ANNEX III

Minutes of the EuroHIV steering group meetings

- 7th April 2006
- 15th November 2006
EuroHIV Steering Group Meeting

Saint-Maurice, France
Friday, 7th April 2006

Meeting Report
EuroHIV Steering Group Meeting

Hôtel Best Western Le Saint-Maurice
12 rue du Maréchal Leclerc, Saint-Maurice, France

Friday, 7th April 2006

Chairperson: Osamah Hamouda

**Agenda**

9:00 Welcome       Jean-Claude Desenclos
9:15 Introduction       Anthony Nardone
9:45 Update from the European Commission       Boguslaw Suski

10:30 Break

10:45 Update from ECDC       Karoline Fernandez de la Hoz
11:30 Improving standardisation of HIV/AIDS surveillance       Isabelle Devaux

12:30 Lunch

13:30 HIV prevalence in specific populations       Angela Downs

15:30 Break

15:45 Update from WHO Regional Office for Europe       Stine Nielsen
16:15 EuroHIV Meeting       Anthony Nardone

16:30 End of Meeting
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**LIST OF ACTION POINTS**

**Action points**

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Minutes of the EuroHIV Steering Group Meeting

1. Welcome. Jean-Claude Desenclos, Department of Infectious Diseases, (InVS)
   
i. The importance of the Steering Group Meeting and the previous two days UNAIDS training workshop on estimates of HIV prevalence was emphasised. This entailed much administrative work, which was often the most difficult and important part of the seminars and meetings. Such meetings allow specialists who share the same language, to exchange professional experience. An example was the previous week at the EuroTB Steering Group meeting.

The meeting was opened by Osamah Hamouda (OH), Chairman of EuroHIV Steering Group.

ii. The Steering Group members who participated in the UNAIDS training workshop enjoyed the discussions and expressed hope that development of software will continue and further improvements will better fit the situation in Europe to enable its implementation.

iii. Following round-the-table introductions, the agenda was approved after including a session for Boguslaw Suski (BS) from DG SANCO, who wished to comment on issues mentioned in the minutes of the previous Steering Group meeting.

2. Introduction. Anthony Nardone, EuroHIV, (InVS)
   
i. Full presentation in annex I. The work of the EuroHIV team in the previous six months and future work to be completed in remaining time of the project were reviewed. In the previous six months draft report no. 72 was prepared, the website updated (HIV case reporting to end June 2005), organisation of the UNAIDS training workshop and the questionnaire for the survey on surveillance methods developed. Work outstanding for the next 6 months include making the HIV Prevalence Database application available online, submitting publications (2 per year), publishing surveillance reports no. 72 and 73, progress in the serological estimation of incidence (WP7) workpackage, and the EuroHIV correspondents' meeting.

   Progress by workpackage was reviewed, of which the most important points were:

   - WP1 (coordination of EuroHIV): the EuroHIV meeting of the 52 correspondents was contracted for June 2006 (month 18), but instead it is now envisaged to be in October 2006. In collaboration with UNAIDS and WHO-EURO, EuroHIV organised a training workshop for HIV prevalence estimation, which entailed much administrative work.

   - WP2 (core HIV/AIDS surveillance): the proposed new deadlines for this report are now months 9, 18, 30. It was hoped to have the draft report no. 73 online by end June 2006 and to have the printed version ready in time for the International AIDS conference mid-August.

   - WP3 (HIV prevalence): the prevalence report was originally planned for June 2005 (month 6, 18, 30), but it subsequently seemed more appropriate to publish it at the end of year and the report on HIV/AIDS case reporting in the summer. It was proposed that the dates of delivery of the two reports be switched. The HIV prevalence report no. 72 had been delayed (see section 6), but should be online by the end of May 2005. The online application for the European HIV Prevalence Data Base was still under construction on the EuroHIV web site, but should be available by the end of the summer

   - WP4 (improving standardisation of HIV/AIDS surveillance): a questionnaire to survey the surveillance methods used in all 52 countries of the WHO European...
Region has been developed and will be sent to EuroHIV correspondents in April 2006.

- **WP7** (serological estimation of incidence): this work package should already be completed (contract deadline month 15) but has been delayed because the main contract was not signed until the end of 2005 and there were lengthy negotiations between InVS, HPA and the University of Tours regarding the subcontracts. The project can now start and should be completed in June 2007.

