ECDC Advisory Forum

Minutes of the Seventy-seventh Meeting of the Advisory Forum

Stockholm, 14-15 May 2024

Contents

Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, welcomed the participants to the 77th meeting of the Advisory Forum (AF), which took place in person with some joining via teleconference. She announced that it was her final AF.

2. Piotr Kramarz, Acting Chief Scientist, ECDC, also welcomed the newly appointed members from the Netherlands, Slovakia and Sweden. Apologies were received from Belgium, Ireland, Norway and Romania. The following countries did not confirm their participation: Bulgaria, Cyprus and Italy.

3. The draft programme was adopted with a minor change – an introduction to the working groups before lunch, and no conflicts of interest were declared.

Adoption of the draft minutes from the 76th meeting of the Advisory Forum, 5th December 2023

4. The draft minutes of the 76th meeting of the Advisory Forum had been circulated, and amendments had been requested from Norway on point 34, which had been incorporated. No other changes were proposed, and the minutes were duly adopted.

ECDC Fellowship Curriculum Revision concept note including the revised core competency framework

5. Adam Roth, Head of Section Public Health Training/Head of Fellowship Programme, Public Health Functions Unit, ECDC, presented the planned changes to the curriculum to the ECDC Fellowship Programme.

6. Ute Rexroth, AF Member, Germany, asked about the direction of the programme and who the programme aims to train. Does the programme aim to train infectious disease epidemiologists or is there a more public health focus? She was concerned that the new proposed programme may be too much to cover in the two-year timeframe. She expressed concern that if there are more general modules in the programme the specialisation skills might not be prioritised.

7. Adam Roth, ECDC, said that the programme's core focus and specific added value of an in-service programme should remain. The main deliverables and field assignments are still the same: surveillance, outbreak investigation and applied research. However, ECDC will update the context. There are also different needs in different sites that need to be addressed, which ECDC hopes to do through the elective aspects of the curriculum. He reassured the AF that data analysis remains the core of the fellowship programme.

8. Irena Klavs, AF Member, Slovenia, shared that they appreciate ECDC's support with the EPIET MS-track in their Communicable Diseases Centre at the National Institute of Public Health. She commented that the list of competencies seems quite long and asked what is the core of the training that ECDC wants. She felt that it should be public health epidemiology, surveillance, outbreak investigation, scientific communication, etc. Fellows should be aware of other topics but could be trained in these at later stages of their career. She also asked if the list of competencies was too synchronised between public health epidemiology and public health microbiology as epidemiologists and microbiologists have different jobs.

9. Adam Roth reassured Irena that epidemiology and surveillance is still the core of the programme. Regarding synchronisation, the main difference between EPIET and EUPHEM paths is who is recruited and the platform they work in (laboratory or surveillance unit). ECDC is not trying to synchronise it in that sense but rather e.g. offer training as in phylogeny to EPIET fellows and advanced training in data savviness to EUPHEM fellows as electives. This means that the paths contain more specialized training in the core than before (such as advanced bioinformatic analysis for EUPHEMs).

10. Jan Kynčl, AF Member, Czechia, supported the comments of the AF Member from Slovenia. He also commented that pre-course activities should be kept at a lower level as fellows already have a large burden. Also, field assignments will be difficult to be delivered by some of the training sites as some public health institutes do not conduct field epidemiology. He also said that outbreak investigation

should remain in the core of the programme. The Member had some questions regarding Annex 1. He also said that as there were many competencies listed the core competencies should not be overlooked. Finally, ECDC should consider whether all training sites can be responsible for all these activities. He also stressed the need to invest in the training of supervisors.

11. Adam Roth said that pre-course activities are being discussed. Regarding training sites, ECDC is delivering R training for supervisors to support fellows. ECDC will look into the wording of the competencies following the input in the present meeting.

12. John Middleton, Member, Association of Schools of Public Health in the European Region (ASPHER), had a question about the removal of the management theory part, agreeing that focus should be more on leadership than management, and if it is relevant to include more partnership elements such as One Health.

13. Adam Roth said ECDC will work towards having more One Health exposure and One Health training should be delivered by others as well (e.g. EFSA).

