

# EFSA AND ECDC ONE HEALTH WGS SYSTEM

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Science meets policy – 5<sup>th</sup> September 2023

### CHALLENGES IN CROSS-SECTORIAL DATA SHARING



**Distinct Sectors**: Public health, food safety/veterinary bodies



**Organizational Differences**: Varying priorities, structures, and cultures

• *Example*: Different roles of public health agencies and food safety organizations



**Technical Obstacles**: Infrastructure, data protection, harmonization

• *Example*: Variability in data storage standards across regions



**Legal and Ethical Concerns**: Ownership, responsible usage, data privacy

• *Example*: Challenges related to data ownership and responsible sharing



**Economic Barriers:** Costs of technologies and capacity development

• *Example*: Limited implementation due to financial constraints in some countries



# DATA SHARING MODELS & PROS/CONS

#### ACCESSIBILITY MODELS

#### MANAGEMENT MODELS





# EU ONE HEALTH WGS DATA SHARING MODEL

#### **COMBINATION OF APPROACHES**

- Controlled-Centralized Data Sharing at sector level: EFSA and ECDC collects data centrally based on their remit
- **Cross-Sectoral Collaboration**: interoperability and comparability of the EFSA and ECDC platforms allow the data exchange for allowing cluster detection and outbreak investigation





# **IMPLEMENTATION MANDATE**

In December 2019 EFSA and ECDC mandated for implementing and managing a One Health system for the collection and joint analysis of WGS data from foodborne isolates from human, food, feed, animal and environmental samples

#### **Requirement from the requestor**



- 1. Two platforms collecting data from each sector
- 2. Detection of **joint microbiological clusters** of human and non-human food-borne pathogens isolates
- 3. Data **exchange on demand** when matches have been found
- 4. Automatic **exchange of WGS-based typing data** and epidemiological data between the two systems

The **One Health WGS system** is in operation since July 2022



# **EFSA – ECDC COLLABORATION AGREEMENT**





The EFSA – ECDC interaction is described in the <u>Collaboration</u> <u>Agreement</u> and its Annex Harmonized procedure and agreed thresholds

Comparable analytical pipelines CRC32 integer for allele designation



Automatic exchange of cgMLST profiles and metadata upon a match is found

Metadata includes <u>date</u>, <u>country</u>, <u>sample</u> <u>category</u> and <u>clusterID</u>

Visibility of "Country" info is restricted



# THE EFSA ONE HEALTH WGS SYSTEM



# SHARING OF FOOD DATA: OBJECTIVES AND GOALS



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# WHO CAN ACCESS THE EFSA PLATFORM

#### **EFSA system user type**

#### **Country Officer**

- Coordinate data provider organisations
- Contact point for EFSA
- Overview data submissions and results at country level
- Review annually list of data provider organisations

#### **Data Provider**

- Share typing data to EFSA Database
- Manage shared information (e.g. edit, delete)
- Perform analysis (search for matches, build trees, etc.) and compare the data
- o Validate data

All EU/EEA countries appointed a Country Officer. Data Providers are in total 132 from 27 EU/EEA



# WHEN DATA ARE SHARED IN THE EFSA PLATFORM

#### REACTIVE

- Data calls for all countries when a outbreak assessment has been requested
- Data calls for specific countries on *ad hoc* basis
- Country officer is dispatcher of EFSA requests
- Country officer ensures coordination at MS
  level



#### PROACTIVE

- Data provider can share data at any time
- Each country has own strategy on sharing
  - $\circ~$  All own checks data
  - $\circ~$  Data collected for annual monitoring
  - $\circ~$  Only in response to EFSA calls
  - 0 ...
- EFSA network suggested to prioritize for sharing data prospectively data related to:
  - IRASFF notifications
  - o outbreak national investigation
  - cross-sectorial national cluster
- MS are always invited to share data as response during outbreak investigation and monitoring



#### WHAT DATA ARE SHARED THROUGH THE EFSA PLATFORM

For each entry we collect experimental data and typing data and (optional) epidemiological data



**Experimental data:** information related to the experiment *(raw sequencing reads)* 

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**Typing data:** genomic profile and other typing data extracted from the raw sequencing reads



**Epidemiological data:** information related to the food, feed and animal samples from which the pathogen isolates linked to genomic profiles originated



