



## MEETING REPORT

# Laboratory networks and biosafety communities. How to make biosafety pan-European?

Estoril, Portugal, 14 April 2011

## Executive summary

The year 2011 will mark the first 'Year of Biosafety in Europe'. The European Centre for Disease Prevention and Control (ECDC) together with the [European Biosafety Association \(EBSA\)](#), provided a special session at the annual conference EBSA 2011 in Estoril, Portugal, devoted to the development of biosafety networks or associations. Representatives of 10 Member States were brought together with international laboratory and biosafety experts to discuss how to foster a more representative European biosafety community.

The provision of safe and secure biological laboratories throughout the EU enhances our capacity to respond to the most challenging biological risks. Even though there is an EU Directive on safety at work with biological agents, the level of biosafety awareness and practices varies greatly between EU Member States. In some countries there is a long tradition of a biosafety culture, often built in the occupational health legislation. To date, there are eight national biosafety associations/networks established and more under consideration in other countries.

Biosafety associations play an important role in the enhancement of biosafety and biosecurity through awareness raising, sharing of resources and the promotion of best practices. The mission of EBSA is to be a forum for discussion and knowledge exchange in order to strengthen biosafety in Europe by bringing together experts in the fields of biological safety, biosecurity, biotechnology, transport and associated activities. EBSA, with members from over 20 countries in Europe as well as from other regions representing a variety of sectors, e.g. healthcare, academia, emergency response, industry and regulatory affairs, announced 2011 the 'Year of Biosafety in Europe' as an initiative to support the newly established [International Federation of Biosafety Associations \(IFBA\)](#), which declared, in partnership with the [Elizabeth R. Griffin Foundation](#), 2011 the 'Year of Building International Biosafety Communities'.

This year at the [14th EBSA Annual Conference](#) in Portugal close collaboration between EBSA and ECDC made it possible to host a special breakout session: 'Laboratory Networks and Biosafety Communities – How to make Biosafety pan-European?'. The session brought together delegates from countries with no or less well developed biosafety networks with ECDC, EBSA and representatives of successful national associations to discuss how to strengthen biosafety in the EU/EEA Member States as well as the development of a wider European Biosafety Community. Importantly, this joint collaboration between ECDC and EBSA is a way forward to bridge the knowledge base from biosafety professionals to key stakeholders in the clinical and public health field and infectious disease laboratories.

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The session was attended by over 30 participants from 20 countries. The delegates (as identified through designated [National Microbiology Focal Points](#) – NMFPs) from 10 countries (Austria, Malta, Latvia, Greece, Estonia, Slovenia, Bulgaria, Finland, Romania and Hungary) were invited and funded by ECDC, with additional support from EBSA. The discussion was led by Allan Bennett (Health Protection Agency, UK), Coordinator of the ECDC-funded project '[Biorisk initiative for capacity building and knowledge base development \(BRICK\)](#)' with one of the main tasks being to supply scientific advice to the ECDC in the field of biorisk.

The main result of the discussions was that it was unanimously agreed by the participants that national or regional associations would be of benefit to them. There was a commitment by the organisers to follow up with a more technical 'how to' capacity-building event in 2011 to kick off these networking activities.

## 1 Background

EBSA has declared 2011 the year of biosafety communities and is active in this initiative. Many European countries are well represented within EBSA and most of those have their own national biosafety associations. However, if we display EBSA membership on a map of Europe we see countries that have few EBSA members and no associations. The objective of the breakout session was to bring together ECDC (whose laboratory networks are pan-European), EBSA, representatives of successful national association and delegates from countries not represented in EBSA to discuss how to build a more representative European biosafety community. Moreover, as public health microbiology and clinical laboratories are not well represented at EBSA at present, the joint collaboration of ECDC and EBSA is a way forward to bridge the knowledge base from EBSA to these key stakeholders in the public health field and infectious disease laboratories.

To identify suitable participants for this session, the [National Microbiology Focal Points](#) (NMFPs) were asked to nominate a person fitting the following criteria:

- have an interest to promote biosafety and biosecurity in their institutions as well as on a national scale;
- be from a country with need/added value for biosafety awareness and/or related to overall laboratory capacity strengthening;
- have interest and have never had opportunity to explore EBSA conference series and to network with other biosafety professionals.

The session was moderated by Amanda Ozin (ECDC, Microbiology Coordination Section) and Allan Bennett (Health Protection Agency, UK, as coordinator of ECDC-funded project BRICK).