14. Henrik Ullum, AF Member, Denmark, shared that his institute was happy about the increased harmonisation between epidemiology and microbiology. He was also happy about the One Health aspect, although it is a difficult subject to train fellows in if not having the competencies in house. Increased focus on preparedness is also supported and an important lesson learnt from the pandemic. The increased focus on new molecular methods is also very useful.

15. Aura Timen, European Public Health Association (EUPHA), was positive to the change to the curriculum. She wondered if it was possible for fellows to visit other conferences apart from ESCAIDE to have a broader exposure to the scientific field.

16. Adam Roth said that the focus is on ESCAIDE – however, when it comes to ECCMID, ECDC primarily trusts the training sites could support that, but will support if fellows have accepted publications if there is problem with funding from the institute.

17. Bruno Coignard, AF Member, France, expressed concern that the emphasis placed on preparedness could divert time from the other significant aspects of the programme. He wanted to know how the new emergency preparedness and response curriculum could be used and the work expected from the fellows.

18. Adam Roth replied that fellows should at least be able to understand their and their core work's role in preparedness in their respective countries. An output could be the improvement of an outbreak investigation SOP for example. The programme aims to offer a level of understanding of the context the fellows are working in. The new article 8 assessments (for fellows based in a country that is visited) and the EU Health Task Force (as international assignments for fellows) may offer great opportunities for fellows to get an insight into preparedness in their own and other sites. Since this is a new aspect of the training, ECDC only encourages field assignments in preparedness, it is not yet demanded as a deliverable in order to graduate. The content of the training in emergency preparedness and response is not yet detailed but will include parts that are already in other modules, such as risk communication and risk assessment.

19. Ágnes Hajdu, AF Alternate, Hungary, expressed concerns about long-standing issues still being there in the programme. She also shared feedback from a current fellow who felt that certain elements of the EUPHEM programme were trying to turn the fellow into an epidemiologist from a microbiologist and this should not be the aim. The Member felt that ECDC should focus on the core tasks. Also, she wanted to know if ECDC has asked the fellows in exit interviews if the programme delivered what they wanted.

20. Adam Roth said there are things that need to be improved (more equal representation of countries) and many improvement areas still exist. ECDC does ask fellows what they think of the programme when they leave and in general, they are happy with it. However, ECDC is also about to start follow-up of fellows for a few years following graduation to better see the impact of the programme.

21. Fernando Simón Soria, AF Member, Spain, asked for better clarification between EPIET and EUPHEM. He also expressed concerns about the synchronisation between epidemiology and microbiology and asked if the aim is to train epidemiologists or public health officials. He also felt that One Health should be integrated into the whole programme. He believed time-series analysis should

be more prominent in the document. Finally, he recommended focusing on the added value of EPIET and EUPHEM rather than replicate what other programmes are doing.

22. Adam Roth referred to his answer to the AF Member for Germany and Slovenia earlier.

23. Jurijs Perevoščikovs, AF Member, Latvia, stressed the importance of focusing on implementing knowledge and taking action rather than just focusing on working with the data.

24. Menno de Jong, AF Member, the Netherlands, had a question on the elective course on vaccinology. He wondered if and why vaccine-related issues such as basic immunology were not a core part of the course, given the importance of immunity and vaccines.

25. Adam Roth said that there were parts of vaccination as core in the introductory course, but that this should perhaps be extended and also include basic immunology training.

26. Andrea Ammon, ECDC Director, said that from her perspective it is clear that the programme has to change. It is important to ask fellows two to three years after they finish the programme if it was beneficial. She was also surprised to hear the reservations expressed by the AF about the fellows working more in preparedness. This will be an area or great focus in the future, and it is important for fellows to acquire this knowledge. She also said it is important that the training sites themselves will also look at how to accommodate the changes.

Update on ECDC-EMA Vaccine Monitoring Platform

27. Piotr Kramarz, Acting Chief Scientist, Deputy Head of Unit, Disease Programmes Unit, ECDC, and Catherine Cohet, Pharmacoepidemiology Senior Specialist, Real-World Evidence Workstream, Data Analytics and Methods Task Force, EMA, presented an update on the ECDC/EMA vaccine monitoring platform.

28. Magnus Gisslén, AF Member, Sweden, asked if there is collaboration with academia. He also asked if it is possible for public health bodies to do or suggest studies.

