World Health Organization
European Region

Second meeting of the European Regional Laboratory Task Force for High Threat Pathogens

Antalya, Türkiye
21–23 June 2022

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This publication contains the report of the Second meeting of the European Regional Laboratory Task Force for High Threat Pathogens held in Antalya, Türkiye, 21–23 June 2023, and does not necessarily represent the decisions or policies of WHO.

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Antalya, Türkiye
21–23 June 2022

Contents

Abbreviations and acronyms

Better Labs	Better Labs for Better Health
BSC	biosafety cabinet
COVID-19	coronavirus disease
EQA	external quality assessment
EVD-LabNet	Emerging Viral Diseases-Expert High Threat Laboratory Network
HTP	high threat pathogen
IAR	intra-action review
IATA	International Air Transport Association
IHR (2005)	International Health Regulations (2005)
Lab Task Force	European Regional Laboratory Task Force for High Threat Pathogens
LIMS	laboratory information management system
NGS	next-generation sequencing
QMS	quality management system
RIVM	Dutch National Institute for Public Health and the Environment
SWOT	strengths, weaknesses, opportunities and threats
UKNEQAS	United Kingdom National External Quality Assessment Service
WHE	WHO Health Emergencies Programme

Executive summary

International networks for laboratory surveillance, preparedness and response are an important tool for laboratory strengthening, because they serve both as a platform for sharing information and expertise, and as a system for the referral of diagnostic specimens for primary and confirmatory testing. A number of European Region priority countries of the WHO Health Emergencies Programme (WHE) do not participate in international laboratory preparedness and response networks for High Threat Pathogens (HTPs).

To address this gap, the WHO Regional Office for Europe established the European Regional Laboratory Task Force for High Threat Pathogens (Lab Task Force). The Lab Task Force was created following a preparatory meeting held in Istanbul, Türkiye in January 2019, where the Terms of Reference for the Lab Task Force were agreed upon and a laboratory tool to assess national laboratory diagnostic capacities for HTPs was reviewed.

The first official meeting of the Lab Task Force's members and partners took place in Vienna, Austria, in February 2020. This was an opportunity to discuss the SARS-CoV-2 virus both globally and in the Region, including laboratory readiness. The progress of the Lab Task force in its first year and the results of the first assessments on national laboratory capacities for HPT were additionally presented.

Furthermore, activities of existing international laboratory networks and WHO collaborating centres (WHO CC) in HTPs were discussed to enable liaison with these networks for the Lab Task Force to achieve its goals.

Finally, activities were identified for the Lab Task Force to improve countries' preparedness and capacity for laboratory response to HTP outbreaks. Shortly after the first meeting, in March 2020, WHO declared the coronavirus disease (COVID-19) outbreak a pandemic. COVID-19 was, and remains, a severe test for existing networks and a strong affirmation of the need for HTP capacities and capabilities in the Region. The experience of having to deal with this unique and unprecedented set of circumstances meant that this second meeting of the Lab Task Force was held with a somewhat different perspective. It allowed an opportunity to discuss the way forward in the light of valuable lessons learned during the ongoing global emergency.

Among the identified challenges were external quality assessments (EQAs), sample shipment and procurement. The participants agreed that these areas should be addressed in the roadmap and the following next steps were agreed upon:

- **prioritization of pathogens and high levels of requests for support**
- **better understanding of transport legislation**
- **strengthening of laboratory networking**
- **creation of a database cataloguing technical specifications in relevant WHO CCs.**






Background

In 2012 the WHO Regional Office for Europe launched the Better Labs for Better Health (Better Labs) initiative (*1*). Better Labs focuses on strengthening core country laboratory capacities required under the International Health Regulations (2005)(IHR 2005). Laboratory services are essential for a country's security, as they are critical for infectious hazard detection and characterization; risk assessment; clinical and public health responses; notification; monitoring of risk-management effectiveness; and general monitoring of infectious hazards to public health.