- **WP8** (information dissemination): web-site has been updated regularly (biannually). An on-line data query application for HIV and AIDS case reporting (due March 2006) has been delayed, but the modalities of implementing are to be discussed. Scientific articles have been published in Eurosurveillance (2005) and EpiNorth (2006) as well as conference presentations: a poster at the European AIDS Clinical Society and an oral presentation at 16th European Congress of Clinical Microbiology and Infectious Diseases. Five abstracts submitted to the XVI International AIDS conference, which will provide the basis of future articles to be submitted in the next 2 years.

iii. On behalf of the Steering Group, OH thanked EuroHIV for the work produced and InVS for their support during difficult circumstances. The group was glad that the project is now moving ahead at a steady pace.

iv. It was remarked that two aspects are missing from the project: behaviour (especially among IDU and MSM) and monitoring of treatment and outcome (JMGC). It would be useful (but difficult) to determine population sizes of the various populations (e.g. IDU) (JMGC).

v. The networks can only collect data which are available and which countries were willing to send and if the demand was increased, many countries could give up sending information (JPK). The importance of cooperation with other projects was underlined, but to do so in a sensitive way and not intrude on other people's territory. The ECDC was in a good position to integrate knowledge, expertise and experience (JCD).

vi. Work to finalise behavioural indicators in 2007 was to be coordinated by ECDC with input from EMCDDA (EC). EuroHIV was increasing its focus on behavioural surveillance as evinced by the behavioural data included in the most recent EuroHIV report and the plans to undertake a survey on this topic later in the year (AN).

vii. Treatment and outcome data were also collected by other European projects such as Eurosida, Cascade and SPREAD (AN). The Europe HIV Resistance steering group, an EC funded project on resistance among newly diagnosed and recently infected patients, wished to collaborate more closely with EuroHIV (OH). Other projects Cascade, Eurosida and others will be asked to collaborate more closely (BS).

viii. WHO Euro has recently held a “mapping meeting” with other stake holders (e.g. UNAIDS) to coordinate and enhance future collaboration (ULJ). It was asked if anyone on the EuroHIV Steering Group participated in the Global Surveillance working group (VD), a WHO and UNAIDS weekly meeting without always inviting a European participant. EuroHIV had previously been invited, and experts were invited on an ad hoc basis (JMGC). It was asked that future representation of EuroHIV should be ensured (OH).


i. There have been a number of important changes in how the Commission deals with projects as well as within the Directorate and these include: a new director of Directorate C (Andrzej Ryś) who will start on 1 June 2006; a new executive agency responsible for managing EU funded projects; and a reduction in staff numbers at the end of the year 2005. Furthermore, the establishment of the ECDC which would take responsibilities for surveillance.
ii. The reasons for the late signature of the contract were presented by BS. The contract was accepted in 2004, after which negotiations started. The contract could not be signed until the negotiations had finished. The negotiations for EuroHIV continued until 24 November 2005, as the financial cell had to collect necessary information and INVS had asked for a translation of the contract. There were 8 days between signature and the first instalment of the grant.

iii. The Commission is obliged to monitor legally binding contracts and can carry out audits up to 5 years after the balance and if the audit found the justification for recovery, the beneficiary might have to repay sums involved (BS).

iv. There was now a greater emphasis in monitoring and assessing project work according to the contract. A great deal of work has been done in EuroHIV and, despite difficulties, the project has not been delayed. However, there were indications of problems which needed to be addressed.

v. For the future deliverables, the SOP should be completed before the end of the next interim report period (December 2006). There seemed to be no problem with the delays to country visits. For the HIV surveillance survey, completion by October 2006 instead of June 2006 would be acceptable. Delays to the recommendations for countries, if provided after the next interim report period, would require an explanation in the next interim report (BS). EuroHIV is free to make such adjustments in producing deliverables provided they were not carried over the planned reporting periods or there is a justification for the change in the project time frame (BS).

vi. The most serious delays were in WP7. The contract clearly stipulated that financial problems cannot be considered the reason for delays (the EC only co-finance). Therefore a valid and acceptable justification should be presented in the report (BS).

vii. To facilitate the documents flow between the InVS and the Commission it was agreed that all correspondence regardless its character (financial or technical) will be distributed among the involved persons.

viii. The work of the EuroHIV was welcomed and its importance underlined (VD, JMCG, BS) but that administrative procedures had to be taken into account (BS).