29. Piotr Kramarz, ECDC, said that ECDC work is done in collaboration with academia and that there is a strong link. If anyone is interested in participating in the vaccine effectiveness studies, people should contact their national coordinators of competent bodies in the countries, as ECDC always works through this link. Even if someone cannot formally join, they are encouraged to use ECDC protocols which are published, so that, in the end, the results of studies could be pooled.

30. Catherine Cohet, EMA, said that EMA has a collaboration with universities. Many of the data partners are from academic centres. Regarding suggesting studies – any need or suggestions for research topics would be welcomed.

31. Henrik Ullum, AF Member, Denmark, asked how the platform will be organised in the future. Nordic countries are also conducting studies on vaccine safety and effectiveness, and he asked if these can also be incorporated in the work.

32. Catherine Cohet answered that one of the contractors is the Danish regulatory agency (DKMA) and they are also working with SSI in Denmark. So Nordic collaboration is very important.

33. Piotr Kramarz said that ECDC is also considering some mapping activities to identify similar studies beyond VEBIS for possible collaboration in the future. As a first step, however, ECDC and EMA identify any gaps or overlaps in the activities of both agencies and look at ways to further improve the coordination.

34. Isabel De La Fuente Garcia, AF Member, Luxembourg, suggested that ECDC and EMA could share information on people in charge of the different studies with the AF.

35. Piotr Kramarz suggested to contact the national focal points for vaccination.

36. Jurijs Perevoščikovs, AF Member, Latvia, asked about the next steps and suggested routine surveillance activities for some vaccines a couple of times a year. He also said there is a lot of digital data now available regarding vaccination.

37. Piotr Kramarz, ECDC, clarified the next steps and thanked the AF for their contributions to the discussion.

ECDC Framework on Substances of Human Origin

38. Marieke van der Werf, Head of Section STI, Blood-Borne Viruses and TB, Disease Programmes Unit, ECDC presented the ECDC Framework on Substances of Human Origin (SoHO).

39. Ágnes Hajdu, AF Alternate, Hungary, asked if there was going to be a network on faecal microbiological transplantation. She also asked if there will be a focus on ethics, for example the gaps in our knowledge even while we currently use tissues and organs in patient care, as well as issues related to informed consent.

40. Marieke van der Werf said there is no specific group on faecal microbiological transplantation, but ECDC will take it up later and it will probably be included in the tissues and cells sub-network. Regarding ethics and guidelines, the ECDC process for developing guidelines is followed meaning it is evidence-based as much as is possible. An ad-hoc scientific panel has also been established to help fill in the knowledge gaps. Where gaps in the knowledge remain, these are acknowledged in any guidance that is provided.

41. Jurijs Perevoščikovs, AF Member, Latvia, asked if it was correct that the national SoHO representatives will inform ECDC about threats rather than the national competent bodies for SoHO. If so, he was not sure they would be able to do this.

42. Marieke van der Werf said that there are explicit instructions in the terms of reference for SoHO national representatives that they should liaise with the national competent authorities, which are the entities working with SoHO matters on a daily basis.

43. Henrik Ullum, AF Member, Denmark, said it is important to keep the work evidence based as opposed to eliminating all risk, and it could be good to write that into the document. There is a risk if rules are too strict in relation to patient care. He mentioned his experience on faecal transplantation and said the practical questions on this type of transplantation are very different to other tissues so it would be wise to have a separate subgroup on that.

44. Fernando Simón Soria, AF Member, Spain, said there was a need to balance the benefit and risk when talking about organ transplants as many of them are life-saving interventions.

45. Ágnes Hajdu, AF Alternate, Hungary, agreed that the benefit risk balance is important, and it is also important to consider the age group of who is receiving the transplant.

Update on ECDC prevention activities

46. John Kinsman, Expert Social and Behaviour Change, Disease Programmes Unit, ECDC presented an update on ECDC prevention activities.

47. Rebecca Moore, European Institute of Women's Health (EIWH), said she was grateful for this new initiative. She said it is important to investigate the conflict of interest for civil society organisations to get the right ones. She also asked if there will there be reimbursements for civil society representatives to attend these meetings.

