. Finland had so far avoided the issue with the HPV vaccination but there had been other similar crises. He agreed that there were factors other than health at work here. One positive event in Finland had been a long article attacking vaccine hesitancy in a Finnish daily newspaper during summer 2015. This had even led to a proposal in parliament to introduce a law making school attendance dependent on having had the appropriate vaccinations.

131. Silivia Declich, Member, Italy, agreed that the media was one area where more could be done. Her institute had arranged short courses for journalists on various topics to make them aware of the potential damage of misinformation and to get them on board as allies.

132. Kåre Mølbak said that data mining on the web could be useful to show the correlation between media coverage and vaccine uptake on a curve, for example. His institute was now preparing a paper analysing and annotating the correlation between media coverage and HPV uptake in Denmark during the crisis period.

(Day 2)

133. Andrea Ammon, Acting Director, ECDC, announced that ECDC had won a health award for the European Antibiotics Awareness Day at the Bad Gastein European Health Forum. She thanked the countries for taking up the messages in national campaigns making this initiative a success.

AF Working Groups - Selection process for the ECDC Fellowship Programme: EU-track and Member State (MS)-track

134. Three working groups reported back from group discussions on the election process for the ECDC Fellowship Programme: EU-track and Member State (MS)-track. Hanne Nøkleby, Observer, Norway, presented the feedback from Working Group A.[15]

135. Sophie Quoilin, Alternate, Belgium, presented the feedback from Working Group B.[16]

136. Fernando Soria Simón, Member, Spain, presented the feedback from Working Group C,[17] after which the floor was opened for discussion.

137. Karl Ekdahl, Head of Unit, Public Health Capacity and Communication Unit, ECDC, clarified that EUPHEM fellows were going into public health systems and not into the private sector.

138. Osamah Hamouda, Member, Germany, said that it would be good to see some statistics rather than anecdotal information in order to have a clear overview of where the fellows went after graduation. He pointed out that the EU-track also represented an investment by the hosting country, requiring extensive resources.

139. Kåre Mølbak, Member, Denmark, explained that his group had wanted to discuss the programme more than the selection process. One group member had raised the provocative question whether the EPIET should be offered by ECDC or could be done better by other institutions. The EUPHEM fellows are very competent, but the "matrix" is problematic, requiring coverage of virology, bacteriology and parasitology. It was also necessary to consider whether there was a need for a EUPHEM programme or whether there should be just one programme with some flexibility as it was difficult to argue that

[15] Feedback WG A
[16] Selection process for the ECDC Fellowship Programme: EU-track and Member State (MS)-track
[17] Fellowships selection process

microbiologists needed a special course. He suggested rethinking the programme, with some core modules and some selected based on professional interests since the current split was totally outdated.

140. Marianne van der Sande, Alternate, Netherlands, stated also that it would be preferable to have one programme in which everyone would learn a basic set of skills. In fact, many of the basic epidemiology and surveillance courses are the same currently already. Prior to EUPHEM, microbiologists could already enrol in EPIET (next to public health professionals, clinicians, epidemiologists, vets, etc.), and also now, microbiologists can apply for both EPIET and EUPHEM to increase their chances. The issue had been discussed in the AF forum several times but it did not seem to be followed up. It was also necessary to ask what the programme was trying to achieve.

141. Karl Ekdahl said that ECDC's training programme was one of the most complicated programmes to run from an administrative point of view. The EPIET programme had now been running for 20 years and had amassed a wealth of experience during that time so the needs were more obvious. With regard to EUPHEM, he pointed out that ECDC always interacted with the countries via the NFPs for microbiology who were all experts in the field. He suggested forming a future-looking group involving AF members and NFPs for training to look at training five years from now and how to best meet needs.

142. Hanne Nøkleby supported the comments by the AF Member for Denmark on the EUPHEM curriculum. She believed it would be of benefit to have fewer, but more specialised courses available on the training programme.

