



BIOLOGICAL HAZARDS & ANIMAL HEALTH AND WELFARE (BIOHAW)

Network on Risk Assessment in Animal Health and Welfare - One Health subgroup Minutes of the 1st meeting

Held on 14-15 November 2022, WEB-conference

(Agreed on 08 December 2022)

Participants

- **Network Representatives of Member States (including EFTA Countries):**

Country	Name
Austria	Annette Nigsch
Austria	Karin Bakran-Lebl
Austria	Markus Wögerbauer
Austria	Burkhard Springer
Austria	Romana Steinparzer
Belgium	Cyril Barbezange
Belgium	Géraldine Boseret
Bulgaria	Aleksandra Miteva
Croatia	Pavle Jeličić
Denmark	René Bødker
Denmark	Pikka Jokelainen
Denmark	Johanne Joey Ellis-Iversen
Estonia	Age Kärssin
Finland	Antti Oksanen
Finland	Thomas Grönthal
Finland	Heidi Rossow
Finland	Leena Seppä-Lassila
France	Charlotte Dunoyer
France	Emilie Gay
France	Alexandra Mailles
France	Alexandra Septfons
Germany	Sascha Knauf
Germany	Carola Sauter-Louis
Germany	Christoph Staubach
Germany	Klaas Dietze
Greece	Sofia Boutsini

Greece	Kassiani Mellou
Greece	Danai Pervanidou
Hungary	Fanni Szabó
Ireland	Patricia Garvey
Ireland	John F. Higgins
Italy	Gioia Capelli
Italy	Luigi Ricci
Italy	Paolo Calistri
Italy	Daniela Morelli
Italy	Daniele Mipatrini
Latvia	Edvīns Olševskis
Latvia	Žanete Šteingolde
Latvia	Sigita Tauriņa
Latvia	Antra Briņķe
Netherlands	Olaf Stenvers
Netherlands	Joke van der Giessen
Netherlands	Wim van der Poel
Poland	Krzysztof Śmietanka
Portugal	Yolanda Vaz
Romania	Mirela Nicola
Slovakia	Anna Ondrejková
Slovenia	Jedrt Maurer Wernig
Slovenia	Uroš Krapez
Spain	German Cáceres Garrido
Spain	Lucía García San Miguel
Spain	Jose Luis Sáez Llorente
Sweden	Rikard Dryselius
Sweden	Erika Chenais
Sweden	Örjan Johansson
Norway	Hannah Jørgensen
Switzerland	Anaïs Léger

- **Hearing Experts:**

Julio Álvarez (for items 1-6); John Berezowski; Katinka De Balogh; Dominique Bicot (for items 1-6); Fernanda Dórea; Ezio Ferroglio; Dolores Gavier-Widén; Cedric Marsboom; Joaquín Vicente Baños

- **European Commission:**

Francesco Berlingieri (DG SANCO); Bangin Brim; Cinthia Menel-Lemos; Jean Baptiste Perrin

- **European Centre for Disease Prevention and Control (ECDC):**

Ole Heuer

- **EFSA:**

BIOHAW Unit: Lisa Kohnle (Chair); Andrea Gervelmeyer (Subgroup coordinator); Frank Verdonck (HoU); Sotiria-Eleni Antoniou; Inmaculada Aznar Asensio; Frank

Boelaert; Alessandro Broglia; Sofie Dhollander; Marzia Gnocchi; Anna Karagianni; Linnea Lindgren Kero

- **Observers from IPA countries**

Senad Huseinagic, Anil Demeli, Vanja Kondratenko, Tamas Petrovic

1. Welcome and apologies for absence

The Chair welcomed the participants.

2. Adoption of agenda

The agenda was adopted without changes.

3. Introduction to the One Health surveillance project - EFSA and the European Commission; Q&A

The workshop started with an introduction of EFSA's mandate for scientific and technical assistance for the coordinated One Health surveillance for (re-) emerging zoonotic pathogens in animals and the environment. The aim and Terms of Reference of the mandate, and the work distribution between the Member States and EFSA were presented. Supporting EFSA in the work have been different external contractors, ECDC and the Working Group on One Health surveillance. During this prioritisation workshop, the aim was to identify the priority zoonotic pathogens to be included in the surveillance. In January 2023, EFSA will discuss its proposed options for sustainable surveillance strategies in a workshop with Member States. Further ahead, a system for collection of surveillance data at EFSA will be implemented. Each year, there will also be new risk assessments based on the surveillance data collected, during which the surveillance priorities and methodologies will be adapted, if and where necessary.