48. John Kinsman, ECDC, said that ECDC is working on an inclusive principle. In terms of reimbursement, he clarified that almost all the work will be online, so he did not foresee this as an issue.

Feedback from an EVD expert meeting

49. Tamas Bakonyi, Principal Expert Emerging and Vector-Borne Diseases, Disease Programmes Unit, ECDC presented feedback from an EVD expert meeting.

50. Magnus Gisslén, AF Member, Sweden, asked if ECDC also gives guidance on how to advocate for the research of anti-viral treatment.

51. Tamas Bakonyi, ECDC, responded that the Centre has not thought to do this in particular, but will provide information on existing vaccines.

52. Henrik Ullum, AF Member, Denmark, asked how much modelling and forecasting will happen, especially in terms of climate change.

53. Tamas Bakonyi said that the Centre has developed a tool which is intended to provide real-time and short-term forecasting. ECDC will provide information in the guidance about this.

54. Aura Timen, EUPHA, said that this guidance would benefit from the inclusion of behavioural scientists.

55. Tamas Bakonyi agreed that the behavioural science role is very important, and discussions were held on how to implement door-to-door campaigns. ECDC will consult with prevention colleagues.

56. Fernando Simón Soria, AF Member, Spain, mentioned that the increased urbanisation can increase the presence of the vector as well. He said that there are different situations in Europe and areas where there are different risk variables. It should be decided whether to eliminate the vector or to control it – and it depends on different regions, who is in charge of these different areas.

57. Tamas Bakonyi agreed that the combination of urbanisation and climate change will be a challenge. They will try and address this.

Introduction to evidence-based public health working groups

58. Helena de Carvalho Gomez, Head of Section Scientific Process and Methods, Scientific Methods and Standards Unit, ECDC, gave a brief presentation in preparation for the working group session in the afternoon. She explained that ECDC recently initiated a project to review existing methodological guidance for evidence reviews and public health advice and to develop practical hands-on guidance for ECDC staff and Member States to further support evidence-informed decision-making in public health during regular and crisis times. Following an open call, a consortium of four institutions (MEDIATE consortium) will support ECDC in this work.

59. One of the first objectives of the project is to identify existing good practice and methodological guidance as well as remaining gaps and needs. The aim of the AF working group session was to seek AF members' advice regarding methodological guidance needs for evidence-based public health and the degree of the AF's involvement throughout the project.

Surveillance: first steps in the implementation of the strengthened mandate

60. Bruno Ciancio, Head of Section Surveillance, Public Health Functions Unit, ECDC, presented the first steps in the implementation of the strengthened mandate.

61. Ute Rexroth, AF Member, Germany, had a comment about epidemic intelligence and the form that is used (Epidemic Intelligence from Open Sources Initiative (EIOS)). She asked how much relevant information is gathered in comparison with WHO.

62. Bruno Ciancio answered that EIOS will improve the current system of gathering data. ECDC is still using the other systems; however, from internal analysis it seems like EIOS is the best at the moment. This will not replace event-based surveillance that is performed through the networks.

63. Ágnes Hajdu, AF Alternate, Hungary, asked if ECDC will work more closely with colleagues responsible for the EU LabCap survey.

64. Bruno Ciancio replied that ECDC will integrate EULabcap with monitoring of surveillance standards. This discussion is currently ongoing.

Update from the European Commission

65. Dirk Meusel, DG SANTE, European Commission, presented an update from the Commission.

66. Jean-Baptiste Perrin, DG HERA, European Commission, presented an update from HERA.

67. Fernando Simón Soria, AF Member, Spain, commented that there is some overlap in the activities that DG HERA and ECDC are doing. He also wondered if ECDC could facilitate the building of the consortiums mentioned.

68. Dirk Meusel, DG SANTE, said that regarding the comment on complexity, their presentation was an attempt on clarifying the different roles. Regarding the comment on overlapping, DG HERA is looking at the availability and security of medical countermeasures. Regarding support to consortium building – the current procedure is that the Commission sends an invitation letter to the relevant Ministry of Health. What the Commission could do is to give information about when these letters are sent out.

