ECDC Advisory Forum

Minutes of the Seventy-fourth Meeting of the ECDC Advisory Forum

Stockholm, 19-20 September 2023

Contents

Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 74th meeting of the Advisory Forum which was taking place both in person and via videoconference.

2. Mike Catchpole, Chief Scientist, ECDC, also welcomed the participants to the meeting, in particular Carita Savolainen-Kopra, alternate for Finland, who was participating in the AF meeting for the first time. Apologies had been received from Austria, Greece, Italy, Malta, Poland, Romania, Spain and from EUPHA.

3. There were no requests to modify the existing programme. The draft programme was adopted with no changes and there were no conflicts of interest.

Adoption of the draft minutes from the 73rd meeting of the Advisory Forum, 16-17 May 2023

4. Amendments to the draft minutes had been requested from France (Lines 98, 103 and 113) and these had been incorporated. A short correction to the introduction had been requested by Sweden on 18 September and a change in Line 95 by Belgium. There were further amendments which would be required by Germany in due course and once these had been made, the minutes would be duly adopted.

Establishment of the ECDC One Health Task Force and the One Health Cross-Agency Task Force

5. Ole Heuer, Head of Section, Epidemic Prone Diseases, Disease Programme Unit, ECDC, gave an introductory presentation on the recently created ECDC One Health Task Force and the One Health Cross-Agency Task Force established among among the EU agencies that are part of the Agencies Network on Scientific Advice (EU-ANSA) and that have a technical and scientific mandate on topics falling under the One Health umbrella, i.e. the ECDC, European Chemicals Agency (ECHA), European Environment Agency (EEA), European Food Safety Authority (EFSA) and European Medicines Agency (EMA).

6. Jaap van Dissel, Member, Netherlands, suggested that the issues to be addressed by the Task Force were becoming too complex and too large to be coordinated by one group. He emphasized the importance of trying to address real, concrete health problems.

7. Jurijs Perevoščikovs, Member, Latvia, pointed out that the concept of 'One-Health' did not only include infectious diseases, but also non-infectious diseases (e.g. linked to the environment), and suggested that the scope should be broader.

8. Rebecca Moore, Member, European Institute of Women's Health, asked about the stakeholders and whether there would be patient representatives involved.

9. John Middleton, Member, Association of Schools of Public Health in the European Region (ASPHER), suggested that ECDC should work with the European Observatory for Environment and Health who would be a natural partner on the surveillance side. Given that forest fires and floods had completely destroyed certain ecologies, and weather systems were affecting food supplies, it seemed important to be making the connections between health and climate and to include this in the agenda. He strongly recommended and endorsed the Task Force initiative and would be pleased to offer support from ASPHER.

10. Carita Savolainen-Kopra, Alternate, Finland, said that in Finland they were currently experiencing an outbreak of avian flu in fur farms, and this had highlighted the fact that 'One Health' was still not entirely integrated as a concept. Even though experts thought they were all working together towards 'One Health', it was still necessary to find a common goal for human and animal health. The recent decision to cull all animals at farms with positive detections of avian flu had shown that there was a different awareness and sense of urgency between the two sides. On the human health side, as a result of the recent COVID-19 pandemic, there was a heightened awareness of the risks which was not shared on the animal side. In Finland, 'One-Health' was still a very abstract concept, so it was important for the Task Force to strive for tangible results and have a joint framework to ensure that everyone worked together.

11. Jan Kynčl, Member, Czechia, hoped that the Task Force would be beneficial for the countries by lowering the burden for public health and veterinary authorities in terms of data reporting requirements to various international agencies. He strongly recommended coordination to avoid duplicate reporting and at the European level, he suggested having a common platform to share data and isolates. He also suggested

that there could be common, shared guidelines for public health and one European reference laboratory for each area (food, veterinary, human health).

12. Kärt Sõber, Member, Estonia, said that this was an important initiative and that coordination between the three sectors was essential, along with gap analysis and the identification of public health added value. She also stressed the importance of the role of the environment (e.g. in antimicrobial resistance) which was not so well defined and where further research was needed.

13. Henrik Ullum, Member, Denmark, said that in Denmark they were very supportive of a 'One-Health' approach, however the concept of 'One Health' was very broad and there was a risk of getting involved in areas other than infectious diseases that were beyond the competencies of public health institutes.

14. Piotr Kramarz, Deputy Head of Unit/Deputy Chief Scientist, Disease Programmes Unit, ECDC, referring to the complexity of the Task Force role, said that when an outbreak occurred, everything was amplified as it became necessary to deal with various services, both nationally, at EU level and internationally. This illustrated the need for guidance in such situations, as the need for coordination grew existentially.

15. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, said that the example of the outbreak of avian flu in Finland highlighted the need for an 'end-to-end' approach, both at national and at EU level. She pointed out that there was currently no legal framework for reporting avian flu in mammals at EU level so the two sides had very different ways of working. The same 'end-to-end' approach was also needed for food-borne outbreaks.

16. Koen Blot, Alternate, Belgium, asked whether the 'One Health' Task Force or Cross Agency Task Force would be looking primarily at mid to long-term risk and whether rapid risk assessments would be compiled at the veterinary or 'One Health' level. In Belgium they had recently established a risk assessment group for veterinary and emerging zoonoses, but the objectives of the group were not comparable with those for the production of risk assessments on the human side. He therefore stressed the need for common goals within the joint framework.