Better Labs focuses on four areas:

- area 1: developing national laboratory policies and strategic plans;
- area 2: improving national training programmes and implementing laboratory quality management systems (QMS);
- area 3: establishing networks for emergency preparedness and response; this includes strengthening national public health laboratories in preparedness and response to HTPs and supporting the development and implementation of strategies for the control and prevention of HTPs; and
- area 4: advocacy, partnership and leadership.

There are a number of WHE priority Member States in the WHO European Region (*2*) which do not participate in international laboratory preparedness and response networks for HTPs. This represents a key gap.

In order to address this gap, the WHO Regional Office for Europe established the European Regional Laboratory Task Force for High Threat Pathogens (Lab Task Force). The terms of reference for the Lab Task Force(*3*) were discussed and agreed at a preparatory meeting in Istanbul, Turkey (now Türkiye) in January 2019. A laboratory tool to assess national laboratory diagnostic capacities for HTPs was also reviewed during this meeting.

The first Lab Task Force meeting, which was held in February 2020 in Vienna, gave an update on the ongoing outbreak of coronavirus disease SARS-CoV-2 both globally and in the Region, and included discussions on laboratory readiness. Activities of existing international laboratory networks and WHO collaborating centres (WHO CC) in HTPs were also discussed to facilitate collaboration in order for the Lab Task Force to achieve its goals.

Finally, actions were identified for the Lab Task Force to improve Member States preparedness and capacity for laboratory response to HTP outbreaks.

The Lab Task Force identified the following actions and activities:

- finalize the country assessments of national HTP laboratory diagnostic capacities;
- finalize the mapping exercise on existing EQA;
- Member States to share their national legislation on sample transport and shipment;
- investigate how to set up joint procurement; and
- develop a five-year roadmap with a clear vision – to include allowing WHE priority Member States to obtain funding for EQA.

Countries were asked to re-nominate their national laboratory focal points as per the agreed terms of reference established in 2019. WHO CCs and networks were also invited to send a representative to the second meeting of the Lab Task Force in Antalya, Türkiye on 21–23 June 2022.

The participants included 22 nominated laboratory focal points. Representatives of five WHO CCs and five international laboratory networks also attended. The programme of work and list of participants can be found in Annex 1 and Annex 2 respectively.

Objectives of the meeting

- Review progress made by the Lab Task Force
- Take into account lessons identified from the response to COVID-19
- Identify needs and opportunities to improve diagnostics of HTP
- Develop a roadmap to further strengthen regional capacity for diagnostics of HTP

COVID-19 lessons learned

WHO Regional Office for Europe provided an update on the ongoing WHO COVID-19 laboratory response and the lessons learned from the past two years, with an emphasis on the importance of resource mobilization, utilization of pre–existing national networks and the well established Better Labs national mentoring programme. As the demand for and strain on laboratory testing increased, on-site trainings and support for testing strategies are vital in fighting the COVID-19 pandemic; additional support is required for setting proper workflows. Increased coordination and collaboration between public and private laboratories are essential to strengthen disease surveillance.

To characterize the circulating SARS-CoV-2 genotypes, costly time and labour-intensive whole genome sequencing is required which many member states have just started to establish. Single-nucleotide polymorphism detecting polymerase chain reaction (PCR) assays been shown as a high–throughput and low–cost method to effectively bridge the gap in those Member States where sequencing capacity is weak. The continued support to build and expand genomic sequencing capacity is critical for detecting, monitoring, and responding to the emergence of new variants. Methodical and systematic forecasting in laboratory supply procurement is essential to cover diagnostic demands and to source adequate funding. With regard to procurement, more methodical and systematic planning will facilitate the process and help to source adequate funding.

Laboratories have shown good overall external quality assessment EQA capacity for SARS-CoV-2, influenza and viral haemorrhagic fever testing. EQA capacity for other pathogens remains limited, however. There is also a need for national EQAs. While quality in technical capacity is clearly being demonstrated, implementing and expanding quality management systems QMS within laboratories still remains a priority. There is still a need to extend the QMS mentoring approach for biosafety and biosecurity.