69. Ute Rexroth, AF Member, Germany, observed that the landscape is getting more complex, and it is difficult for Member States to understand who is doing what in the Commission and ECDC. She gave the example of the network of modellers. She also asked for information on country visits by HERA and what the aims of them are. She also asked if HERA was going to have a scientific advisory board and will they also apply the ECDC methodology for evidence-based guidance.

70. Bruno Coignard, AF Member, France, also had concerns about the overlap between the different bodies, especially when it comes to laboratory activities. He also saw that there might be potential competition when it comes to accessing these services.

71. Jean-Baptiste Perrin, DG HERA, European Commission, mentioned that DG HERA and ECDC have two different roles within risk assessment and risk management. Regarding the modelling network, HERA supports capacity for stakeholders to do their work. Regarding the laboratory activities, the question of articulation between EURL and the consortium of laboratories will be addressed. Regarding risk assessment, there is no plan for DG HERA to do risk assessments. DG HERA is organising HERA days in Member States – where HERA staff will raise awareness of the new DG.

Day 2.

Update on Advisory Forum Working Group on main methodological needs/gaps in evidence-based public health

72. Piotr Kramarz, ECDC, opened the session, reflecting on the productive discussions from the previous day, indicating high engagement. Group A was requested to present their findings, focusing on two main questions: the barriers to evidence-based decision-making in public health and the methodological guidance needed for summarizing evidence and developing public health advice during regular and crisis times.

73. The group identified several gaps and barriers, including understaffing at public health institutes, limited access to scientific databases and journals, and the slow pace of guidance from organisations like ECDC, WHO, and US CDC, particularly during crises.

74. Concerns were raised about the selection and appointment of experts and advisory groups, emphasising the need for transparency and declarations of interest to minimise bias.

75. The redundancy of individual countries conducting the same evidence gathering, assessment, and synthesis during crises like the pandemic was highlighted, suggesting a more collaborative approach to save resources and time.

76. The challenge of adapting general recommendations to the national context was discussed, with the need for clear, transparent processes for rapid and ultra-rapid guidance, including peer review and clearance.

77. The group proposed reviving the National Focal Points (NFPs) for scientific advice and establishing collaborative platforms between ECDC and national experts to enhance evidence synthesis and management.

78. The importance of a transparent stakeholder engagement process, including civil society and expert selection, was underscored, along with the need for transparent processes for rapid advice and acknowledgment of limitations or biases.

79. The group struggled to conclude on the best methods for deriving conclusions from evidence and for creating adaptable guidance, recognising the need for methods to guide adaptation to national or local contexts.

80. Participants were invited to comment or add to the group's presentation, encouraging further discussion and input.

81. The summary reflects the key interventions and discussions from the meeting, focusing on the identified challenges and proposed strategies for improving evidence-based public health decision-making.

82. Group B presented the,' Challenges and Strategies in Guideline Development and Implementation During Public Health Emergencies';

83. They began by acknowledging the similarity of discussions between groups A and B, which focused on the challenges of developing guidelines during the COVID-19 pandemic. The group highlighted the unforeseen need for rapid guideline output, the reliance on expert opinions in the absence of scientific evidence, the abundance of conflicting guidelines, unclear mandates for evaluating secondary impacts of mitigation measures, and the broader context of needing guidelines for scenarios beyond pandemics.

84. Group B identified barriers to guideline development and implementation, categorizing them into definitions, evidence and expertise, lack of resources, and context. They emphasised the importance of terminology clarity, the need for rapid evidence-informed guidelines, and the challenges of expert opinion versus scientific advice. They also mentioned the difficulty in assessing the impact of guidelines and the necessity of considering different settings and target audiences.

85. They presented good practice, including involving diverse expertise in expert panels, being aware of political bias, and ensuring transparency in the consultation process. The group stressed the

need for common protocols to assess guidelines and the inclusion of different expertise, such as behavioural insights.

86. Group B's discussion culminated in 10 take-home points, focusing on identifying knowledge gaps, establishing rules for accepting and grading evidence, and ensuring transparency in expert panels and evidence. Otto suggested that guidelines should define the target audience, classify the level of evidence, estimate implementation potential, and consider the format's impact on the target audience.

87. A participant from group B agreed with the points raised by the rapporteur and suggested that ECDC could play a role in issuing solid guidelines, proposing a medium-sized report format with infographics for quick reference during emergencies.

