ECDC Advisory Forum

Advisory Forum Meeting
Stockholm, 21-22 February 2023

Draft Minutes

Document number: AF72/02	Date: 8 February 2023
Summary:	The draft minutes of the seventy-first Advisory Forum meeting (14 December 2022) are circulated to the Members for comment and subsequent adoption.
Action:	For adoption.
Background:	Rules of Procedure of the Advisory Forum

Contents

Opening and adoption of the programme

1. 5.1.2e 5.1.2e, Disease Programmes, ECDC, welcomed the participants and in particular, Preben Aavitsland attending as a new AF Alternate for Norway and 5.1.2e attending on behalf of DG SANTE. No apologies had been received and Greece, Ireland and Poland had not confirmed their attendance.

2. There were no conflicts of interest declared although 5.1.2e, Member for Association of Schools of Public Health in the European Region (ASPHER) reported that ASPHER had been commissioned by ECDC to work on the Vaxtrain programme - which was duly noted.

3. With regard to the draft programme, the Director's update had been removed from the agenda due to the director being absent. The draft programme was adopted with no changes.

Adoption of the draft minutes of the 70th meeting of the Advisory Forum

4. 5.1.2e 5.1.2e Disease Programmes, ECDC, apologised for the draft minutes from the AF meeting on 21 September 2022 having been shared with the AF members so late and asked them to provide any comments in writing by 13 January 2023 after which any feedback would be incorporated and the minutes published.

Update on epidemic intelligence and response support activities

5. 5.1.2e 5.1.2e Public Health Functions, ECDC, gave a short epidemiological update to week ending 4 December 2022 on respiratory syncytial virus (RSV), *Streptococcus*, and diphtheria among migrants and the floor was opened for comments.

6. 5.1.2e, Luxembourg, gave feedback as a paediatrician working with RSV. This winter had indeed been very challenging for hospitals in Luxembourg where they had seen a rapid increase in RSV among infants, with a high burden from the end of October. The situation was still difficult, with record levels of hospitalisations, but the peak number of cases had probably been reached two to three weeks previously, and the numbers were now levelling off slightly. A number of other viruses were now beginning to circulate (influenza, COVID-19, adenoviruses, etc.) so the number of cases was not decreasing, and it was difficult to separate patients in hospitals. In Luxembourg they were trying to implement RSV surveillance, because the sentinel surveillance was mainly linked to outpatients so there was no data for severe cases in hospitals. Therefore, ECDC's recommendations could prove helpful for obtaining support from the Ministry of Health. They were also trying to encourage the government to reintroduce some measures to control respiratory infections, such as reimposing the use of masks in public transport and recommendations for children to stay at home when sick.

7. 5.1.2e said that apart from its weekly COVID-19 bulletins and influenza bulletins and the recent risk assessment on RSV, accompanied by a statement from the Director, there were currently no plans for any further awareness-raising, but she wondered whether the use of masks in the community should be promoted more.

8. 5.1.2e said that situation was quite specific as it mainly concerned young children (and individuals aged over 65 years) but the fact that ECDC had published a risk assessment with some general recommendations indicated that it was not just paediatricians who were worried. She predicted that RSV would probably stabilise and then begin to decrease so the situation was under control for now.

9. 5.1.2e AF Member, Germany, said that the situation in Germany was similar, especially among children, and intensive care units were finding it difficult. This was also due to staff shortages as a result of sickness. In political terms, RSV was high on the agenda, and it was important not to overreact, however the situation was serious. In Germany they were trying to take a more holistic view and look at all the respiratory infections in combination, in order to have a broader view rather than just focusing on COVID or RSV. Influenza was also on the rise. In Germany, they were supporting

sentinel surveillance for respiratory infections and trying to expand existing surveillance. Under German law, RSV was not notifiable but was included in sentinel and virological surveillance. With regard to COVID variants and how to classify BA 4 and 5, he felt that they should continue to be classified as variants of concern (VOC) although he wondered whether they were 'of concern'. It was important to return to a more fact-driven situation and there was no evidence that BA 4 and 5 were causing more serious disease so he suggested it might be possible to de-escalate. He advocated recommending the wearing of face masks in crowded situations as this was a useful way of reducing transmission of all respiratory viruses. However, political discussions were moving in the opposite direction and favoured getting rid of all COVID-related measures. With regard to whether there were plans to add RSV to the list of diseases under surveillance, he noted that this was not a legal requirement in Germany at present and therefore it was not so easily done, but RSV was included in sentinel and virological surveillance.