4. Update from the ECDC Karoline Fernandez de la Hoz, ECDC

i. Full presentation in annex II. Progress within ECDC up to April 2006 were presented and included:
   - The ECDC strategy for surveillance was presented, the first components of which included: routine surveillance; enhanced surveillance and feasibility projects. The results of a broad consultation was that there was to be no double reporting with organisations such as WHO, that data would be analysed by experts and that there was a need for training and networking of laboratories in Europe.
   - The evaluation of existing networks by the ECDC aimed to identify which networks would be integrated or outsourced, with laboratory networks to be outsourced. Protocols for evaluation were to be developed and made available for the networks before the evaluation. All the evaluations should be completed before the contract ends. Those networks whose contracts were due to finish in 2006 were to have a prolongation for 1 year. ECDC would not take over a network if the scientific expertise was not in place, but the advantages of the networks being at ECDC included sharing of common databases, IT, expertise and EU objectives and coordinate work regarding different diseases.
   - A review of case definitions was being led by ECDC. A working group has reviewed case definitions. A teleconference to discuss the draft was to be held in the following week and final proposal to be put forward to the Advisory Forum in May. For the HIV/AIDS case definition, there was a close collaboration with WHO and EuroHIV, with no plans for the moment to modify.
   - Agreement on the integrated operation of the surveillance networks includes: framework of cooperation, contact person for each network; interest in outbreak
investigations. ECDC would like one year collaboration with the network before the contract ends. At the end, the databases should be transferred to the Commission and then to ECDC.

ii. The WHO had led on the review of the AIDS case definition in May 2005, in close collaboration with ECDC and EuroHIV. A review of the HIV case definition was awaiting the results of the EuroHIV survey (SN). The WHO workshop on AIDS case definitions was a good opportunity to take into account clinicians and epidemiologists (OH). The new WHO staging system served several purposes, not only for surveillance but also clinical. The ECDC definition was surveillance orientated, in which case the current European AIDS case definition should be employed (OH). It was noted that in the new WHO staging system, pulmonary TB had been reclassified as stage III not IV disease (AN, SN).

5. Improving standardisation of HIV in Europe. Isabelle Devaux, EuroHIV (InVS)

i. Full presentation in annex III. The session centred on the development and content of the questionnaire prepared for the survey on HIV and AIDS surveillance, part of work package 4. The questionnaire was divided into four sections: HIV and AIDS case reporting, HIV testing policies and procedures, HIV prevalence and incidence monitoring and mortality surveillance.

The questionnaire was to be sent to the EuroHIV correspondents in all the countries and can be completed either entirely by the correspondents themselves or each section completed separately by a designated expert.

ii. Case reporting and prevalence should be 2 separate sections as they involve different approaches (IK). HIV prevalence monitoring should be developed in another section. Also some routine sero-prevalence studies that are part of on-going activities should be in a separate section (IK).

iii. It was noted that different terms were used to define mortality among HIV cases. Definitions should be given and questions should be asked if HIV-related versus HIV un-related death can be distinguished (SN). One of the questions was about the use of a coding system for HIV mortality data and this would address the issue of definition (ID).

iv. The primary reason for understanding national systems is to identify what is feasible to be collected at a European level (OS). Completeness of variables collected by each national system should be added to the questionnaire (AD).

v. It was recommended that the questionnaire should be translated into Russian and that WHO could help in data collection (ULJ, SN). The questionnaire could be sent to the WHO focal point in the country and they could help if the correspondent has difficulty understanding English (ULJ, SN).

vi. It was suggested that a period of 4-6 weeks would be adequate for participants to complete the questionnaire. The deadline for returning the completed questionnaire will be 29th May 2006.

6. HIV prevalence in specific populations. Angela Downs, EuroHIV (InVS)

i. Full presentation in annex IV.

ii. There were important and major changes to the format and content of the report and therefore comments from the steering group were appreciated. These changes meant that the report was also late. The two most important changes were: each section should be viewed as a mini article, thus easier to read and more digestible than the data presented before; and a new way of presenting the data, including HIV/AIDS reporting data as well as HIV prevalence.

iii. The analysis of late AIDS diagnosis among MSM was discussed. It was considered a good idea, but that the definition was controversial. In some cases presenting with a CD4 count of <200 was considered late (VD), but it was noted that CD4 count data
was not collected by EuroHIV (AD). It was noted that the analysis was undertaken on the HIV but not AIDS database and that there was concern that some countries did not have follow up data on AIDS diagnosis for already reported cases (GL).