DG SANTE informed and updated the participants about the aim of the mandate and the application for a direct grant. EFSA and DG SANTE answered questions from the Member States about the mandate.

4. Ice breaker – MIRO app

This session was an introduction into using the platform Miro¹, which would later be used in the different assessment sessions, and to get to know the other workshop participants. Participants were asked to fill in a personal profile (i.e., name, institute, expertise), provide their understanding of One Health and their expectations for the workshop.

5. Presentation of methodology of aggregation of prioritisation scores

Dominique Bicout presented the methodology of the aggregation of scores from the questionnaire results collected from Member States that was used to prioritise the diseases. The first step was to turn criteria scores into disease

¹ [The Visual Collaboration Platform for Every Team | Miro](#)

scores using the presented aggregation approach. The first two questions on the proximity of the disease to the country and pathways of introduction were combined, as they were dependent. All answers given to the different questions were assigned scores, which were then standardised. The median for each criterion was aggregated, and the weights for the four criteria provided by each country were taken into account for the total disease score. The scoring of diseases was performed for each country individually, while both individual and combined EU results were produced. In response to the presentation, Denmark felt that animal health would be over-represented in the questionnaire/scoring, as it had two questions (impact on animal health and production) compared to only one for human health.

Finland expressed issues assessing the proximity of the disease to the country and mentioned that they might have made mistakes answering the questionnaire.

Austria observed a difference between the diseases that were prioritised in this prioritisation exercise and the rankings performed by individual countries previously. Sweden expressed similar concerns.

Italy, Sweden and Denmark expressed the view that endemic diseases would score too high with this scoring system, compared to non-endemic diseases.

6. Presentation of prioritisation questionnaire results - Q&A

EFSA presented the results of the questionnaire survey with Member States on pathogen-related criteria. The combined EU ranking as well as disease-specific results were presented.

Italy and Portugal suggested to produce different lists of diseases, depending on the region, for example one for Mediterranean and one for Baltic countries. EFSA emphasised that the option of regionalisation would be considered later on when proposing the surveillance strategies, and that applicant countries do not need to do surveillance for all of the selected diseases.

7. ECDC ranking of zoonotic pathogens for the planned One Health surveillance

ECDC presented a ranking of zoonotic diseases on EFSA's list for the planned One Health surveillance that was prepared by ECDC staff members. For this ranking, no formal methodology was followed, and no external experts were consulted. The ranking highlights the zoonotic diseases for which ECDC considers surveillance in animals crucial for public health in the EU or supportive for the prevention of human cases in the EU.

8. Conclusions of day 1 - Q&A

Germany asked how diseases that have not yet emerged because the pathogens are still changing and adapting to new hosts (e.g., disease X) could be considered for the surveillance under the direct grants. EFSA clarified that, while it had not been possible to include the unknown diseases in the prioritisation exercise due to the limited knowledge on them, a proposal for a surveillance strategy for emerging diseases would be developed in the next stage of the project.

9. Selection of diseases for surveillance-related discussions

To identify the priority pathogens for discussion using surveillance-related criteria, EFSA proposed to combine the outcome of the pathogen-related prioritization by Member States using the EFSA approach with the highest-ranking diseases on ECDC's list to select five diseases. These diseases, reflecting the outcome at EU-level, were **Highly Pathogenic Avian Influenza, Swine Influenza, West Nile fever, Tick-borne Encephalitis** and **Echinococcosis**. To these, another five diseases were added using proportional piling by Member States to reflect country-specific priorities. These were **Q-fever, Rift Valley fever, Lyme borreliosis, Hepatitis E** and **Crimean-Congo haemorrhagic fever**.

