



Experience from the VENICE network

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The French Public Health Agency

Meeting of the International Network of NITAGs

Veyrier-du-lac, 11/05/2016

On behalf of ECDC and the VENICE consortium

Thanks to Lucia Pastore Celentano (head of VPD program ECDC) and OleWichmann (RKI, VENICE WP 5 leader)

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(Acts whose publication is obligatory)

REGULATION (EC) No 851/2004 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 21 April 2004
establishing a European centre for disease prevention and control

Within the field of its mission, the Centre shall:

- (a) search for, collect, collate, evaluate and disseminate relevant scientific and technical data;
- (b) provide scientific opinions and scientific and technical assistance including training;
- (c) provide timely information to the Commission, the Member States, Community agencies and international organisations active within the field of public health;
- (d) coordinate the European networking of bodies operating in the fields within the Centre's mission, including networks arising from public health activities supported by the Commission and operating the dedicated surveillance networks;
- (e) exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.

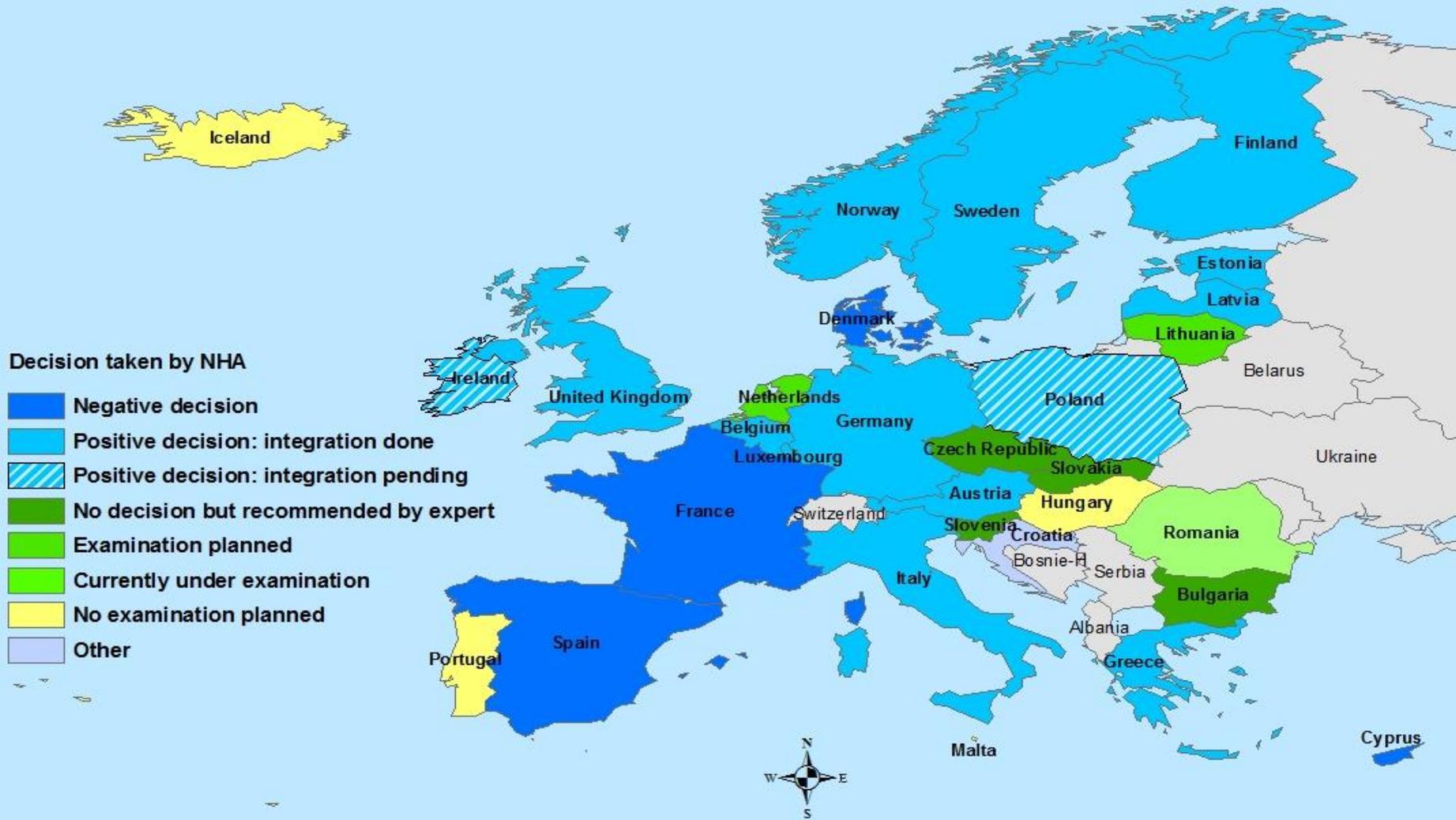
The Centre should foster the exchange of best practices and experience with regard to vaccination programmes, shall coordinate data collection, validation, analysis and dissemination of data at Community level, including on vaccination strategies.