17. Ole Heuer, Head of Section, Epidemic Prone Diseases, Disease Programme Unit, ECDC, responding, noted that the 'One Health' concept was not new, and that a 'One Health' zoonosis centre had already been established 15-20 years ago by a number of the countries around the table. However, the need for some sort of coordination was becoming clear from recent outbreaks (e.g. Finland, Denmark). With regard to the definition of 'One Health', the US CDC and the UN had both provided definitions and it was now necessary to do the same for the EU/EEA. For example, animal health experts sometimes referred to the environment as well as animals, but did not mention humans. A prevention approach would automatically incorporate the environment. At EU/EEA level one of the main tasks of the Task Force would be to demonstrate that this could work across borders and serve as a model for how to tackle such issues. He stressed that there was no reason for countries to be concerned about an increased workload, ECDC simply wanted to ensure that cooperation improved in order to increase the impact across the various sectors.

18. Mike Catchpole, Chief Scientist, ECDC, said that one of the challenges was the fact that there were different perspectives across the various domains and the One Health Task Force was a way of achieving common perspectives and finding common areas for cooperation and coordination of skills and competencies. He asked participants to elaborate on the main 'One Health' challenges in their countries.

19. Jaap van Dissel, Member, Netherlands said in his country there was strong collaboration across the sectors (biology, animals, environment) and they were quite well integrated. The Netherlands had been participating regularly in the 'One-Health' EJP meetings over the last three years and was also involved in MedVetNet group activities.

20. Aleksandar Šimunović, Alternate, Croatia said that they had had a 'One-Health' coordination group in Croatia for over 15 years and quite good experience of collaboration between the different sectors. At present, Croatia was experiencing an outbreak of African swine fever in pigs which was necessitating close collaboration between the animal and human health sectors in the country.

21. Anneli Carlander, Member, Sweden, said that in Sweden they had worked on improving collaboration between national authorities over the last 15–20 years but there were different ministries involved and they were less integrated. The challenge was often the legislation and the different tasks for the national authorities in the 'One-Health' area.

22. Osamah Hamouda, Member, Germany, said that at the working level in Germany the collaboration was quite well established, however, further up the hierarchy, it became more difficult. One way to strengthen collaboration would be through an alignment of the goals and funding mechanisms in the different ministries (similar to the experience with health and research).

23. Bruno Coignard, Member, France, said that his agency had long-standing collaboration and experience in food-borne diseases and outbreak investigation in France, also for AMR and more recently for zoonotic influenza, in particular working with the French Agency for Food, Environmental and Occupational Health and Safety (ANSES). The biggest challenge was convincing the reference laboratories, which were separate for human and animal health, to share information. Another challenge was prevention activities. Requests were often received from ministries about communicating globally on AMR but this was difficult to do as the messages and target groups were very different.

24. Jurgita Pakalniškiene, Member, Lithuania, said that the national public health institutions had been collaborating on a long-term basis with the authorities responsible for zoonosis and, since 2016 with those responsible for antimicrobial resistance. Regular collaboration is ongoing at the local level, however, at the higher echelons it is less frequent and not so systematic. There was a multidisciplinary group at national level created, but this was not really functioning during the last year. The MoH and the National Public Health Centre had recently had discussions with the food and veterinary service on the issue of avian flu, but they needed to have more regular meetings and to combine and integrate their strategies. She believed that having clear guidance at EU level would help push them towards more strategic cooperation.

25. Jurijs Perevoščikovs, Member, Latvia, said that in Latvia although there was collaboration at national level, more was required among specialists as the different sectors worked separately. He believed that they needed to set up working groups to solve some of the technical issues (e.g. lack of IT to exchange sequencing data and/or surveillance data) between sectors.

26. Kärt Sõber, Member, Estonia, said that although there was collaboration with the authorities responsible for zoonosis, since the outbreak of avian influenza, they had been trying to engage more with experts in veterinary health. In Estonia, there had recently been outbreaks of *E. coli* in drinking water in one specific region of the country, so the environmental and veterinary sector had been working together with the public health sector quite closely on this. Since the COVID-19 pandemic, the crisis management structures had been changing and they now had quite a good platform on which they could add all those involved from institutions across the country. Estonia's Climate Ministry was working on a climate change action plan and the public health agency was involved in one specific part of this plan on infectious diseases. However, there was no specific 'One- Health' task force or equivalent so collaboration was quite sporadic and needed to be more integrated.

27. Koen Blot, Alternate, Belgium, said that, as in other countries, in Belgium there were separate groups working on the individual topics and there was a lack of clear leadership or funding to coordinate all the various 'One-Health' groups and no clear driver or body responsible for tackling the most important issues.

28. Trygve Ottersen, Member, Norway, said that the scope of the 'One-Health' concept had also been discussed in Norway. Although Norway had taken a 'One Health' approach for a long time, there was still great potential for improvement. In Norway, the collaboration was stronger in the animal and human health sector than the environmental sector. They were also currently trying to prepare for increased collaboration on airborne diseases, including avian influenza, by defining who was responsible for what. Another focus area is AMR surveillance. Central actors are now publishing joint annual reports across sectors but there is still a challenge with separate surveillance systems, including for human and animal health.

29. Marta Grgič-Vitek, Alternate, Slovenia, said that the Slovenian Ministry of Health had prepared a 'One-Health' strategy and an action plan a few years ago, but this had not yet been implemented. An annual 'One-Health' conference was also arranged with veterinary colleagues. There was also a need for a more 'One-Health' approach to infection prevention and control in hospitals in Slovenia (e.g. not all hospitals had a policy on prudent use of antibiotics).

30. Carlos Matias Dias, Member, Portugal, said that the situation in his country was similar to that described elsewhere. There was very good collaboration at national and local level which was stronger in the area of animal health.

31. Isabel De La Fuente Garcia, Member, Luxembourg, said that 'One-Health' collaboration was a more recent phenomenon in Luxembourg, probably during the last five years. There had been a big improvements

for influenza and foodborne diseases and there was now a single national reference laboratory which also helped, however there was still room for improvement.

32. Marta Valenciano, DG SANTE, invited all participants to attend the One-Health Conference – 'One Health for All, All for One Health' being organised by the Commission in Luxembourg on 13 November 2023 (https://health.ec.europa.eu/events/one-health-conference-one-health-all-all-one-health-2023-11-13_en).