10. 5.1.2e confirmed that he was seeing similar trends in Finland with increasing numbers of infections and a greater burden on healthcare. He fully supported the idea of switching to a more holistic approach, in both surveillance and prevention. In terms of lessons learned from the COVID-19 pandemic, there were many measures that it would be good to keep and promote, but realistically this would be difficult to implement as people would not be willing to start using masks to protect against general respiratory infections and they tended to think that the burden was more an issue for the healthcare system. In society there was no desire to see any measures implemented that might affect people personally (job, economic situation, etc.) and therefore it was very unlikely that there would be a return to a general, population-based recommendation to use masks.

11. 5.1.2e aid that from a practical point of view, as far as authorities and public were concerned, the situation was strange when a variant became dominant but was not considered to be a VOC. He agreed that it could be useful to reassess the variants, but he did not have a solution on how to do this. With regard to RSV, the situation in Belgium was comparable with previous years, and also with the situation regarding influenza and COVID-19. Although he did not have detailed information on absenteeism, he had been receiving anecdotal reports that there was less availability in Belgian ICUs due to staff shortages. In Belgium, RSV surveillance was included in laboratory, sentinel GP and sentinel hospital surveillance. They were privileged to have SARI surveillance but had not been able to use it during the pandemic because of the need for digitalisation. They were currently looking at how to increase the number of hospitals involved across the country and how to digitalise the process. Concerning recommendations for broad respiratory measures, in Belgium they were still assessing societal expectations to ascertain how well any such measures could be implemented or would be accepted.

12. 5.1.2e referring to the use of masks, said that he sympathised with the AF member for Finland regarding lack of interest for use of masks. However, he pointed out that it was necessary to promote the science, rather than second guessing the public and letting politicians lead the discussions. He believed that it was necessary to find a middle ground and identify essential areas where masks should be expected (e.g. when visiting healthcare facilities, on public transport, etc.) He asked what countries were doing to respond to the misinformation/disinformation on immunity deficit – the idea that due to the whole population having been in lockdown there was now less immunity towards RSV, influenza, etc.

13. 5.1.2e AF Member, Denmark, said that he supported taking a broader view of respiratory infections rather than focusing on COVID-19. In Denmark, there had been a peak in RSV infections five weeks previously and it had been very tough for hospitals. Numbers were now down to 50% of the peak. With regard to COVID-19, numbers were increasing, driven by BQ.1 and other new variants. He pointed out that, even though they were lower-risk in terms of severity and risk of hospitalisation, the new variants were good at reinfection. With regard to discussions on use of masks, he said that the attitude in the Danish population was similar to that among the Finns, and that it would be necessary to clearly state in a scientific argument that masks work to prevent transmission of respiratory infections and reduce infection. However, he agreed that this had to be balanced against the local understanding of the situation.

14. 5.1.2e said that in Norway there had also been an increase in hospital admissions due to RSV and influenza, so he strongly supported the idea of moving to integrated surveillance of respiratory infections. In Norway, at present they had the same number of admissions from COVID-19 and other respiratory infections combined. The use of masks was not such an issue in Norway as during the pandemic they had not been used so much. If looking for a way to

present scientific evidence to advocate the use of masks, he suggested that a graph presentation showing figures for the rate of hospital admissions according to pathogen might help to make the point. The main advice in Norway was currently to stay at home if sick. With regard to the issue of immunity deficit, fewer people had been infected with RSV and influenza during pandemic, leaving a larger pool of susceptible individuals which could be the cause for the larger epidemic currently being seen across Europe.

15. [in Chat]: 5.1.2e 5.1.2e wished to draw attention to legionellosis. He pointed out that due to the desire to reduce the temperature of hot water in residential buildings there could be an increased risk of legionellosis. In recent years, an unusually high incidence of pneumonia had been observed in primary healthcare facilities in Latvia and it was estimated that the number of cases of legionellosis would be higher in 2023 than in previous years. He recommended that GPs should pay attention to the possibility of legionellosis in patients with pneumonia. He also noted that masks were still being used in healthcare and long-term care facilities in Latvia.

16. 5.1.2e 5.1.2e said that he recalled some of the discussions during the more acute phase of pandemic when ECDC had issued recommendations and the AF had requested that these should be more nuanced (i.e. giving options for control measures that could be adapted by the MS to the local epidemiological and healthcare situation, and their overall strategic approach). The RSV recommendations that ECDC had just published followed these principles. Masks were mentioned as a possibility, but without going into detail or prescribing the use of specific types of masks. He noted that the current discussions seemed to reflect a desire for this type of approach.