88. Fernando Simón Soria, AF Member, Spain, raised a concern about the potential confusion between transparency and bias, noting that transparency does not preclude bias. He called for careful consideration of this issue.

89. Jurijs Perevoščikovs, AF Member, Latvia, introduced a different angle on guideline production, proposing a catalogue or repository of evidence-based measures applicable to various diseases. This approach would allow for the rapid application of scientific advice in emergent situations.

90. The general discussion highlighted the overlap in conclusions between groups and sought suggestions for starting work on the identified challenges.

91. Helena de Carvalho Gomes, Scientific Methods and Standards Unit, ECDC, mentioned a call for expression of interest to form a methodological advisory group for the consortium project, emphasizing the need for practical and pragmatic approaches.

92. Otto Helve, AF Member, Finland, and rapporteur for Group B, responded to a question about the use of National Focal Points (NFPs), suggesting that their role could be more about defining the process of scientific advice rather than giving it directly. He also inquired about the discussion in group A regarding the use of NFPs.

93. Helena de Carvalho Gomez clarified the role of NFPs, explaining that they were initially intended to identify experts for working groups rather than provide advice themselves. She highlighted the need for transparent processes in collaborating with learned societies and other groups to avoid bias.

94. Fernando Simón Soria, AF Member, Spain, emphasised the importance of distinguishing between guidelines for influencing decisions and those for implementing decisions. He also discussed the role of NFPs as experts and the need for their independence.

95. Henrik Ullum, AF Member, Denmark, spoke about the importance of trust in both individual advice and long-term relationships, advocating for transparency and the need to be both humble and brave in giving advice based on limited knowledge.

96. The discussion concluded with a focus on the impact assessment of proposed measures, the importance of being able to implement guidance, and the need for clear processes in selecting experts and working with expert panels.

97. Helena de Carvalho Gomes noted the need for balance in the specificity of advice and the consideration of different contexts in Member States.

Update from the Director

98. Andrea Ammon mentioned that her priorities in the next four weeks was the handover to her successor Dr Pamela Randi-Wagner. Another priority was to visit the three new accession candidate countries (Ukraine, Moldova and Georgia). She mentioned that she visited Moldova in January and Georgia in April. The goal was to identify their needs and to see how ECDC can support the countries. It was not possible to visit Ukraine, but the Ukrainian minister had visited ECDC. The third priority was how ECDC organises itself internally and to establish a clear picture on all the country support mechanisms that ECDC has – so the countries perceive the support as a single support rather than many different initiatives. ECDC is also looking at existing collaboration agreements and there are currently six agreements underway. Three of them are existing MoUs (one with DG HERA, one with the JRC and one with WHO/EURO). The three new MoUs are with the Africa CDC, Japan CDC and the Gulf CDC.

99. The Director also took the opportunity to thank the Advisory Forum for their straightforward feedback to ECDC. She always perceived the feedback was in the interest of the Centre. She also appreciated the trust that the Advisory Forum had in her and the enormous time investment that the AF puts into their work at ECDC.

100. Piotr Kramarz also thanked Andrea Ammon for her service to ECDC.

101. Fernando Simón Soria, AF Member, Spain, acknowledged all the work Andrea Ammon has done over the years and a gift was presented to her on behalf of the Advisory Forum.

Update on the recent developments in the area of influenza A(H5N1)

102. Katriina Willgert, Scientific Officer Respiratory Viruses, Disease Programmes Unit, ECDC presented an update on recent developments in the area of influenza A(H5N1).

103. Bernhard Benka, AF Member, Austria, asked if any European countries screen dairy products on a regular basis.

104. Henrik Ullum, AF Member, Denmark, mentioned that Denmark has prepared methods for screening of milk if needed and the vets in Denmark have been informed about influenza in cows.

105. Jurijs Perevoščikovs, AF Member, Latvia, asked why so many cats and fur farms were affected in Poland and Finland.

106. Katriina Willgert, ECDC, responded that the source of the infection was thought to be wild birds and measures are being implemented in Finland to control this.