Member States requested support in calculating the cost of one test using the WHO laboratory test costing tool(*4*). Through the tool, it can be seen that the cost of one test is rarely calculated accurately often missing maintenance of equipment and quality management activities and that very little laboratory sustainability post-COVID-19 was considered.

Laboratory information management systems allow easy return of results and exchange with clinicians and show that real–time information sharing through information technology systems facilitates evidence–based decision-making. Discussions in the COVID-19 lessons learned session focused on the main challenges Member States were facing, such as availability of trained staff, equipment, documentation, and test reagents.

Networking

Emerging Viral Diseases-Expert Laboratory Network

The Emerging Viral Diseases–Expert Laboratory Network (EVD-LabNet)(*5*) provided an overview of the history and establishment of the EVD-LabNet as an example of an ongoing network and how it provides support for its members such as newsletters, EQAs, trainings, scientific advice and factsheets, and molecular characterization response support.

EVD-LabNet presented various types of laboratory support and technical assistance that it provides to help Member States with SARS-CoV-2 and Zika virus.

A questionnaire was developed in 2019 to assess HTP laboratories. In 2022, the results from 32 laboratories across 11 Member States revealed poor laboratory infrastructure with no QMS in place and weak biosecurity systems. Manual methods are routinely used due to lack of funding and there are serious maintenance issues with biosafety cabinets (BSCs). International Air Transport Association (IATA) certification among staff is lacking and personnel turnover is high. In addition, procurement budgets are often limited to just 3–6 month periods in the future, with no flexibility to account for emergencies.

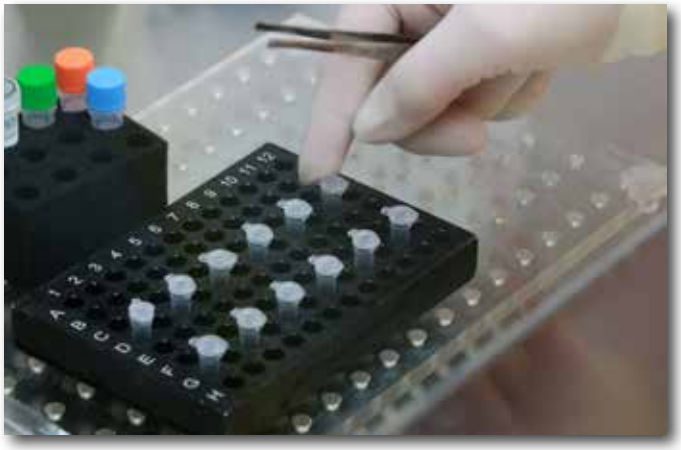
Ongoing monkeypox response

WHO Regional Office for Europe gave an update on the current monkeypox emergency response and how networking is proving to be effective in rapidly fulfilling urgent needs such as mapping capacities, testing, procurement, technical guidance and capacity-building.

Some Member States shared their experience of receiving diagnostic kits and training through existing networks with WHO and WHO CCs.

During a roundtable discussion, participants explained that the Lab Task Force should carry out a detailed mapping of laboratory services that can be provided through the WHO CCs. It was also suggested to strengthen knowledge exchange among members through an access control platform where members can access technical guidance, exchange experience and further coordinate responses when needed.

Biosafety and biosecurity



The National Institute for Public Health and the Environment (RIVM) in the Netherlands, works towards a healthy population living in a sustainable, safe and healthy environment. RIVM is a new WHO CC and is the first to combine laboratory preparedness and response for HTPs and biorisk. The new WHO CC will assist WHO in building national capacity while ensuring biosafety and biosecurity in biomedical laboratories.

RIVM shared its knowledge on basic aspects of biosafety and biosecurity in handling HTPs and areas of support it can provide. The session outlined various types of support available, such as trainings, assessments and vulnerability scans.

It also covered the ad-hoc help it can offer to support the implementation of various non–proliferation treaties, such as Biological Weapons Convention, United Nations Security Council Resolution 1540 and IHR (2005) implementation. RIVM also talked of tools in the laboratory to monitor biosecurity implementation with an emphasis on the importance of establishing a national and institutional biosafety culture.