EFSA underlined that the established list of diseases was as inclusive as possible, and also covered diseases that might be endemic in some parts of the EU, but not in others, or might only be endemic for some strains or variants. The emergence of new strains or variants might also be considered a threat according to the mandate.

Member States asked whether they would have the ability to choose among the potential animal hosts to be sampled, or if the animals that should be sampled and tested would be prescribed. EFSA clarified that the animal hosts/vectors to be sampled would be defined and reasoned as part of the specific surveillance strategies. The proposal would be based on whether testing the respective animal/vector would allow the detection of the pathogen circulation before humans become infected (early detection). EFSA would also consider any additional benefits that could be drawn from a multi-pathogen surveillance system (i.e., targeting the same host for the detection of several pathogens).

10. Surveillance strategies – presentations

Cedric Marsboom presented an overview of the Vectornet consortium's recent assessment of the effectiveness of vector surveillance for early disease detection. Their working method was briefly explained, and the key points regarding vector surveillance were summarized. Vectornet will support EFSA's development of the surveillance strategies regarding vector-borne diseases.

11. Discussion of selected zoonotic pathogens considering surveillance-related aspects

For the discussions of the selected ten zoonotic pathogens considering surveillance-related aspects, country representatives were divided into four different groups corresponding to the UN regions: Eastern Europe (facilitator: Ezio Ferroglio); Northern Europe (facilitators: Katinka De Balogh, Fernanda Dórea); Southern Europe (facilitator: John Berezowski); Western Europe (facilitators: Alessandro Broglia, Joaquín Vincente Baños). In break-out sessions, countries discussed each of the ten diseases in detail with regard to four specific surveillance-related criteria. Specifically, they were asked to indicate how feasible, implementable, beneficial and constructive the surveillance for each of those diseases would be for their country. A traffic light system was used to record countries' views (red/yellow/green, with red being the least and green

being the most). Following the breakout sessions, the facilitators presented the main points discussed in their groups for each of the criteria.

12. Feedback on surveillance criteria: feasible

Eastern Europe:

The main point from this group was that feasibility mainly linked to the capability to recognise and diagnose the pathogen in animals or vectors. Vector-borne diseases would be more difficult to do surveillance for, because laboratory testing would be required, and therefore accounted for the majority of the 'yellow' votes. Another point raised was that it would be more difficult to do surveillance if infection in animals was asymptomatic or if the disease was exotic, as awareness of this disease would be low.

Northern Europe:

The main points from this group included that some countries have different climatic regions within their territory, and that climatic seasonality would need to be taken into consideration. Another point was the difficulty of sampling for diseases for which animals do not show clinical signs, and of wildlife sampling.

Southern Europe:

General comments were that feasibility for most diseases was good, except for tick-borne diseases, and that most countries would have the technical capabilities to conduct surveillance. A challenge would rather be to collaborate and integrate the animal health sector with the public and environmental health sectors.

Western Europe:

The main points raised in this group were in line with those of the other countries. Western European countries agreed that surveillance in animals for tickborne diseases might be difficult.

13. Feedback on surveillance criteria: implementable

Eastern Europe:

Countries noted that it would be easier to implement the One Health surveillance if a surveillance system that could be used for the pathogen is already available. Workforce preparation as well as missing legislation for sampling some of the potential target animal species were brought up as potential issues.

Northern Europe:

This group discussed the same issues regarding workforce as Eastern Europe, especially regarding who would be doing the sampling of ticks and wildlife. They also brought up the question whether Hepatitis E would really be an interest, as they considered the infection of humans to be mostly foodborne.

Southern Europe:

Most of the countries felt that they had the capacity to implement surveillance for most diseases, but they also agreed that the most difficult matrices to sample would be wildlife and ticks. Some countries were concerned that the availability of resources for the One Health surveillance might be impacted, especially in smaller countries, by emergencies such as COVID-19 and avian influenza. Sharing resources and data between different ministries might also be

a challenge. The point that in some areas, legislation might have to be changed was raised as well.

Western Europe:

In general, countries felt that surveillance for most diseases was implementable. However, some countries may face challenges for implementing surveillance throughout their territory due to their federal system or the presence of independent regions. Other issues brought up were that expertise may be lacking as well as legal support, and that some diseases might not be considered to have a sufficiently high impact on public health.