Surveillance guidelines for detection of highly pathogenic avian influenza during the 2023/2024 winter season and update on risk assessment/protocol for investigation of exposed persons during the ongoing outbreaks among mammals

a) Targeted surveillance to identify human infections with avian influenza virus during the influenza season 2023/24, EU/EEA

33. Cornelia Adlhoch, Principal Expert Respiratory Viruses, Disease Programmes Unit, ECDC, gave a short presentation and the floor was opened for discussion.

34. Jurijs Perevoščikovs, Member, Latvia, commenting on the suggestions, said that he would also include contact with contaminated environments (e.g. swimming in lakes where dead birds had been found) as an example of exposure. He also suggested stating more precisely which types of animals could be infected with avian flu. Under the section on exposure he also recommended adding contact with sick individuals (e.g. persons in clinics or those in families working on farms where there were infected birds/animals). He also thought it would be prudent to recommend sending samples to reference labs, even if rapid tests in hospital were negative for influenza A, if there were indicative epidemiological or clinical symptoms.

35. Koen Blot, Alternate, Belgium, said that he had not considered wastewater surveillance for zoonotic influenza. However, when planning for 2023-2026 in Belgium they had ended up adapting the indicators in their wastewater surveillance and were moving from twice a week to once a week for SARS-COV-2 monitoring. This would release budget for surveillance of other indicators, such as ad hoc variant analyses of SARS-COV 2, polio, RSV and influenza. He pointed out that if the logistical framework was in place for SARS-COV-2 monitoring, it did not cost so much more to add on RSV and influenza.

36. Mike Catchpole, Chief Scientist, ECDC, said that he found the use of wastewater surveillance problematic, and it depended on where samples were taken. Although it could be beneficial, the positive signals needed to come from closed systems and excessive rainfall could also have an impact.

37. Carita Savolainen-Kopra, Alternate, Finland, said that they had not detected avian influenza in wastewater samples to date. It was necessary to select the plant very carefully and there was also an issue with the sensitivity of the assay. She also pointed out that it was important to know how to react to a positive finding and have a procedure in place for this.

38. Jurijs Perevoščikovs, Member, Latvia, suggested that wastewater surveillance at large hospitals might be helpful.

39. Koen Blot said that because this type of surveillance was quite new, data validation would be necessary, comparisons at treatment plants, with other surveillance systems, etc. and this was work that had to be done now in order to be prepared for a future outbreak or pandemic. Wastewater surveillance was perhaps more useful for diseases such as poliomyelitis since, although it was impossible to identify an individual from a positive sample, it could be useful as a signal for increasing awareness among the general public, encouraging people to get vaccinated, and for prevention purposes.

40. Jaap van Dissel, Member, Netherlands, said that in the Netherlands they had investigated wastewater in areas with large outbreaks of avian influenza among poultry but not found any samples. He pointed out that the purpose of doing wastewater surveillance would be to try and prevent an outbreak, however if a sample was detected, it would probably be too late. It was therefore probably more useful to investigate clusters. He quoted a recent example of a citizen science project investigating respiratory diseases which had uncovered a case of swine influenza where the case had no link whatsoever with pig

farms. If enough surveillance was carried out it would always be possible to find cases, which was why it was so important to keep things in perspective.

41. Osamah Hamouda, Member, Germany, said that with wastewater surveillance, it was important to consider why it was being done and what additional information could be found. If there was an opportunity and it did not cost much, then it could be a good idea. In Germany, they were still in the processto set up SARS-CoV-2 wastewater surveillance. Meanwhile, they were anticipating a new season of respiratory illnesses, with the whole system under pressure and the staff exhausted. It was therefore important to be careful not to add new tasks that could hamper the whole response effort.

42. Carita Savolainen-Kopra, Alternate, Finland, pointed out that sending untypeable influenza-A-positive samples to a reference laboratory required a great deal of effort on the part of a regional laboratory.

43. Trygve Ottersen, Member, Norway, said that the teams in his division had expressed concern about the suggestion of sending all influenza-A-positive samples to national reference laboratories, if that is what the proposal for the AF entailed, and wondered whether this was for the general population or particular subgroups. In Norway they were also anticipating a quite heavy winter for influenza and most of the laboratories in Norway did not have the capacity to deal with all the additional samples.

44. Jurijs Perevoščikovs, Member, Latvia pointed out that environmental surveillance was simply a supplement to clinical surveillance if the clinical surveillance was weak.

45. Cornelia Adlhoch, Principal Expert Respiratory Viruses, Disease Programmes Unit, ECDC, said that ECDC was not proposing that all influenza-A-positive isolates should be sub-typed, just those with a suspected infection in areas where ongoing avian influenza outbreaks are reported, if possible. She pointed out that 10% of the population was expected to be infected by influenza this season with a high number of tests for seasonal influenza to be expected, making the testing of all influenza A positive isolates an impossible task. However, by just focusing on areas with ongoing outbreaks of avian flu it might be possible to test and focus on those which had exposure to infected animals to identify infection and hopefully prevent further cases. She thanked the AF Alternate for Belgium for the feedback on wastewater samples and fully agreed that it was experimental but represented a potential option for monitoring at the local level to possibly detect sporadic cases. She pointed out that the purpose of the document was simply to offer advice on how to integrate avian influenza into the overall respiratory surveillance scheme from week 40 onwards.

46. Mike Catchpole, Chief Scientist, ECDC, said that one of the main issues with wastewater surveillance was the costing since, if a positive sample were to be detected, it would involve a much larger search at much greater cost.

b) Pandemic risk mapping

47. Theresa Enkirch, Expert Microbiology, Public Health Functions Unit, ECDC, gave a short presentation.

48. John Middleton, Member, ASPHER, asked about ECDC's position with regard to simulation/desk top exercises and how this type of knowledge was taken forward and tested.