The Institute of Public Health in North Macedonia shared their country's experience of participating in one of the RIVM high-containment facility trainings which had an emphasis on biorisk management and detailed the content of the training course.

A discussion took place with Member States sharing their experience of enhancing biosafety measures including the development of standardized training curriculums, establishment of biosafety national associations, review of standards and development of legislative documents.

Discussions continued around the appointment of biosafety officers in laboratories and sharing experiences of the process of appointing biosafety officers. The main issues of concern revolved around the scope of work and functions as well as the need for training programmes to prepare for this.

The importance of having a biosafety manual, other legislative documents and national biosafety law was raised. Participants also discussed different training needs and whom to prioritize to receive training. A recurring theme throughout the discussions was that Member States must perform biorisk assessments. The discussion ended on biosecurity measures with Member States sharing their experience of graded laboratory access with a risk-based approach.

Quality

A questionnaire was distributed at the start of the meeting to collect data in order to map the EQAs that were provided by WHO and other organizations. Participating Member States were requested to fill in the questionnaire in order to determine what gaps still exist. There were 30 survey responses and preliminary results showed that 90% of the survey participants responded that their laboratory had participated in EQA programmes in the past three years (Annex 3).

The most common EQA programmes in which laboratories participated in the past three years are SARS-CoV-2 molecular (n=16), Influenza molecular (n=11) and United Kingdom National External Quality Assessment Service (UK NEQAS) Bacteriology (Various) (n=9). Results also showed that 66% of the survey participants responded "yes" to requests for additional EQA panels. Among the top EQA panels requested were West Nile Virus (n=6), Crimean-Congo haemorrhagic fever (n=6), brucellosis, SARS-CoV-2, and *Bacillus anthracis* (n=5). Mapping the EQA landscape of the laboratories helps prioritize and determine which EQAs can and should be offered to Member States.

WHO Lyon office Public Health Laboratory Strengthening Unit gave an overview of EQA programmes. These currently include SARS-CoV-2 detection via PCR, Viral Haemorrhagic Fevers (Ebola virus disease, Marburg virus disease, Lassa fever, Crimean-Congo Rift-Valley fever), and microbiological identification of bacterial pathogens (including antimicrobial resistance).

SARS-CoV-2 EQAs conducted in 2020–2021 showed that PCR capacity can be scaled up in regional laboratories with high quality results. The primary challenges faced by laboratories were lack of staff training, equipment and reagents.

During discussion and sharing of experience, it was shown that for HTP EQA programmes, it is important to identify which pathogens and methods to include. It is also necessary to support the establishment of national EQAs and experience sharing between Member States in implementing EQA for HTPs.

Laboratories must keep good lines of communication open with WHO country offices for WHO–organized EQA participation in order to liaise on any delays and issues faced. It was also highlighted that panel samples for proficiency testing should be treated as regular samples and tested in the regular workflow.

Transport

In the WHO European Region, international transport of infectious substances is well–regulated through international agreements for every form of transport. The shipment of infectious substances involves several different stages of sample handling. Transport regulation is therefore based on numerous laws and international agreements. The enforcement and implementation of these laws differ in many countries.

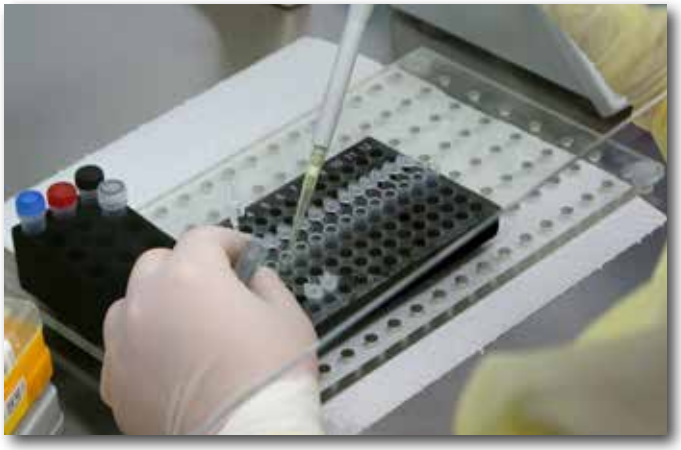
WHO will, upon request, provide support for Member States, to establish and improve national and international referral systems for clinical and environmental samples. National transport flowcharts, including the steps a laboratory must take and which agencies are involved in the shipping process, are one method of sharing knowledge with different stakeholders.