#### **HOW DATA ARE SHARED THROUGH THE EFSA PLATFORM**

- 1. Share data using the WGS portal uploading *fastq*  $\rightarrow$  take advantage of EFSA computing resources
- 2. Share data programmatically releasing directly profiles and typing data  $\rightarrow$  control the entire process



# **HOW ECDC/EFSA INTERACT: THE QUERY WORKFLOWS**

#### **Recurring weekly querying**

- Indicator-based surveillance
- Automatic weekly querying
- Cluster definition at ECDC
- Fixed threshold

#### Ad hoc querying

- Event-based surveillance
- Querying on demand
- Linked to events in EpiPulse
- Multiple thresholds



\*>30k queries since 1st of July 2022 Average 2500 queries each month



# MEMBER STATES CONTRIBUTION TO EFSA DATABASE



as of 15 Aug 2023

# MEMBER STATES CONTRIBUTION TO EFSA DATABASE

Uneven contribution from MS





In addition **imported from public repositories** 

1000 *Salmonella* 4000 *Listeria* 



as of 15 Aug 2023



# ECDC ONE HEALTH SYSTEM

# Public health applications of integrated epidemiological and WGS data collection and analysis

- **1. Outbreak investigations**: real-time information sharing and analysis for *rapid risk assessment*, targeted public health response and transmission control
- **2. Control-oriented surveillance**: real-time, continuous surveillance with maximal disease sampling frame for *early outbreak detection*
- **3. Strategy-oriented surveillance**: either by *sentinel continuous surveillance* or *periodic surveys*, with representative sampling frame for programme evaluation and trend monitoring



ECDC strategic framework for the integration of molecular and genomic typing into European surveillance and multi-country outbreak investigations –2019–2021. Stockholm: ECDC; 2019

# **Different types of surveillance**





Indicator-based surveillance

#### TESSy -The European Surveillance System

Collecting, analysing and disseminating surveillance data.



Event-based surveillance (e.g. outbreaks)

# *EpiPulse - the European surveillance portal for infectious diseases!*

Collecting, analysing, sharing, and discussing infectious disease data for threat detection, monitoring, risk assessment and outbreak response. Data are shared on a voluntary basis.



Strategy-oriented surveillance (e.g. structured surveys)

# **ECDC CLUSTER PROCESS FLOWCHART**





# **Country contribution to ECDC database**



- In 2019, ECDC opened EU-EEA wide WGS-enhanced surveillance
- >6000 isolates in Listeria database, 32 countries
- >6000 isolates in Salmonella database, 30 countries
- Uneven distribution of data from member states



As of 30 August 2023

# **Overview of TESSy multi-country clusters, Listeria**



	Total			
Total number of clusters	661			
Number of single-country clusters	500			Core cluster (within 4 cg-AD)
Number of multi-country clusters detected	161		Median number of countries involved in clusters (range)	2 (2-10)
			Median number of isolates (range)	4 (2-226)
Number of single-country clusters with non-human isolates	63		Median duration in years (range)	2.8 (0-14.8)*
Number of multi-country clusters with non-human isolates	65		*calculated for clusters that hav	re full start and end dates available

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# Salmonella - Cluster 2023-02.SALM.03.SENFTENBERG





# Conclusions



- Controlled-Centralized Data Sharing: Ensures data integrity, security, and responsible chain of custody for sector-specific information.
- **Cross-Sectoral Collaboration**: Fosters multidisciplinary insights and collaborative outbreak response.
- Secure Collaboration: Sharing data while retaining ownership
- **Responsible Data Use**: Prioritizing accuracy, ethics, and regulations
- **EU Complexity**: Addressing diverse organizational structures and national prioritizations
- **Operational Efficiency**: Swift outbreak response and public health protection
- **Constantly evolving:** Room for further development, input from data providers/users considered

# Acknowledgements



EU/EEA Member States Experts



Erik Alm Áine Collins Cecilia Jernberg Saara Kotila Taina Niskanen Daniel Palm Johanna Takkinen Therese Westrell



Giancarlo Costa

Chiara Bianchi

Giovanni Iacono

Di Piazza Giulio

Luca Pasinato

Eleonora Sarno

Valentina Rizzi

Jaro Greniers Free Bruneel Remi Mestdagh Bram Lust Hugo Lamberechts Sebastian Leysen Tom Peeters