49. Cornelia Adlhoch, Principal Expert Respiratory Viruses, Disease Programmes Unit, ECDC said that the Agency had two exercises currently planned, a high-level exercise within the Commission in October involving a 'One-Health' approach and a repeat of a 'One-Health' with experts in the Member States in 2024 similar to an exercise conducted in 2017 with other international stakeholders such as WOAH and WHO. One aspect for the country exercise could be the streamlining of reporting. In addition, ECDC had planned External Quality Assessments on laboratory preparedness for avian influenza.

c) Investigation of persons exposed to animals infected with avian influenza during outbreaks in mammals, EU/EEA 2023

50. Angeliki Melidou, Principal Expert Respiratory Viruses, Disease, Programmes Unit, ECDC gave a short presentation, and the floor was opened for comments.

51. Carita Savolainen-Kopra, AF Alternate, Finland, asked about the use of rapid antigen tests because proper validation was difficult in the absence of human specimens. She anticipated quite a lot of interest from manufacturers for the provision of tests for avian flu, but it would not be possible to validate these

without human specimens. She therefore asked that the document be worded in such a way that it was clear that the tests would have to be validated.

52. Anneli Carlander, AF Member, Sweden, said that they had had similar discussions in Sweden regarding the testing of farm workers and, since it was quite difficult to send people to clinics to get tested, they had decided to go with self-sampling, with the samples then being sent to laboratories. However, they had not discussed rapid antigen tests because it was impossible to sequence them.

53. Jurijs Perevoščikovs, Member, Latvia, said that it was difficult to define outbreaks of avian influenza so he suggested elaborating on the definition of 'outbreak' and similarly, providing more details on sampling – who should be responsible for sampling, notification, etc.

54. Jaap van Dissel, Member, Netherlands, agreed it would be useful to have a further opportunity to review the document and forward it to the relevant specialists in the country.

55. Mike Catchpole, Chief Scientist, ECDC agreed that this was the best way forward.

56. Angeliki Melidou, Principal Expert Respiratory Viruses, Disease, Programmes Unit, ECDC, pointed out that the document would not go into any details on the animal testing side as this was beyond its scope. EFSA would also receive the document for reference purposes, in accordance with the 'One Health' approach. For the rapid antigen tests, it would be better to use tests only in symptomatic cases, however for the purposes of frequent testing of workers who were asymptomatic, they might be a useful tool for obtaining rapid results although she was aware that validation was an issue. She looked forward to receiving further comments once the participants had reviewed the second draft.

57. Cornelia Adlhoch, Principal Expert Respiratory Viruses, Disease Programmes Unit, ECDC informed the AF that they would soon be receiving the next joint EFSA/ECDC quarterly/bi-monthly report on avian influenza. This would now be a regular document for AF consultation because it contains ECDC's risk assessment.

Update on the process for the assessment of prevention, preparedness and response planning (Article 8 of the SCBTH)

58. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, gave a short presentation on the process for the assessment of Member States' prevention, preparedness and response planning in accordance with Article 8 of the Regulation on serious cross-border threats to health (SCBTH).

59. Koen Blot, AF Alternate, Belgium, made a plea to ensure that the public health institutes were also involved in the country visits, even though these were coordinated by the Ministry of Health. The public health institutes had the full overview of all those involved in preparedness and response (e.g. microbiology, epidemiology, lab capacity, etc.) He asked whether the ECDC report being developed after Phase 1 and 2 was separate from Article 1 and 9. He also asked about the timing between the country visit and the report being made available.

60. Kärt Sõber, AF Member, Estonia, said that Estonia had its joint external evaluation in 2023 and the visit was planned for October so they were interested in doing the assessment with ECDC as soon as possible to help save on resources and avoid duplication (since they were already preparing a great deal of similar documentation which could be re-used).

61. Jaap van Dissel, AF Member, Netherlands, did not understand why the evaluation was not made public. He was also concerned about the overlap with WHO. In the Netherlands they were currently preparing all the documents for two major rounds of assessments and the constant rounds of evaluations and assessments were becoming a challenge and creating a large amount of work throughout the year.

62. Bruno Coignard, AF Member, France, asked for clarification regarding Area 3 (Financing) and Area 6 (Human resources) as to whether these would be included as part of the transversal aspects covered by the assessments. He also strongly recommended including TESSy, Epipulse and EWRS data in the document to demonstrate how Member States used these systems to fullfil their national surveillance requirements and contribute to European surveillance.

63. Vicky Lefevre, responding to questions, said that for the in-country visits, a letter would be sent to the HSC Higher Level member through the Coordinating Competent Body (usually the director of the National Public Health Institute) informing them of the intention to visit. It was up to the contact point in the Member State to decide who would be involved in the visit and ECDC was not involved in this. The Article 7 survey

(replying to questions and uploading relevant documents) would be sent to countries in September 2023. Based on this reporting, the Commission would compile an aggregate report which would be presented to the HSC (not published). She understood that there could be open access requests (e.g. by journalists) to see the report and there was a very scant legal basis for refusing. Article 9 report was due to be published in 2023 but it would have to be based on Article 7 and 8 submissions and ECDC's individual reports would have to be based on country visits to each Member State. The plan would be to have a draft report within three weeks of the visit which the Member State would then review within two weeks, before finalization which would take another week, so six weeks in total. Although publication of the report was not planned, if a country wanted its report to be made public, this would be possible. With regard to the overlap with JEE, if there was a JEE report, it would not exempt the country from submitting something for Article 7 as Article 7 was mandatory and JEE was not. For respiratory infections ECDC would look at the data available in TESSy and Epipulse. Reporting to EWRS was ad hoc reporting but it could be used to show how active countries were at reporting to these systems. With regard to the transversal areas of Area 3 and 6, ECDC had no intention of looking at these areas.