17. 5.1.2e 5.1.2e thanked the AF members for their useful comments and noted that they shared the same concerns regarding classification of variants. Due to a shortage of time, she summed up the situation relating to the two other outbreaks – for *Streptococcus,* deaths had been reported from Ireland, France, the Netherlands, Sweden, and the UK in ECDC's Communicable Disease Threats Report. She asked other members to provide feedback at country level in order for ECDC to obtain an idea of their experience. With regard to diphtheria among migrants, another 160 cases had been reported since the update during the previous AF meeting, so the outbreak was still ongoing. ECDC had carried out genomic surveillance to try and identify the clusters. There had also been reports from Switzerland and Germany of stronger resistance to common oral and parenteral antibiotics, so she recommended that isolates from this outbreak be tested for antimicrobial resistance susceptibility where possible.

ECDC Foresight Programme

18. 5.1.2e Scientific Methods and Standards Unit, ECDC, gave a short presentation on the ECDC Foresight Programme which is being built up including the current "threat scenarios" project.

19. 5.1.2e asked whether natural resources and ecologies, including avian flu, and also learning and communication, could be considered as new drivers. He mentioned the influence of social media and systematic disinformation and a climate favouring anti-science/anti-facts as also being strong drivers. He also suggested that wealth inequality would have a major impact on health in the future.

20. 5.1.2e 5.1.2e said that the work was fascinating and that in many ways it structuralised what was done intuitively. However, this type of work had been done by many organisations in the past including his own and, in retrospect, it was somewhat 'hit and miss' as there were events which occurred and others which did not. One risk scenario that had been discussed in one of the papers he had read was aggressive Russian policy, however this had not been acted upon. He therefore asked how to select the scenarios to act upon – and at what level.

21. 5.1.2e said that ECDC was looking at a timeframe of up to 2040 for these drivers and examining the different possible pathways that each of the drivers could take. At present, they were not actively looking at specific diseases, but the example of avian flu was interesting in that many factors have an influence on the migratory patterns of birds (e.g. climate change, pollution, land use, water use, etc.) and exactly such indirect consequences are part of the foresight thinking we aim to stimulate. With regard to changes in wealth (and power) distribution, they had been looking at China,

Africa and India, as well as the relative role of EU and US in the future. This was both interesting for considering partnerships and ways of collaborating in the longer term, as well as what the increase in wealth might mean (e.g. people eating more meat or increased travel patterns which influences the transmission of diseases). Social media was covered in the sense of polarisation, misinformation and lack of trust in institutions, but also from a positive point of view in terms of how to make better use of social media: ensuring proper filtering for outbreak detection and getting the right information out to the public. With regard to inequalities in access to healthcare, here they had looked at inequalities within countries and regions, but also globally. In response to 5.1.2e comment on previous predictions, he explained that the idea was not to have accurate predictions but more to think outside of the common way of working and consider developments occurring further away (things occurring well outside the direct public health area will at some point influence our work as well). Preparing for such scenarios always has implications in terms of resources and, taking the example of Russian aggression, this had led to consequences in terms of large numbers of migrants arriving from the Ukraine and overburdening healthcare systems. So, the consequences from such events (here, war) are often quite similar to other plausible events (like major natural disasters) and preparedness could thus be generalised to diverse future scenarios.

Update from Vaccine-Preventable Diseases and Immunisation Programme

22. 5.1.2e 5.1.2e Disease Programmes Unit, and 5.1.2e 5.1.2e Communicable Diseases Prevention and Control, Disease Programmes Unit, ECDC gave a short update on the ECDC-EMA Vaccine Monitoring Platform (VMP) and the ongoing ECDC VEBIS studies (Vaccine Effectiveness, Burden and Impact Studies for COVID-19 and Influenza).

23. 5.1.2e 5.1.2e said that unfortunately there would not be time for questions and comments. He suggested that these could be placed in the Chat or sent to ECDC for response. He hoped that there would be further opportunities to explore these issues in the near future. He thanked everyone for contributing to the meeting and noted that the next meeting would be on 21-22 February 2023 in Stockholm. He wished everyone happy holidays and best wishes for 2023.

Annex: List of participants

Member State	Representative	Status
Austria	5.1.2e	Alternate
Belgium		Alternate
Croatia		Member
		Alternate
Czech Republic		Member
Denmark		Member
Estonia		Alternate
Finland		Member
France		Member
Germany		Member
Hungary		Member
Italy		Member
Latvia		Member
Lithuania		Member
Luxembourg		Member
Malta		Alternate
The Netherlands		Alternate
Poland		Member
Portugal		Member
Romania		Member
		Alternate
Slovakia		Member
Slovenia		Member
Spain		Member
Sweden		Alternate

Observers		
Iceland	5.1.2e	Member
Norway		Alternate
European Commission Non-Governmental Organisations (NGOs)		
Association of Schools of Public Health in the European Region	5.1.2e	Member
European Institute of Women's Health		Member
European Public Health Association		Member
European Liver Patients' Association		Alternate
European Association of Hospital Pharmacists		Alternate
European Commission		
DG SANTÉ	5.1.2e	
DG SANTÉ		