iv. An analysis of AIDS cases in children <1 year infected through MTCT was presented. It was requested that the data for the UK be checked (VD). It was important to discuss MTC and not only pregnant women (OH). It was queried why only analysis of AIDS and not HIV data was undertaken (ULJ), but in the UK HIV reporting could be 2-3 years later (VD).

v. The report was welcomed, but perhaps better to put figures and annexes at the end as is widely accepted; it is unusual to find annexes in the middle. It was also suggested to repeat the summary in each section (ULJ). Annexes were placed at the end of each section so that each section of the report could be viewed as a whole (AN).

vi. It was proposed that for the next prevalence report to present data on commercial sex workers and STI clinic patients (AD).

7. Serological estimation of HIV incidence. Valerie Delpech Health Protection Agency (HPA)

i. Full presentation in annex V. The lead person for Workpackage 7 (serological estimation of HIV incidence) is John Parry from HPA with collaboration of Francis Barin of the University of Tours in France and Valerie Delpech is the lead epidemiologist from HPA. There are currently a number of different laboratory techniques to estimate incidence and this workpackage is an opportunity to validate techniques and to share information, especially of how to detect in the laboratory samples recently infected and epidemiological techniques to estimate incidence in a population.

ii. The proposal is to include participating sites from 5 countries. 200 samples are needed from each country. John Parry and Francis Barin have had discussions on logistics and other issues, including the transportation of the specimens to 2 testing sites. Confirmation of the participating sites was needed (VD).

iii. Noted that demographic and epidemiological information is needed for each specimen, such as date of diagnosis, sex, transmission category, subtypes, ethnicity and/or country of origin, treatment information, period of diagnosis etc (CS). A minimum set of variables, plus desired extra variables needed to be agreed on (VD).

iv. A number of logistical issues were discussed including:
   - Transport – whether funds were available (MD) and the administrative difficulties for some institutes to pay in advance for transport and then to be refunded (CS); whether samples were to be transported frozen or thawed (CS); and ensuring safety of transport of HIV positive samples. Companies would undertake this work, but a mechanism to pay for this needs to be identified.
   - It could be ideal to have samples from seroconverter studies to supplement samples collected for diagnostic testing, thus obtaining 2 samples from the same person (OH).
   - It was asked whether only one sort of subtype was needed as in the Netherlands gay men and IDU were mostly subtype B (EC). All subtypes were acceptable (CS).
   - Volume of sera needed: often 0.5ml is taken but only 20µl is needed for the test. Volumes required needed to be confirmed (VD).
   - The time period over which samples were to be collected and by when was discussed. It was considered better if samples were recent but if the dates are known it doesn’t matter. Samples should be available by end of the summer/beginning of autumn.
• There was a discussion whether to include the avidity test in the validation and evaluation as samples from the Italian centre would have been also tested using this technique.
• There was a discussion of when to hold a workshop on how to estimate incidence and whether epidemiological or mathematical modelling techniques should be emphasised (VD).

v. The need to prepare a short protocol to be distributed to potential partners as soon as possible in order to assist in obtaining necessary agreement was emphasised (OH).

8. Update from WHO Stine Nielsen, WHO Euro

i. Full presentation in annex VI. Short overview of the work that has been done since the last meeting.

ii. A consultation meeting was held in November in Madrid to discuss the surveillance of mortality. There was a need for a review of how the 52 countries monitor HIV/AIDS mortality and discussion of how to distinguish non-HIV deaths from AIDS.

iii. Mapping of HIV/AIDS activities meeting in March, attended by all UN agencies. WHO is taking the lead for the 52 countries on commitments made in the Dublin declaration.

iv. Planned activities include: review of HIV case definition and testing practices in Europe, annual survey on HIV/AIDS and HAART coverage, a review of surveillance and reporting for PMTCT in the WHO European Region, and monitor the “Universal access to HIV/AIDS Prevention, Treatment and Care”. A regional meeting is planned in June; a Monitoring AIDS Pandemic (MAP) meeting at the end of the year will focus on the eastern Europe and central Asia.

v. A discussion to coordinate the distribution of the WHO Euro and EuroHIV questionnaires as it was likely that in a two week period, two questionnaires were to be distributed. It was noted that some of the WHO questionnaire tables were available from EuroHIV databases. However, the WHO questionnaire has a different purpose and most countries have the data readily available (ULJ). It was suggested that HIV/AIDS data should be collected from EuroHIV and for treatment, countries should provide what they could (OH).

vi. In the WHO questionnaire, some countries could not link mortality data for IDU due to data protection. HIV/AIDS mortality data are not reliable and need to link the mortality databases with AIDS databases (JPK).