64. Andrea Ammon, Director, ECDC, said that she understood that this would be a great deal of work for the countries, however the Article 8 visits were the most powerful tool for strengthening preparedness. Although preparedness surveys had been conducted previously, they did not seem to have helped which was why they were now being followed up with visits. She therefore hoped that despite the extra work, there would be something useful to gain from this exercise.

65. Jaap van Dissel, AF Member, Netherlands, agreed that it was useful but pointed out that on the basis of different consultations, such as JEE, etc., the countries that were considered best prepared pre-COVID were the UK and the USA while the pandemic showed a different reality.

66. Andrea Ammon commented that the JEE tool covers a lot of ground but not very in-depth and she believed that with this new approach for the assessments there will be a better chance of getting a good overview of the areas needing improvement. Member States' "After Action" Reviews will provide useful background material for the assessments as well as information generated through the country overviews that ECDC has been developing over the past two years and that are now almost finalised and ready for validation by the Member States.

67. Dirk Meusel, DG SANTE, European Commission, said that it was important to see the reporting within the overall framework of Chapter 2 of the Regulation (Article 5 Union Plan, Article 6 National Plans, Article 7 Reporting, Article 8 Assessments and Article 9 Commission report) all of which built on one another and were linked. With regard to timing, for Article 8 there was an expert group meeting on 6 October, and the Article 5 Union Plan was not expected to be completed until the second half of 2024. For Article 7 a training session was being held that day for the officers who would be making their reports through EWRS. With regard to the publication of national reports, he emphasized that the Commission would first need to ask the country before these could be published so the final decision would always rest with the countries themselves.

Update from the AF Working Group on public health work force capacity

68. Paul Riley, Principal Expert Emergency Preparedness and Response, Public Health Functions Unit, ECDC, gave a short presentation.

69. John Middleton, Member, ASPHER pointed out that there was a parallel project ongoing at WHO on the public health workforce and emergency preparedness roadmap so there was a large repository of information available from surveys and competence lists which he would forward. ASPHER had completed some work for ECDC on competencies for applied infectious disease epidemiology, and the work done by the AF Working Group was also related to work being done with WHO Regional Office for Europe on both competencies for the workforce and a professionalisation roadmap. He suggested that a useful approach would be to combine details of the competencies that individuals needed in relation to their tasks with what institutions needed in totality. Only some schools of public health were aware of what was really required when arguing for resources and many more needed to be investigating this systematically.

70. Koen Blot, AF Alternate, Belgium, said that it was difficult to make comparisons across Member States because it was necessary to look not only at available personnel, but also to define the number of

tasks taken up by an institute (e.g. surveillance systems). In his opinion there was very little visibility of public health, a fact which needed to be remedied somehow.

71. Osamah Hamouda, AF Member, Germany, said that in Germany they had been trying for many years to have a better idea of the number of public health workers required. However public health was not based in one specific national institute or ministry, and it was therefore difficult to get all the actors involved around one table. In Germany there were 16 federal states, and 400 local health authorities were responsible for supplying staff, making it difficult to obtain information on numbers. Since the COVID-19 pandemic there had been a big push to boost numbers and a national programme was providing funding for extra staff and IT development in local public health services. In Germany there was a special training course in public health for physicians and the FETP with a master's degree in public health through the Charité University in Berlin. However, it was very difficult to bring all these actors together. Many of the questions in the surveys sent to them could not be answered because they did not have the appropriate information, although he hoped that this situation would improve in the future.

72. Marta Grgič-Viktek, AF Alternate, Slovenia, said that, in anticipation of a new law on communicable diseases, they were currently discussing the possibility of determining a specific number of public health workers for this area. Although the numbers were not as low as they had been a few years ago, they were still under-resourced.

73. Bruno Coignard, AF Member, France, said that France was experiencing similar issues to those mentioned by other participants. Although during the COVID-19 pandemic they had developed many IT systems, IT development was still an area in which they were lacking skills. The challenges with the laboratories were also similar to those described by others.

74. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, said that the working group had spent most of the first two meetings expressing the difficulties and challenges, defining the scope, and determining what needed to be taken into account. It appeared that most working group members were interested in having some kind of independent assessment or benchmark of what was required. However, agreement had been reached on a revised survey and the group would also look at what was already available in terms of methodologies and workforce capacity assessments. The Article 7 survey section on human resources mainly focused on pandemic emergency preparedness and human resources for AMR. She emphasized that the work done by the group would not cover the full scope of public health and disease programmes.

75. Mike Catchpole, Chief Scientist, ECDC, suggested that one approach might be to define a clear set of indicators which would signal whether a public health system was coping or failing.

76. Koen Blot described the approach he had taken to obtaining extra funding after that made available for the pandemic came to an end. For 2024, he argued for longer term financing (since the COVID-19 had come to an end) and this involved transferring all the extra tasks expected of public health experts (e.g. risk assessments, etc.) to different modules and describing them, stating how many people were needed for each. He then proposed distribution of budgets and began discussing the objectives. This was a way of trying to make the higher authorities aware of what was actually being done in order to negotiate for additional resources.

77. Mike Catchpole thanked all the participants for their comments and suggestions.

Update on SoHO workplan

78. Vanja Nicolac Markic, Principal Expert, Microbial Safety of Substances of Human Origin, Disease Programmes Unit, ECDC, gave a short presentation and the floor was opened for discussion.

79. Jurijs Perevoščikovs, Member, Latvia, asked how the workplan would influence surveillance activities in the countries.

80. Vanja Nicolac Markic said that this type of surveillance already existed as the 'Serious adverse events and reactions report' and therefore some numbers were already available. ECDC was monitoring different epidemiological trends and had information on the various pathogens. In principle, all transmissions were already being reported at a certain level.