Regarding legal notification and reporting, the EC commented that the diseases would either be listed in the Animal Health Law and fall under the respective legislation, or be, including disease X, emerging diseases for which countries are required to have their own contingency plans for them.

14. Feedback on surveillance criteria: beneficial

Eastern Europe:

The main point was that any information could be beneficial, as it would increase knowledge and awareness regarding the diseases under surveillance. The aim of this grant is to develop new surveillance systems with a new approach and/or better collaboration between all relevant professions, and the surveillance of any of the diseases under the One Health approach would contribute to that. It was considered especially beneficial if several pathogens could be targeted under the same surveillance system, e.g., by testing samples for more than one disease.

Northern Europe:

The group decided to investigate what strengthening of surveillance would be beneficial to improve disease control and prevention. For some diseases, questions whether surveillance in animals or the environment would contribute to early detection and/or improving public health were raised.

Southern Europe:

The challenges of surveillance for tick-borne diseases were discussed. Uncertainty was expressed regarding how and if surveillance in animals could be used to predict changing risks to humans. The group felt that *Echinococcus* spp. surveillance would be needed, because there is a risk of introduction of the pathogen with immigrating dogs from Ukraine. Surveillance of avian influenza, swine influenza and COVID-19 in animals would be important to understand how the pathogens are changing and what the risk of epidemics from spill-over events is in humans.

Western Europe:

The general view was that for a given country, the surveillance of some, but not of all diseases would be beneficial. For example, France and Belgium saw no benefit of surveillance for *Echinococcus* spp., and Austria saw no benefit of active surveillance for avian influenza in wild birds, whereas other countries, e.g., the Netherlands, consider these important. For diseases that are already present in some regions, such as Lyme disease, Q-fever and Hepatitis E, the surveillance objective would not be early detection of pathogen introduction. Yet, the surveillance could be beneficial to follow trends and early detect epidemics.

A great benefit would be if surveillance in ticks could be done for several pathogens, including disease X.

15. Feedback on surveillance criteria: constructive

Eastern Europe:

For this criterium there were more concerns than for the previous criteria. The main concern from the group was regarding the collaboration between several sectors, as they saw a need for a legal framework that works in practice and helps create true relationships, beyond the mere exchange of data. If pathogen presence in wild animals did not cause harm or was not related to prevalence in domestic animals or humans, surveillance in wildlife might not be constructive.

Northern Europe:

There were varied opinions on whether tick surveillance would be of general benefit. The group agreed that surveillance of swine influenza should be of strong public health interest.

Southern Europe:

This group considered that good examples for cross-sectoral collaboration, One Health operationalisation and sustainable surveillance, are the arbovirus surveillance in Italy and the cross-border collaboration between Spain and Portugal in sharing information about Crimean-Congo haemorrhagic fever virus.

Western Europe:

The group deemed it possible that cross-cutting collaboration can be set up for all the diseases. They expressed the view that it was important to connect different sectors under the One Health umbrella and to focus on systems rather than individual diseases.

After the presentation of the feedback from each group, a general discussion, mainly regarding avian and swine influenza, followed. France, the Netherlands and Denmark expressed their opinion that it would be important to do phylogenetics and share data in case of future epidemics. It was highlighted, that the ongoing work of other organisations, such as OFFLU, should be considered before embarking on this under the direct grants.

There was also a discussion regarding the possibility of using the same samples or collect several samples from the same animals for several diseases. Joaquín Vicente Baños from ENETwild showed an overview of the main hosts and reservoirs for the ten selected diseases.

16. Final list of priority pathogens

In agreement with Member States, it was decided to put forward all ten diseases for the development of surveillance strategies.

17. Conclusions and next steps

EFSA will set up a communication channel with Member States to share documents and to continue the dialogue.

The next step will be the design of the surveillance strategies. EFSA, together with the Working Group and contractors, will provide a proposal based on the

RISKSUR structure and building on the discussion with Member States at the workshop.

The proposal will be shared with Member States by the end of the year, in preparation of the discussions during the next workshop, which will take place on 16-17 January 2023.