9. Meeting of EuroHIV 52 correspondents Anthony Nardone, EuroHIV, (InVS)

i. EuroHIV is to organise a 3-day meeting including a Steering Group meeting for correspondents from 52 countries, i.e. about 70 people including the EuroHIV team, WHO, ECDC, other experts etc. and some countries may need to send 2 participants.

ii. Date (subject to finding a venue) for the Steering Group Meeting to be 15th November and the meeting of correspondents to follow on 16th and 17th November 2006 with back up dates of 6th-8th of December 2006

iii. Proposal for the agenda were discussed and include: results of the survey on HIV/AIDS surveillance practices in Europe; HIV case definition (if the WHO consultation is undertaken before the EuroHIV meeting); TB and HIV; link to topics of future report; mortality follow-up of Madrid consultation; country presentations including difficulties in ensuring HIV reporting (e.g. Spain and Italy): different options how countries have solved their problems (OH); EuropeHIVresistance network
LIST OF APPENDICES

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II. Update from ECDC: presentation by Karoline Fernandez de la Hoz, ECDC

III. Improving standardisation of HIV/AIDS surveillance: presentation by Isabelle Devaux, EuroHIV

IV. HIV prevalence in specific populations: presentation by Anglea Downs, EuroHIV

V. WP7: Estimation of HIV incidence using serological assays: presentation by Valerie Delpech, Health Protection Agency

VI. Update from WHO Regional Office for Europe: presentation by Stine Nielson, WHO Europe
EuroHIV Steering Group Meeting

Saint-Maurice, France
Wednesday, 15th November 2006

Draft Meeting Report
Steering Group Meeting

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Wednesday, 15th November 2006

Chairperson: Osamah Hamouda

Agenda

13:30 Welcome
   Jean-Claude Desenclos

13:45 Agree minutes from last meeting and agenda
   Osamah Hamouda

14:00 Introduction and update on EuroHIV activities
   Anthony Nardone

14:30 Update on Work Package 7
   John Parry

15:30 Break

16:00 ECDC
   Françoise Hamers

16:30 Discussion of tomorrow’s national correspondants
   meeting on HIV/AIDS Surveillance in Europe
   Anthony Nardone

17:30 End of Meeting
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LIST OF ACTION POINTS

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<th>Reference</th>
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<td><strong>EuroHIV Steering Group</strong></td>
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<tr>
<td>To leave unaltered the age cut-off of</td>
<td>2.i</td>
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<td>paediatric age case definitions for</td>
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<td>AIDS</td>
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<td>To validate the new on-line HIV</td>
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<td>prevalence database application before</td>
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<td>rolling out to national correspondents</td>
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<td>and general public</td>
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<td><strong>HPA</strong></td>
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<td>To obtain final responses regarding</td>
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<td>participation from possible collaborators</td>
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<td>in Finland and Spain</td>
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<td><strong>HPA</strong></td>
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<tr>
<td>To organise workshop to evaluate</td>
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<td>results of WP7 in March 2007</td>
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Minutes of the EuroHIV Steering Group Meeting

1. Welcome. Jean-Claude Desenclos, Department of Infectious Diseases, (InVS)
The meeting was opened by Osamah Hamouda (OH), Chairman of EuroHIV Steering Group.
   i. Minutes from the last meeting were agreed.

2. Introduction. Anthony Nardone, EuroHIV, (InVS)
   i. Full presentation in Annex I. The work of the EuroHIV team in the previous six months and future
      work to be completed in remaining time of the project were reviewed. The following issues were discussed:
      - AIDS case definitions. A number of minor changes have been proposed to the AIDS case definition
        following the WHO technical consultation (May 2005) and the ECDC revision of case definitions
        for reporting communicable diseases (May 2006). In particular, both ECDC and WHO have recommended
        that the age cut-off for paediatric AIDS be raised from <13 to <15 years of age. The anticipated impact
        of this change is small and as the ECDC revisions will not come into effect until early 2007, it was decided
        to not change the EuroHIV case definitions or treatment of data.
      - The second HIV prevalence report, due in the last quarter of 2006, would be delayed to the
        first quarter of 2007. Nonetheless, data collection and validation have been completed and
        work in preparing the report for publication was well advanced.
      - The on-line application for data entry and query of the HIV Prevalence database was now close to
        completion and would be available on-line early in 2007. It was decided that once the application
        was on-line, the steering group would test it to identify any final bugs or problems before widening access
        to all national correspondents and then general public.
      - It was decided to install a link between the EuroHIV website and the WHO CISID database in
        order to establish an on-line application for querying HIV and AIDS data.