81. Henrik Ullum, AF Member, Denmark, said that it was important for public health institutes to remember that in this area there was a very active and strong scientific community (particularly in blood transfusion), with specific expertise and knowledge of risks in donor populations and the evaluation of risks

for recipients. He also suggested that it was important for public health institutes to obtain all the national reports on infections among donors and feed them into general surveillance for the relevant diseases.

82. Koen Blot, AF Alternate, Belgium, wondered if the SoHO network was a result of ECDC's new mandate and if so, how. As this was a new topic area, he wondered what advice ECDC could give the countries to encourage collaboration between public health institutes and experts on SoHO and what type of collaboration should be foreseen.

83. Vanja Nicolac Markic confirmed that the SoHO network was specifically mentioned as a requirement in the new legislation. Referring to the collaboration of public health institutes and SoHO institutions, ECDC had tried to encourage this when establishing the network. The calls for proposals had been sent to both types of institutions, not only setting out the criteria for the kind of expertise required but also requesting that they communicate with one another. In most countries, public health institutions usually did supply SoHO authorities with data, so the link did exist. The expert panel that had been created was involved in determining the criteria and ECDC had also collaborated with the European Blood Alliance and other relevant experts in Europe.

Update on EU Health Task Force set-up and assignments

84. Ettore Severi, Group Leader, EPR Readiness and Support, Public Health Functions, ECDC, gave a short presentation which was followed by questions from the floor.

85. Koen Blot, AF Alternate, Belgium, asked about the difference between permanent capacity and enhanced emergency capacity. He also asked whether the experts from the EU Member States (the pool) were the same as those from the Advisory Group or different.

86. Ettore Severi explained that the Member State pool was expected to make up the largest part of the Task Force. The Advisory Group was an external group which had helped ECDC to formulate criteria for the set-up by ensuring that what was proposed was actually feasible within the Member States. For example, during recent discussions they had talked about how to reach out to experts in the Member State pool.

87. Vicky Lefevre, Head of Unit, Public Health Functions, ECDC, said that discussions on the format of the Task Force, etc. had been completed but as yet they had not begun to set up the pool. A call would soon be launched for those Member States wishing to be a part of the pool and once this was complete, ECDC would have the capacity to respond.

88. Ettore Severi said that there would be two calls for expressions of interest - one to stimulate expressions of interest in joining the Advisory Group, and the other to distribute the request for joining the Member State pool.

Advisory Forum Working Group topic: ECDC Factsheets Reporting from the Working Group Sessions

89. Koen Blot, AF Alternate, Belgium, gave a report on the discussions in Working Group A.

90. Rebecca Moore, European Institute of Women's Health, gave a report on the discussions in Working Group B.

91. Mike Catchpole, Chief Scientist, ECDC, thanked the two Working Groups for their input, noting the key message that factsheets were an important ECDC output. He asked for clarification on the point about avoiding duplication with WHO or other agencies.

92. Osamah Hamouda, AF Member, Germany, said that WHO's factsheets had a slightly different focus in that they addressed the whole world while ECDC focused on EU countries. In Germany ECDC factsheets were the primary source for national factsheets. Another issue they had discussed was whether the factsheets should address technical experts or the general public. Although the boundaries did seem to be dissolving nowadays, it was important to adopt a language which was understandable for all and not to have to develop factsheets for differing levels of expertise.

93. Koen Blot, AF Alternate, Belgium, said that in Working Group A they had discussed how issues were communicated differently, depending on the target audience, and he suggested that it was necessary to look at how messaging was being produced (it was often developed by scientists who were not used to addressing the lay population). He suggested looking at what other agencies and bodies had done with their factsheets to make them more readable.

94. Mike Catchpole noted that both groups had identified the public as a key audience and his impression was that the AF wanted to target the general public as a potential source for communications.

95. John Middleton, Member, ASPHER, said that there was agreement on the value of the factsheets and recognition of the ECDC 'brand' and the trusted nature of it. He pointed out that when producing output for a professional audience, then obviously the public and the press would also have access, but that was not the same as a targeted version for the public. The issue of duplication was not so much of a risk as the danger of contradiction and therefore he suggested approaching WHO about a common factsheet process.

96. Carlos Matias Dias, AF Member, Portugal, said that plain information was useful as a factor to counteract misinformation and therefore he strongly supported this type of output. At his institute the communications department played an important role in working with scientists to adapt the outputs. The information published was also of interest to people in academia or specialists in areas other than public health who wanted to know more from a reliable source.

97. Henrik Ullum, AF Member, Denmark, agreed that if information was understandable for the general public, this not only increased its impact but also acted as a counterbalance to misinformation. The key was to try and make scientifically correct information as understandable as possible.

98. Barbara Albiger, Principal Expert, Scientific Quality, Scientific Methods and Standards Unit, ECDC, thanked the participants for their feedback. She had recently been part of a group trying to update the template for ECDC factsheets and they had discussed trying to target public health professionals, the 'shelf life' of the factsheets and presenting the epidemiology in an EU context. Referring to the translation feature available on the ECDC website, she said that it could certainly be of added value for Member States to have high-quality ECDC factsheets with relevant information translated into other EU languages. She asked participants to write or get in contact if they had any further feedback.

99. Andrea Ammon, Director, ECDC, said that some of the most updated factsheets were on the European Vaccine Portal rather than on ECDC website. She also suggested that Member States could indicate which factsheets were most useful for them, to help ECDC take decisions on which, if any, to translate into all EU languages.

100. Koen Blot, AF Alternate, Belgium said that his institute provided a service for regional health authorities with information on infection prevention and control (IPC) and a translation of the list of mandatory notifiable pathogens might be useful for this.