107. Magnus Gisslén, AF Member, Sweden, was surprised about the wastewater data from Texas.

108. Katriina Willgert, ECDC said there have been different suggestions about how the virus has got into the wastewater. One suggestion has been that it is from the processing plants that has resulted in it found in the wastewater.

109. Menno de Jong, AF Member, the Netherlands, said there is a lot of focus on cattle, but it is also important to focus on pigs. He was a little concerned that in the US the focus was mainly on bovines.

110. Katriina Willgert, ECDC, agreed that other species that could be susceptible to influenza subtypes should not be neglected.

111. Jan Kynčl, AF Member, Czechia, asked about joint ECDC/EFSA ROAs which are not timely and wondered whether there are any internal clearance processes in EFSA that could be holding the process up.

112. Dirk Meusel, DG SANTE, responded that there are different regulations on the animal health side compared with the human health side. They are working on trying to find methodologies that work better.

113. Fernando Simón Soria, AF Member, Spain, asked if there is any information about the transmission between cattle, and if that affects the transmission to humans.

114. Katriina Willgert, ECDC, said there are analyses ongoing around transmission between cattle from which more information should become available in the near future.

115. Dimitrios Hatzigeorgiou, AF Member, Greece, raised the issue of vaccines against this virus and if there was new information about this.

116. Dirk Meusel, DG SANTE, responded that these discussions are ongoing. There was a special HSC on this topic recently.

117. Henrik Ullum, AF Member, Denmark, said it could be useful for the AF to state that continuous surveillance is needed on both the human and animal side.

Increases in sexually transmitted infections across the EU/EEA – ECDC and Member State actions

118. Lina Nerlander, Principal Expert Sexually Transmitted Infections, Blood-Borne Viruses and TB, Disease Programmes Unit, ECDC, held a presentation on increases in sexually transmitted infections across the EU/EEA and ECDC and Member State actions.

119. Ágnes Hajdu, AF Alternate, Hungary, asked if ECDC has access to NUTS 2 and 3 data and said the congenital syphilis situation in Hungary is linked to high-risk populations, especially the Roma community. She said it has a lot to do with health literacy and health promotion.

120. Magnus Gisslén, AF Member, Sweden, said one issue is the availability of HIV PrEP sites – as these sites can also test and diagnose other STIs.

121. Fernando Simón Soria, AF Member, Spain, mentioned that he was struck with the differential distribution of the different diseases. He said that there is a need to consider the behaviour within and between specific populations and not just focus on the microbiological aspects.

122. Jurijs Perevoščikovs, AF Member, Latvia, said that molecular investigation could be considered to detect gonorrhoea rather than classical testing. He also asked about using MSM in the data analysis and the specific purpose behind this.

123. Irena Klavs, AF Member, Slovenia, commented that the reported rates of chlamydia in Slovenia are an underestimation. There are lower testing rates than some countries have reporting rates. MSM are disproportionately affected but reported rates also increased among heterosexuals. To monitor some STI related behavioural indicators such as condom use at last heterosexual intercourse at risk in the general population, in Slovenia, they have added a sexual health and reproductive health module to the European Health Interview Survey (EHIS) – and this is a basic indicator of what is happening in the general population. She wondered whether the inclusion of similar questions in the EHIS could be negotiated with EUROSTAT by ECDC for inclusion in future surveys across EU/EEA.

124. Henrik Ullum, AF Member, Denmark, advised not to discount the decrease in fear of HIV among the general population as a reason behind the increases. He also supported Irena's suggestion to have some basic collection of data. He also mentioned that in Denmark they have discovered, through whole genome sequencing, that there are different lineages affecting MSM compared with the heterosexual population.

125. Magnus Gisslén, AF Member, Sweden, asked about the risk of bias in the sampling done by ECDC for the antimicrobial susceptibility testing of gonorrhoea and whether there is room for international studies which are more focused on unbiased sampling to address the questions presented in the presentation.

126. Kärt Sõber, AF Member, Estonia, also reflected on the effect of the use of PrEP on sexual behaviour. She also mentioned that there is good access to anonymous testing in her country, so testing rates could contribute to the increase. She said it is important to look into the behaviour that can cause this increase whilst also being sensitive to issues of stigma.