3. Update on workpackage 7. John Parry, HPA
   i. Full presentation in Annex II. The aims of the workpackage were to estimate of HIV incidence using
      serological assays with the specific objectives of:
      - Assess technology transferability of serological assays to detect recent infections, in particular
        regarding the French IDE-V3 assay
      - Compare performances of the different serological assays available to detect recent infections
      - Estimate incidence in defined populations
      - Improve networking among reference laboratories and promote the use of new technology
   ii. The original timetable was for the workpackage to be completed by June 2006 (Month 18), but
       deliverable dates had been changes so that the report on transferability is now due in June 2007
       (instead of December 2005) and incidence estimation in September 2007 (instead of March 2006).
iii. Eight groups in Europe had been approached regarding their possible participation in the workpackage. The following groups had been approached and their participation status in the workpackage at the time of the meeting was:
   - Confirmed: Ireland; Germany; Netherlands and United Kingdom (Manchester).
   - Probable: Italy and Portugal
   - Awaiting reply: Spain and Finland.
iv. Sample volumes required were 0.6mL, which many possible collaborators had found to be demanding. HPA had planned to decant volumes received into two aliquots and pass the 2nd onto UFR. However, volumes required could be reduced if all samples were to be tested at HPA and then forwarded to UFR, although this will slow progress.
v. A question was raised whether samples already tested for recent infection using different techniques by the participating laboratory could be included in the shipment to the HPA (OH). Samples to be tested using number of techniques, either that had been performed by the collaborating laboratory or by the HPA. Nonetheless, the HPA planned to test all samples with four following in an order of priority:
   - Detuned (Vironostika)
   - Abbott AxSYM avidity
   - Calypte BED EIA
   - IDE-V3 EIA
vi. The primary objective of the workpackage was the virological comparison of the assays. Difficulties were foreseen in estimation of incidence because of both the nature of samples to be collected and the lack of data collected (e.g. data on sub-type and date of last test). Anticipated that the scheduled workshop would highlight these issues.
vii. Workshop to discuss both the virological and the epidemiological results was planned for end of March 2007 and to be combined with a training module in STARHS methodology for a number of eastern European laboratories held as part of CASCADE project.

4. European Centre for Disease Control. Françoise Hamers, ECDC
   i. Full presentation in annex III.
   ii. ECDC HIV team currently 3 persons (FH, Magid Herida, Marita van de Laar), with FH taking a coordinating role across ECDC. Next year ECDC will recruit one technical (senior expert) and one secretarial post to make the team up to five.
   iii. ECDC will establish independent teams to evaluate the activities of all disease specific surveillance networks. These evaluations are to be completed at the latest three months before the termination of their contracts with DG SANCO (i.e. for EuroHIV by 30th September 2007). The evaluation will recommend future strategies for surveillance including the type of data to be collected (e.g. whether basic or enhanced surveillance data), activities to be continued and whether the work should be placed in-house or out sourced following call for tender, although all databases will be held at ECDC.
   iv. The position of InVS regarding the future surveillance of HIV/AIDS in Europe was that it should include 52 countries in Europe and that it should collect more than that required by the basic surveillance data proposed by ECDC (i.e. be enhanced).
   v. Reporting back the results of the evaluation three months before the end of contract would be insufficient time to assure uninterrupted continuation of network whatever the outcome of the evaluation (AN). If the decision of the evaluation was to move the DSN to Stockholm, then 3 months would be insufficient time to recruit and establish a team. If the decision was to out-source the surveillance work, then too little time to prepare and respond to a call for tenders (JPK).

5. Discussion of EuroHIV meeting. Anthony Nardone, EuroHIV, (InVS)
   i. Agenda for the day finalised (see Annex I).
   ii. Discussion regarding the allocation of topics for the working groups as some wished to discuss the topic of HIV testing (SM). Proposition that in the scheduled 1½ hours, each group should discuss for at least the first half the allocated topic, but if wished could move onto other topics for the last part of the working groups.
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