101. Trygve Ottersen, AF Member, Norway said that one issue they had not discussed much so far was the cost/opportunity costs for ECDC in terms of resources used to produce the factsheets. Factsheets may certainly be worth prioritizing, but it useful to have an understanding of the opportunity cost for ECDC. At the same time, he pointed out that there were other potential internal benefits from producing factsheets – such as the fact that they were subjected to quite a deliberate and rigorous process of quality control, involving many teams/departments which gave them a solid foundation. However, if a factsheet went beyond neutral, obvious facts, it was important to know the process involved in producing it, and this would also affect how easy it was to turn it into a 'public-facing' product.

102. Mike Catchpole, Chief Scientist, ECDC said that one of the main motivations for the current discussion was indeed the opportunity cost of producing, maintaining and updating ECDC factsheets. The impression was that this cost was justified.

103. Jurgita Pakalniškienė, AF Member, Lithuania said that ECDC factsheets were used a great deal in Lithuania and it was very useful to have the new automatic translation feature. It would be useful to have translations of the infographics for the main guidelines.

104. Jan Kynčl, AF Member, Czechia said that in his country ECDC factsheets were used extensively and they found them very helpful. They also published similar information pages in Czech on their institute's website.

105. Kärt Sõber, AF Member, Estonia said that she had conducted a quick poll among colleagues at her institute and found that ECDC's factsheets were considered to be very useful and were frequently used for reference.

ECDC scientific advice process and Regulation (EU) 2022/2370 Article 7 Procedure for scientific opinions revision

106. Barbara Albiger, Principal Expert Scientific Quality, Scientific Methods and Standards Unit, ECDC, gave a short presentation.

107. Koen Blot, AF Alternate, Belgium, noting that one of the audiences discussed in the scientific advice process was policy makers, asked whether this was at national or EU level, or both. In order to have an impact it was necessary to reach policy makers, however, this involved time and budget costs. He wondered if it might be possible to formulate advice for policy makers in areas where there was common ground in all EU countries (e.g. EU crisis preparedness planning), as and when ECDC identified gaps or problem areas. He also suggested that one target audience could also be the scientific community and that any science gaps could be addressed via Eurosurveillance. He also asked for clarification as to whether the 'registered users' were the national coordinators.

108. Bruno Coignard, AF Member, France, referring to scientific advice during emergencies, asked whether the procedure contained a clear definition of an emergency.

109. Jaap van Dissel, AF Member, Netherlands, said that there needed to be an overview of how much time was involved in each individual step.

110. Trygve Ottersen, Member, Norway, said that the procedure was set out systematically and the process was efficient. When focussing on quality, the more steps and people that were involved, the more time and resources were used. Therefore, it was important to look at timing and other ways to make the process more efficient. Referring to independence, he pointed out that there was independence and perceived independence, and both are important. He therefore wished to see more safeguards to cover situations where there might be difficulty in ensuring independence and/or challenges in demonstrating to the public and other stakeholders how independence has been ensured. He also pointed out that it was in emergencies that the procedure could be most valuable.

111. Birgitta Lesko, AF Alternate, Sweden, asked whether stakeholders had been defined or taken into consideration and whether they were limited in any way. Stakeholders could also be outside of the EU, and it was necessary to decide whether this was desirable or whether it would complicate matters too much. If ECDC received more requests than it could cope with, it would be necessary to prioritise and would therefore possibly have to have a pre-determined procedure for doing so.

112. Barbara Albiger, referring to the timeframe, said that this was not indicated as it could vary so much. Referring to stakeholders, she explained that when ECDC received a request it often had to reach out to

other stakeholders, or even civil society which was why the definition of stakeholders was very broad. However, once the Agency had determined who it would be talking to, it had to be transparent about why they had been chosen, which was why another level had been added (the panel of independent externals). When a risk assessment was being written, ECDC involved stakeholders from the beginning of the process. The draft risk assessment was also sent to the countries involved at the end for review, and all of this had to be done within a very short timeframe. However, she agreed that it would be useful to have a definition of what is an emergency. Referring to requests for scientific advice, she explained that ECDC could not reply to every request received, which was why a template was required (also for providing justification in a transparent manner if it decided not to go ahead with a request).

113. Mike Catchpole, Chief Scientist, ECDC, referring to independence, explained that ECDC had an internal scientific independence policy setting out the internal processes, but if an independent panel was engaged, the AF was involved in the process. The Agency was also moving towards having a standard procedure for the consultation process in order to be more transparent. The Chief Scientist or the Director had the final say as to what went forward for scientific advice although the AF as a body was also there to hold the Agency to account. With regard to stakeholders, he pointed out that there were those for whom ECDC wanted to have an impact, and those with a particular expertise and both groups needed to be involved in the consultation process. Those outside of the EU could be involved if their input was relevant. In his opinion, it was more of a challenge to achieve representativeness than to define which stakeholder groups to engage with.

Update on the EU Reference labs (EURLs)

114. Daniel Palm, Group Leader, Microbiology and Molecular Surveillance, Public Health Functions Unit, ECDC, gave a short presentation.

115. Bruno Coignard, AF Member, France, referring to the PPT slide with the six proposed priorities and endorsement by the Coordinating Competent Body (CCB) asked whether a list of criteria would be provided by ECDC for assessing the eligibility of candidate laboratories as this would be very useful.

116. Koen Blot, AF Alternate, Belgium, asked whether there was a set of criteria for selecting the pathogens and he also wondered whether RSV was in the list.

117. Carita Savolainen-Kopra, AF Alternate, Finland, referring to collaboration between networks, asked whether this would begin before the call or afterwards. Looking at the list, it appeared that there would be candidate laboratories who were already part of other networks. She needed clarification as she would probably receive questions on this.

118. Henrik Ullum, AF Member, Denmark, asked for an elaboration of the selection criteria that would be applied once the applications have been received.