143. Andrea Ammon thanked the AF for their feedback and expressed regret to hear that there was a general feeling that its ideas had not been taken into account. She pointed out that with the revolution taking place in laboratory technology, even if ECDC started now the critical mass would only be reached in five years. ECDC would revert for further discussion with the AF.

144. Karl Ekdahl said that the paper on the Selection process for the ECDC Fellowship Programme presented the day before would now be sent to the NFPs for training for comment and ECDC would then review and make the necessary changes.

145. Marianne van der Sande found this approach not acceptable as the NFPs for training would not know what had been discussed at the AF meeting. The AF comments should first be taken into consideration before the revised paper was presented to the NFPs or any other forum, otherwise it made no sense for the AF to be providing input.

146. Derval Igoe, Alternate, Ireland, supported the comments made by the AF Alternate for the Netherlands and, in light of this, she felt the need to emphasise that Working Group C had been strongly against changing the ratio of fellows from 12:4.

147. Osamah Hamouda said that the lack of transparency in the decision-making process had given rise to extensive discussions in his Working Group. If a new group was to be created the important issue of transparency needed to be taken into consideration.

148. Mike Catchpole, Chief Scientist, ECDC, confirmed that the role of the AF was to advise the Director and that this advice would be taken into consideration and would influence the direction taken.

149. Karl Ekdahl noted that this was a key issue for the countries and agreed that their opinions needed to be heard. He proposed that ECDC would make a short extract of the AF discussions to assist them. Training activities were a unique part of ECDC's work in terms of administrative complexity and the contribution made by the Competent Bodies and this needed to be recognised. ECDC needed to look internally at what this meant and changes that needed to be made. He thanked the participants for their feedback.

New surveillance outputs

150. Frantiska Hruba, Expert, General Surveillance, SRS Unit, ECDC, gave a presentation[18] on recently developed and planned future surveillance outputs. The floor was then opened for discussion.

[18] Enhanced surveillance outputs (F Hruba)

151. Osamah Hamouda, Member, Germany, congratulated ECDC on this work which would be very useful for the Member States.

152. Mika Salminen, Member, Finland, echoed this sentiment and said that they had been looking forward to having the tool for a long time. He also wondered whether it would be publicly available.

153. Silvia Declich, Member, Italy, recommended an information campaign to let people know that the tool was available for use on the website.

154. Kåre Mølbak, Member, Denmark, was particularly pleased to have data on travel as this could be used to calculate risk of travel-related disease at the national level and aggregated at European level.

155. Bruno Coignard, France, asked whether there were plans to include the EARS Net and ESAC Net soon and also pointed out that the website was very slow so the speed would need to be improved to obtain full benefit from the tool.

156. Reinhard Marre, CPME, inquired whether there was any risk that the data might be misused, given that public access made the data available to all.

157. Franz Allerberger, Alternate, Austria, pointed out that there was always a risk of abuse when making data available, but the benefits of transparency were far greater.

158. Mika Salminen agreed that the benefits of openness and data access totally surpassed any possible risk. The trick was for ECDC to interpret the data carefully.

159. Frantiska Hruba responded that 41 diseases were currently represented and the aim was to add hepatitis B and C, HIV and AIDs and EARS Net data in 2016 and ESAC Net in 2017. The tool was available online and could be accessed by all. Regarding the speed of the website, ECDC was working on a solution and hoped to have a new web portal in May 2017. There was no evidence that the data had been misused to date and they had been available for a year already, but of course the quality and sensitivity of the surveillance systems varied considerably. She pointed out that a disclaimer appeared on every page of data published by ECDC to highlight that it should be interpreted with caution.

Any other business

160. Sophie Quoilin, Alternate, Belgium, expressed concern about a paper that had been presented by ECDC on data sharing with third parties, in connection with the revision of EC Regulation 1049/2001 relating to public access. She gave the example of HIV data which had to be made available to ECDC by mid-September for the HIV report to be published on 1 December 2016. By this time, Belgium had not finished validating the data itself or even presented the figures to its Minister for Health. Under the new regulation, ECDC would be obliged to pass such data on to anyone requesting it, who could interpret it as they saw fit. Although this was only a theoretical scenario, there was an inherent risk, which was why she was raising her concerns to ECDC, even though she was an advocate of data sharing.