## 2 Results

On entering the session each of the 30 delegates was asked what country they were representing. There were a total of 20 different countries represented:

Sweden	Austria	Greece
United Kingdom	Belgium	United States of America
Estonia	Romania	Netherlands
Slovenia	Switzerland	France
Malta	Germany	Finland
Portugal	Bulgaria	Hungary
Latvia	Azerbaijan	

Amanda Ozin presented an overview of ECDC: information on the Centre's operations and details on how cooperation has encouraged expert research and reference laboratories.

Allan Bennett presented the BRICK project and its main tasks, including capacity building and knowledge-base development and supplying scientific advice to the ECDC in the field of biorisk.

René Custers, from the Belgian Biosafety Professionals (BBP), explained how the BBP was initiated. He reported that Belgium had been identified as a country where there was a lack of biosafety information and training of professionals. In order to tackle this problem, informal meetings were set up and a launch seminar for the association was held in March 2006. The BBP is now an established organisation with internal rules, a steering

team and taskforces. It does not have a separate legal structure; it is part of the EBSA legal structure as a regional working group. It provides a forum for the exchange of information and experiences for biosafety officers in Belgium. There are four member meetings each year, including a symposium with 75–100 participants.

Benedictus Verduin introduced the Dutch Biosafety Association (DBA). The DBA now has almost 200 members with most of them being appointed by the Dutch government. The association has its own website, with a discussion list of 50 members to help answer biosafety questions posted online. Every newly appointed biosafety officer must complete a two-day training course.

ECDC and EBSA supported microbiology and biosafety professionals from 10 countries to attend the meeting (Austria, Malta, Latvia, Greece, Estonia, Slovenia, Bulgaria, Finland, Romania and Hungary) and report on the biosafety situation in their countries. In order to identify the most urging problems, the invited delegates were asked to answer five questions about the level of biosafety support, legislation and training in their country prior to the conference. Answers were received from seven of the invitees prior to the conference and these were presented by Allan Bennett and further summarised below:

Training was the most frequently proposed approach to solve biosafety problems in the countries followed by access to information, mandatory incident reporting system and harmonised EU legislation. Biosafety training is available in about half of the countries and sparse in others. All delegates agree that a biosafety network would be useful for their country to foster a good biosafety culture, share information on international standards and guidelines, help provide training, exchange knowledge and information, implement incident (LAI) reporting system, and inform and influence legal authorities.

### **1. Do you have a biosafety legislation in your Country?**

All (of seven) have the EU Directives implemented as national legislation, some countries more extensively than others and some with focus on containment of genetically modified microorganisms (in some countries laboratories were operated on a permit basis).

### **2. What do you think are the biggest biosafety problems in your country? What would it take to solve them and how could ECDC and EBSA assist in these?**

A number of deficiencies were mentioned: lack of biosafety awareness, lack of informed authorities, guidance to implementation of EU Directives, information accessibility, a formal body for biosafety assessment and certification and the absence of a reporting system for laboratory-associated infections (LAI). Financial constraints for maintenance of facilities were also on the list.

The most common solution to solve the problems was the provision of training on different biosafety and biosecurity issues, e.g. risk assessment and transport. Information exchange and dissemination, and networking were also mentioned, as was financial, technical and political support.

### **3. Is there any biosafety training available in your country?**

Training is available to a varying degree from technical and theoretical in one country to no training at all. A general perception seems to be that there is room for improvement.

### **4. Would a biosafety association/network be useful in your country?**

The answer was unanimous: yes.

### **5. What areas should it be active in?**

Awareness raising, promotion of a 'biosafety culture', dissemination of information from the international arena, and implementation of standards were examples given while training was most commonly mentioned as an important area for action.

Other ideas and ways to create/reinforce biosafety networks within individual countries and Europe came up during the meeting. The main points were:

- Would it be possible for ECDC to organise biosafety training courses for workers from smaller European nations?
- Waste management should be added to the list of answers given for question 1 above (Do you have biosafety legislation in your country?).
- More resources could be added to the EBSA website, such as a discussion forum and up-to-date links to helpful sites.
- A representative from Latvia stated that it was difficult to know if his previous training provided in Latvia was correct, in comparison with a course that he later took at the HPA (UK). It was suggested that external checks could be required to provide continual effective biosafety training. Training and assessments is an area where a biosafety network could be useful.