Many Member States raised the issue of sourcing reliable and timely courier services as well as problems with national transportation systems in general. These issues were especially common for Category A samples. It was suggested that an assessment of transportation capabilities should be carried out as a starting point and necessary legislation be enacted.

The common use of material transfer agreements is currently very limited among Member States, so further training for this type of agreement contract could help foster the establishment of effective sample referral systems.

In order to facilitate the shipment of infectious substances and to support Member States in this effort, a suggestion was made by Member States to organize a Hub workshop dedicated to solving issues with sample transport (for example import and export issues). Member States expressed their interest in further consultation on sample shipment and establishing of referral systems.

Genomic surveillance



The pandemic has been a defining moment in the world's efforts to strengthen resilience to new and emerging pathogens. We must learn the lessons of COVID-19, which both spurred rapid innovation and proliferation of health tools and technologies, and raised significant challenges in how they were used, particularly in the areas of equitable and timely access.

The 10-year Global genomic surveillance strategy for pathogens with pandemic and epidemic potential 2022-2032 was launched in March 2022, calling upon lessons learned through COVID-19 and using them to form a unified strategy for all new and emerging pathogens. Each strategic objective comes with actions which can be applied nationally, regionally and globally to achieve that objective. The measure of success will be all Member States having access to timely genomic sequencing by 2032.

Genomic surveillance can be worthwhile as an integral part of Member State's wider comprehensive surveillance strategy when introduced with a cost-effective/cost-efficient approach. Implementing sequencing has been shown to work well within an already established and mature overall surveillance system.

The WHO Türkiye Country Office made reference to the Strengthening National Capacities against COVID-19 project, funded by the European Union and implemented by Ministries of Health with technical collaboration from WHO Country Offices. One of the key objectives is to develop comprehensive training packages for next-generation sequencing (NGS), bioinformatics and molecular epidemiology.

Member States expressed a need for increased sequencing in their country/region, although there are issues accessing reagents and consumables for the large amount of equipment being donated.

Capacities developed during pandemic

Integration of capacities developed during COVID-19 pandemic

This session incorporated a roundtable discussion on “maintenance of COVID-19 laboratory capacities built”. Interface/integration with the health system is needed. A strengths, weaknesses, opportunities and threats analysis (SWOT) was presented on the national laboratory policy and strategic plan to include post-COVID-19 lessons in Tajikistan.

Member States shared experiences of scaling up their national COVID-19 testing capacities. Some Member States effectively used mobile laboratories for testing, notably in remote mountain regions.

Member States were encouraged to conduct an intra-action review (IAR)(*6*) on their COVID-19 response. For the laboratory sector, SWOT workshops have been conducted in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan on their national laboratory response. A meeting is planned in October 2022, in Paris, France, to share the results and to plan the next steps based on Member States’ experience during the COVID-19 emergency period.

Training needs and opportunities

The presenters opened this session by sharing their experience and the work that they do on HTPs. Member States outlined topics requiring further training. These included: NGS, bioinformatics, QMS, biosafety and biosecurity, risk assessment, working in high containment facilities, risk communication with public and media, Geographic Information System technology and training programmes for biosafety cabinet engineers.

It was emphasized that where possible, face–to–face trainings were the preferable and most effective form of learning and that it was appreciated that WHO had mobilized to make this happen whenever and wherever possible. Online trainings are particularly useful as a complementary method of learning alongside practical trainings both within and outside Member States.