161. Mike Catchpole, Chief Scientist, ECDC said that the regulations ECDC was bound by were very clear, although there were some limitations which could be applied. In his view as ECDC's Chief Scientist, it was important that data were available for the good of public health.

162. Mika Salminen, Member, Finland, said that at his public health institute there was a process in place to address this issue at the national level. Data collected for public health purposes using taxpayers' money should be available for the good of public health. Certain checks and balances were in place, however, the most important issue was to put the data collected to good use. The institute had some databases with limited access, but generally no restrictions. He imagined that ECDC, which operated within the same field of public health, took a similar approach to data sharing.

163. Fernando Soria Simón, Member, Spain said that as a principle, if data existed it should be shared, but not until the countries themselves had had time to review it themselves.

164. Marianne van der Sande, Alternate, Netherlands, understood the concerns but ultimately the data was there to further knowledge and therefore had to be used. It therefore had to be made available. It might be difficult not to be defensive and protective of one's own data, but the data was there to be used.

165. Osamah Hamouda, Member, Germany, said there had been very little negative experience with data sharing in Germany, and he therefore encouraged everyone to be courageous. Public health experts

were sometimes hesitant about sharing their data as they were aware of its limitations, but one solution was to highlight the limitations so as to prevent others from interpreting the data differently.

166. Sophie Quoilin emphasised that she was keen to share rather than protect data, but simply needed more time in which to review the data prior to sharing.

167. Mike Catchpole confirmed that ECDC, which is committed to openness and data sharing, is exploring ways in which to support the Member States on this issue.

168. Andrea Ammon, Acting Director, ECDC, was pleased to hear that everyone was so committed to data sharing and was aware that the cleaning and preparing of the data was an enormous task. If there were special instances which needed investigation, she suggested that they could be reviewed on a case-by-case basis.

Update from the European Commission

a) Update on ongoing Commission activities

169. Albrecht Werner, DG SANTE, European Commission, gave an update on preparedness action in public health programmes.

170. In response to the Commission representative's comments on the need for coordination, Mike Catchpole, Chief Scientist, ECDC, pointed out that ECDC and the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) would be convening their first coordination meeting during the coming week.

b) Health Programme update

171. Jacques Remacle, CHAFEA, European Commission, gave a presentation from Brussels (remote link) on actions in the preparedness field in Public Health Programmes.[19]

172. Maria Klimathianaki, Scientific Officer/Finnian Hanrahan, Policy/Scientific Officer, DG Research, European Commission, gave a presentation from Brussels (remote link) on Global Research Collaboration for Infectious Disease Preparedness.[20]

ECDC Advisory Forum meeting dates for 2017 and 2018

173. Corinne Skarstedt, Head of Section, Corporate Governance, Director's Office, ECDC, presented the proposed dates for ECDC Advisory Forum meetings in 2017 and 2018.[21] The AF unanimously approved the proposed meeting dates.

174. Andrea Ammon, Acting Director, ECDC, thanked Reinhard Marre (CPME) for his support and contributions to the AF over the years and wished him all the best for the future.

175. Reinhard Marre, CPME, thanked the AF for the lively discussions and atmosphere of mutual respect. He wished ECDC and the AF every success for the coming years.

176. Mike Catchpole, Chief Scientist, ECDC, thanked the participants for their input. The next AF meeting in December will convene, as is customary, via audio conference. He looked forward to seeing everyone again in 2017 and wished them a safe journey home.

[19] Actions in the preparedness field in Public Health Programmes (2008-2013 & 2014-2020) (J Remacle)
[20] Global Research Collaboration for Infectious Disease Preparedness (M Klimathianaki, F Hanrahan)
[21] ECDC Advisory Forum meeting dates for 2017 and 2018 (C Skarstedt)