127. Jurijs Perevoščikovs, AF Member, Latvia, observed that there may be underreporting of cases of gonorrhoea in Latvia as there are fewer cases diagnosed in atypical infection sites compared with the rest of Europe. He also mentioned the difficulty of hard-to-reach populations to access healthcare services could mean the infection continues to spread.

128. John Middleton, Member, ASPHER, questioned whether the figures are ascertainment or a real increase. He also wondered whether the increase could be complacency among the population after the restrictions of the pandemic.

129. Bruno Coignard, AF Member, France, wondered whether a cross-sectional survey could be done linking behavioural data to testing results. This was done in 2022 in France using self-sampling and results should be available later this year.

130. Lina Nerlander, ECDC, answered the points raised by the AF starting with the issue of biased sampling for the AMR and WGS data. The EuroGASP project samples 100-200 samples every year from each country during a particular period each year. This sampling is thought to be representative and non-biased. What we have seen is that there was a higher proportion of samples from women this year

than in previous years, which indicates that EuroGASP is picking up the increased prevalence in women. ECDC is hoping to link these data with transmission data to shed more light on whether there is overlap between the MSM and the heterosexual population. The Danish data show there are different strains and it would be interesting to see if that is the case in other countries which would speak against the bridging hypothesis. She also clarified that the EMIS survey is a cross-sectional survey, although it doesn't have testing data. She invited AF members to encourage participation in their respective countries as ECDC is having trouble recruiting people this year.

131. Lina Nerlander also mentioned that the MSM population has differences within it that need to be taken into account. She gave an example of the population that was affected by mpox was also affected by Shigella and hepatitis A, and that this group is small but has a large number of partners.

132. She then addressed the hypothesis that people are less fearful of HIV, which could explain the increase in STIs also among heterosexuals. She acknowledged that this could play a part, but it could not explain the recent increase from one year to the next, at a similar time in several countries.

133. Concerning behavioural studies, she mentioned that ECDC has developed a protocol for qualitative focus groups to discuss changes in sexual behaviours with young people and ask them what they are seeing in their peer group. Until now, there has been limited interest in this from countries but if that is something members are interested in, they should contact ECDC.

134. Lina Nerlander said that ECDC is taking 15 countries that have consistent data on all diseases over the last 10 years or so and trying to understand increases in different age groups, when it happened. These data are linked with ECDC's model to see how the same amount of behaviour change affects the prevalence of each disease. She also acknowledged that testing and surveillance systems vary widely between countries which can affect comparability between countries. The new ECDC monitoring system will seek to get more contextual data on for example testing.

135. Fernando Simón Soria, AF Member, Spain, commented that it is important to not just consider sexual orientation but rather the sexual risk behaviour of groups within the population.

Any other business

136. Piotr Kramarz, ECDC, announced that the ECDC will soon be reaching out to the permanent representations of Member States to request the appointment or reappointment of members to the ECDC Advisory Forum. He explained that this is related to the changes in the ECDC Founding Regulation, which states that AF members are appointed for a three-year period with the possibility of extension.

Annex: List of participants

Member State	Representative	Status	Participation Mode
Austria	Bernhard Benka	Alternate	In person
Croatia	Aleksandar Šimunović	Alternate	In person
Czech Republic	Jan Kynčl	Member	In person
Denmark	Henrik Ullum	Member	In person
Estonia	Kärt Sõber	Member	In person
Finland	Otto Helve	Member	In person
France	Bruno Coignard	Member	In person
Germany	Ute Rexroth	Alternate	In person
Greece	Dimitrios Hatzigeorgiou	Alternate	In person
Hungary	Ágnes Hajdu	Alternate	In person
Latvia	Jurijs Perevoščikovs	Member	In person
Lithuania	Jurgita Pakalniškienė	Member	WebEx
Luxembourg	Isabel De La Fuente Garcia	Member	In person
The Netherlands	Menno de Jong	Member	In person
Poland	Małgorzata Sadkowska-Todys	Member	WebEx
Portugal	Carlos Matias Dias	Member	WebEx
Slovakia	Jana Kerlik	Member	In person
Slovenia	Irena Klavs	Member	In person
Spain	Fernando Simón Soria	Member	In person
Sweden	Magnus Gisslén	Member	In person
Observers			
Iceland	Gudrun Aspelund	Alternate	In person

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