119. Daniel Palm said that the EUR 12.4 million was a four-year grant to be distributed over four years. This was an increase on what ECDC had been spending on laboratory support (around EUR 3 million per year). Eligibility criteria were stated in the legislation, and they would also be outlined in the call. Referring to the criteria for choice of pathogens, ECDC had sent surveys to the AF and the National Focal Points for Microbiology and to the Health Security Committee Working Group during the summer to ask if they could confirm the needs for specific diseases that ECDC was already working with and whether there were any additional ones. This was the information that had been used rather than an evaluation of public health needs for each specific disease which would have been more time-consuming. With regard to laboratories being involved in different networks, ECDC would not disqualify a laboratory that was already working in another network or a WHO Collaborating Centre, etc. Provided that the laboratory had the capacity to perform the tasks, this would not be considered a limiting factor. ECDC would try to ensure that there were no overlapping activities with WHO, both now and in the future too. RSV was not on the list for the first round but would probably come later. There was already good laboratory support for respiratory infections, so they had not been included in the first round. The call for applications would be published on 2 October and laboratories would have two months to submit. The selection criteria will be set out in the call. This would be followed by a selection panel meeting in December.

120. Mike Catchpole, Chief Scientist, ECDC, said that it had been brought to his attention that EU legislation from 2022, relating to medical devices and in vitro diagnostic tests, stated that if an in vitro diagnostic test existed, then Member State institutes should not use or disseminate their own 'home-grown' tests. He asked for clarification of this.

121. Daniel Palm, commenting on the legislation, explained that it was published in 2017 and adopted after some delay due to the pandemic. The idea was to have pre and post market assessment of kits. There were also exceptions listed, for example, kits manufactured and used within an institution could be exempt. There were QC requirements for 'home-grown' kits (or if the market could not meet needs, as had been the case during the pandemic with COVID-19 kits) so the legislation was not completely inhibitory.

122. Carita Savolainen-Kopra, AF Alternate, Finland, asked whether the viruses that had been left out of the list of priority pathogens would be added later (e.g. for polio and measles).

123. Bruno Coignard, AF Member, France, asked whether the call would list the tests that would have to be performed for each specific pathogen.

124. Daniel Palm explained that ECDC did not run networks for polio and measles at present as there were other networks already in existence for them. The call for applications would hopefully cover all the necessary information, including budget, terms of reference for specific tasks that would be necessary, etc.

Director's update

125. Andrea Ammon, Director, ECDC giving a short update of her recent activities, said that Sweden's Presidency of the EU until the end of June had resulted in an unprecedented stream of visitors to ECDC, including a visit by the EU ambassadors/permanent representatives of around 100 people. At the end of June, Sweden's Minister of Health and the European Commissioner for International Partnerships had visited. After Sweden, Spain had taken over the EU Presidency and she had already attended a Health Ministers meeting in the Canary Islands and a meeting on HIV stigma in Seville. She had been invited along with the Chief Scientist to the EFSA Advisory Forum meeting and one area discussed had been the development of a joint 'One-Health' training module. She had been on one country visit to Slovenia and another to France, where she met with representatives of both the Public Health Institute (SPF) and the Development Agency (AFD) to talk about increased coordination of work with ECDC. It had been very useful to meet all the operational contact points and focal points and answer their questions on ECDC's new mandate. For the first time ever, she had been part of the EU delegation at the World Health Assembly where she had met the new director of Africa CDC. At the end of August ECDC had received a visit from the Brazilian Institute of Health as they were on a fact-finding mission with a view to setting up their own public health institute.

Dates of future AF meetings

126. Andera Ammon, Director ECDC, presented a list of meeting dates for the Advisory Forum in 2023 and 2024. The following dates were proposed:

For 2024:

AF76: 20-21 February

AF77: 14-15 May

AF78: 17-18 September

AF79: (videoconference) 11 December

For 2025:

AF80: 18-19 February

AF81: 13-14 May

AF82: 23-24 September

AF83: (videoconference) 10 December

127. There were no objections to the proposed dates.

128. Mike Catchpole, Chief Scientist, ECDC, reminded the AF to provide nominations for those responsible for GDPR in their national institutes if they wished ECDC to reach out to them for consultation. To date ECDC had not received many nominations (although this was not mandatory). The next AF meeting would be on 12 December (online). He thanked the AF participants for their input, wished them a safe journey home and looked forward to seeing them again in December.

Annex: List of participants

Member State	Representative	Status	Participation Mode
Belgium	Koen Blot	Alternate	In person
Croatia	Aleksandar Šimunović	Alternate	In person
Czech Republic	Jan Kynčl	Member	In person
Denmark	Henrik Ullum	Member	WebEx
Estonia	Kärt Sõber	Member	In person
Finland	Carita Savolainen-Kopra	Alternate	In person
France	Bruno Coignard	Member	In person
Germany	Osamah Hamouda	Member	In person
Hungary	Zsuzsanna Molnár	Member	In person
Latvia	Jurijs Perevoščikovs	Member	In person
Lithuania	Jurgita Pakalniškienė	Member	In person
Luxembourg	Isabel De La Fuente Garcia	Member	WebEx
The Netherlands	Jaap van Dissel	Member	In person
Portugal	Carlos Matias Dias	Member	WebEx
Slovakia	Mária Avdičová	Member	WebEx
Slovenia	Marta Grgič-Vitek	Alternate	In person
Sweden	Anneli Carlander	Member	In person
	Birgitta Lesko	Alternate	In person
Observers			
Iceland	Kamilla Jósefsdóttir	Member	In person
Norway	Trygve Ottersen	Member	In person

European Commission Non-Governmental Organisations (NGOs)			
European Institute of Women's Health	Rebecca Moore	Member	In person
Association of Schools of Public Health in the European Region	John Middleton	Member	In person
European Commission			
DG SANTÉ	Dirk Meusel		WebEx
DG SANTÉ	Laura Gillini		WebEx
DG SANTÉ	Marta Valenciano		WebEx