- It was discussed that the 10 invited countries could co-operate to form biosafety networks with help from ECDC and EBSA. Discussions were held as to whether regional networks might be more practical and sustainable. For example, the Nordic biosafety network is hoping to include Baltic countries, whilst a Mediterranean biosafety network might aid the smaller states in that region, such as Malta.
- A toolkit for help in setting up of a biosafety network is being developed by EBSA. The American Biological Safety Association (ABSA) also have similar guidelines that can be used.
- Mentor countries with existing biosafety networks could be used to aid the developing biosafety countries in their network initiation.
- The main focal point of the meeting was for ECDC and EBSA to continue working together to foster the development of European biosafety associations.

### 3 Conclusions and next steps

The discussion was lively and indicated that regional biosafety networks might be a more practical way to start. For example, the already established Nordic Biosafety Network is planning to invite the Baltic States to join in. The meeting participants proposed that another regional network could be launched with a small event this autumn (as follow-up to this session) and encompass the Mediterranean and Iberian regions. In this type of 'twinning' model, countries and regions with well-established biosafety networks/associations could act as 'mentors' for those starting to build up a network. A toolkit for organising a network was pointed out as useful; such a template is under development by EBSA. It is EBSA's key mission to be a pan-European biosafety network, and ECDC supports this mission by acting in its role to foster collaborations between expert and reference laboratories.

## Annex 1: Meeting agenda and participants

Thursday 14th April, 2011 (13–14:30h)

### Moderators:

- Allan Bennett (HPA, UK), coordinator for the ECDC-funded project 'Biorisk initiative for capacity building and knowledge base development' (BRICK)
- Amanda Ozin (ECDC, Sweden), Microbiology Coordination Section.

### Session objectives:

- To explain the role of ECDC and BRICK in promoting European biosafety
- To share experiences of successful national biosafety networks
- To assess the requirement for biosafety resources and networks throughout the EU

### Expected outcomes:

- Situational analysis of biosafety in Europe
- An assessment of biosafety requirements of the invited participants
- A roadmap for the dissemination of biosafety resources throughout the EU

### Agenda:

- Introductions – Allan Bennett (5 min)
  - Welcome/session objectives and expected outcomes
- ECDC overview and biosafety issues (15 minutes)
  - ECDC and overview of microbiology laboratory network collaborations in the EU (Amanda Ozin, ECDC)
  - 'Biorisk initiative for capacity building and knowledge base development' (BRICK) (Allan Bennet, HPA)
- Forming a successful biosafety association (20 mins)
  - Belgian Biosafety Professionals – How to do it? (René Custers, VIB)
  - Netherlands Biosafety Organisation – What are the benefits? (Benedictus Verduin, Wageningen University)
- Biosafety national situational analysis (structured round-table discussion – 60 minutes)
  - What is the national situation (5 min each country) and what are the needs and gaps?
  - What can we learn from good practices of national biosafety communities and how to apply this to increase dissemination of information to improve practice at regional and local levels?
  - Role and added value of pan-European organisations (i.e. EBSA, ECDC, EU Commission, WHO, etc.)?
  - Recommendations, next steps?

## Invited delegates

Name	Country	Institution
Iva Cristova	Bulgaria	Head, National Reference Vector-borne infections and leptospirosis laboratory, National Center of Infectious and Parasitic Diseases
Sergejs Nikisins	Latvia	Head of Dangerous Pathogen Diagnostic Unit, State Agency 'Infectology Center of Latvia', National Reference Laboratory
Pamela Österlund	Finland	Senior Scientist, National Institute for Health and Welfare (THL), Department of Vaccination and Immune Protection, Viral Infections Unit
Angelika Loitsch	Austria	Deputy of High Security Laboratory AGES, Institute for Veterinary Disease Control Modelling
Kiki Tryfinopoulou	Greece	Medical Microbiologist, Central Public Health Laboratory, Hellenic Centre of Disease Control and Prevention
Neville Debattista	Malta	Senior Principal Medical Laboratory Scientist, Pathology Department, Hospital Blood Bank, Mater Dei Hospital
Zoltán Kis	Hungary	Head of Hungarian Biosafety Laboratory, National Centre for Epidemiology
Verica Mioč	Slovenia	Biosafety manager/ Researcher, Institute of Public Health of the Republic of Slovenia
Gabriel Ionescu	Romania	Director General, National Institute of Research and Development for Microbiology and Immunology 'Cantacuzino'
Merilin Truusa	Estonia	Head of laboratory, Laboratory of Communicable Diseases, Health Board, Laboratory of Communicable Diseases