The VENICE project



- Vaccine European New Integrated Collaboration Effort (VENICE 1) : an EU funded project between 2006 and 2008
- Taken over since 2009 by ECDC through VENICE 2 and 3 projects with the same objectives of *“promoting good practice in vaccinology, priority setting and decision making by creation of an EU vaccination network”*
- Project includes all 28 EU member states + 3 EEA countries (Norway, Iceland and Liechtenstein)
- Work package 4 : *“follow up the impact of newly introduced vaccinations in member states...to encourage a rational evidence-based approach to vaccination policy decision-making processes”*
- Work package 5: *« put in place a framework for data, methodology and resource sharing between different National Immunisation Technical Advisory Groups (NITAGs)”*

Status of Rotavirus vaccination in Europe (March 2016)



To some extent may reflect differences in NITAG capacities

VENICE project participants



Consortium Members

Istituto Superiore di Sanità, Italy (**Coordinator**)

- ✓ National Institute of Hygiene, Poland
- ✓ The French Public Health agency, France (*WP4 leader*)
- ✓ Health Protection Surveillance Centre, Ireland
- ✓ Robert Koch Institute, Germany (*WP5 leader*)
- ✓ Statens Serum Institut, Denmark
- ✓ CINECA (web implementation), Italy

**+ network of experts at national level in all EU countries
(ECDC National focal points for VPD)**



2014 WP5/VENICE survey

NITAG evidence assessment

	Number	%
Use of systematic reviews in the recommendation development process is for NITAG/expert group		
-required	15	58
-optional	11	42
Usually/ often conducted/ if resources permit	10	38
Quality appraisal tools used for systematic reviews	5	19
GRADE methodology	4	15
Transmission modelling considered as part of the recommendation development process	18	69
Health economic evaluations considered as part of the recommendation development process	20	77

26/28 countries have a NITAG or equivalent expert group



Views on collaboration

- 93% of respondents saw potential for collaboration / resource-sharing
- Interests in
 - sharing of experiences and work program / priority topics
 - joint conduct or sharing of systematic reviews for context-free aspects (vaccine efficacy/safety/impact)
 - sharing of (generic) models & epidemiological assessments
- Potential barriers
 - structural concerns
 - lack of funding / resources
 - language barriers & cultural differences

Areas for ECDC-NFPs/NITAGS secretariat collaboration in scientific advice



- Systematic reviews and evidence based guidance on introduction of new vaccines in the national immunisation schedules;



Strengthening VPD Scientific Advice



Examples of recent EB VPD Guidance Documents:

- ✓ **HPV vaccines** use in the EU, an update
- ✓ **Varicella vaccines** use in the EU

In preparation:

- ✓ Expert opinion on **Rotavirus vaccine**
- ✓ Expert opinion on **Meningo B vaccine**

Areas for ECDC-NFPs/NITAGS secretariat collaboration in scientific advice



- Systematic reviews and evidence based guidance on introduction of new vaccines in the national immunisation schedules;
- ...
- Cost-effectiveness analysis and mathematical modelling before the introduction of a new vaccine in the national immunisation schedules (e.g. Meningococcal B vaccine);
- Criteria for prioritisation of vaccines to be introduced in the national schedules;
- Sharing of best practices and knowledge across NITAGS secretariats.

Advantages of ECDC-NFPs/NITAGS secretariat collaboration in scientific advice



Added value for Member States

- Member States work in synergy and minimize duplication of efforts;
- Collaboration may provide a forum for discussion of priorities;
- Reduce costs and maximise resources;
- Sustainability of the system;
- Standardisation of evidence based methodologies;
- Member States “learn from each other”;
- *Opportunity to benefit from work done in other MS for countries lacking resources and/or available expertise to conduct such works*

Next steps (2016-2017)

- Develop a business case for a pilot phase of the project;
- Identify the stakeholders involved (ECDC/VENICE/MS/WHO/SIVAC/SYSVAC/EU COMMISSION others?);
- Develop modes of collaboration among the stakeholders;
- Define areas for collaboration and “level of collaboration” (limited/medium/enhanced);
- Define methodologies and expected outputs of such collaboration;
- Define a mechanism that would facilitate a collaborative and coordinated approach to conduct or commission systematic reviews, mathematical and economic models, and other scientific products of common interest.

Closing remarks

- Overburden of MS should be avoided, participation is on a voluntary basis;
- Consider different levels of involvement/engagement of MS according to resources, interests and capacities;
- The collaboration would be between the experts that prepare scientific evidence as a basis for NITAGs decision-making in EU;
- No new networks are created but the collaboration of the NFPs is enhanced in scientific advice;
- No interfering with the decision making process in NITAGS of MS, as this lies in the national mandate and countries-specific particularities need to be considered;
- Areas and modes of collaboration with European and international stakeholders (WHO HQ/EURO, SIVAC, SYSVAC) have to be identified and developed.





Potential network structure

- Aim of collaboration
 - support of NITAG-work by assessing evidence / develop models
 - no involvement in decision-making process or NITAG functioning
 - Collaboration within existing ECDC network structure
 - VENICE a well-functioning network with National Focal Points VPD
 - most National Focal Points directly or indirectly involved in NITAGs
 - evidence assessment often carried out by Nat. Publ Health Institutes
 - evidence assessment / good practice exchange: mandate of ECDC
- Not a NITAG-collaboration, but collaboration to support NITAG work

Scientific Advice at ECDC



Strategic Multi Annual work Programme (SMAP) 2013-2020:
ECDC should take the lead in the field of evidence-based public health and in the harmonisation of scientific advice activities across EU.

By 2020, ECDC will have:

- Continued to deliver targeted high quality scientific advice that inform policy decisions;
- Become a trusted source of scientific advice for all the MS that they do not need to duplicate the work themselves;
- Achieved an harmonised, integrated, transparent process of scientific advice in collaboration with MS and other stakeholders;
- Offered training to MS in new methods for evidence-based public health.

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