It is important to deliver trainings on a country–specific basis in the specific context of individual Member States.

It was also proposed to expand the current Better Labs mentoring programme to include sequencing, bioinformatics, biosafety and biosecurity as well as other topics to sustainably train and invest in national experts. Experience exchange between Member States was also suggested in order to share best practices.

Regular laboratory competency assessments were discussed and the way in which laboratories could be supported in conducting them. It was also pointed out that quick translation of documents into Russian (documents/guidelines/courses) through platforms such as Open WHO was greatly appreciated by participants. It was also pointed out that language often poses a barrier to quick response, especially during times of emergency.

Laboratories in emergencies

WHO Lyon Office presented ongoing projects including the introduction and proposed establishment of the global public health laboratory capacity recognition programme.

Many parts of the world have little or no access to diagnostics. Delays in the identification of outbreaks have a significant impact on human health and lives, as well as an economic cost. This is sometimes compounded by a lack of confidence in the quality of results produced.

Leadership commitment is important as is laboratory preparedness. It is recommended that Member States conduct self–assessment of their current capacities and capabilities. Following this, a formal assessment process can be conducted and supported by WHO.

Laboratory capacity recognition is not intended to replace the national accreditation process. It is complementary to existing WHO programmes (national influenza centres, measles-rubella, poliomyelitis) to recognize laboratory capacity and provide support to laboratories in maintaining quality and applying for national accreditation. It is important to strengthen existing sub-national networks.

The next steps in the programme are to continue internal engagement and consultations and bring these to regional offices, technical counterparts, disease programmes at WHO headquarters and senior management and via the 'Reaching every district' strategy. The programme's pillars and key documents are also being developed in global consultation.

During the discussion, countries appeared to be facing many similar and familiar challenges. Personnel turnover came up repeatedly (in terms of being able to retain valuable qualified laboratory staff in the public sector). Lack of personnel in the field of bioengineering and bioinformatics was also brought up as well as the need for long-term training in NGS.

Furthermore, validation and verification of new methods, continuous improvement and monitoring of QMS is required along with implementation of risk-based approaches. Procurement and delivery problems were also raised as well as the need for mentoring programmes on QMS and biosafety and security. Issues of equipment maintenance also came up again.

Conclusion

The second meeting of the Lab Task force was an effective and productive format for sharing lessons learned since the first meeting, especially in the light of the COVID-19 pandemic. It was an opportunity to assess the current situation and discuss the next steps to be taken by the Lab Task Force.

The COVID-19 emergency has highlighted many priority areas which include continuing training, testing strategies, genomic sequencing capacity, procurement, EQA, mentoring and costing. In addition, due to the lessons learned during the COVID-19 pandemic, Member States are seeking support in prioritizing other pathogens at a national level.

Networks through WHO and WHO CCs have proved invaluable in providing laboratory support for their members and networking structures need to be nurtured and strengthened. This includes the creation of a database to catalogue technical specifications in the relevant WHO CCs. It will be beneficial to expand the current Better Labs mentoring programme to include sequencing, bioinformatics, biosafety and biosecurity as well as other topics to sustainably train and invest in national experts.

Genomic surveillance can be worthwhile as an integral part of Member State's wider comprehensive surveillance strategy when introduced with a cost-effective/cost-efficient approach. SARS-CoV-2 EQA's conducted in 2020–2021 showed that PCR capacity can be scaled up in regional laboratories with high quality results. The primary challenges faced by laboratories were lack of staff training, equipment and reagents. These same challenges were raised time and again during discussions at the end of each session of this meeting.

There is clearly a need for better understanding of transport of infectious substances legislation. WHO provides support for Member States to establish or improve national and international referral systems for infectious substance samples. A meeting to discuss transport legislation is planned for November 2022 in Istanbul, Türkiye.

The second meeting of the Lab Task Force concluded by splitting into five working groups to discuss the next steps and agree on the roadmap (overleaf).

Roadmap

Networking
- Confirm nomination of national coordinators at the country level for laboratory issues on HTPs
- Set a platform for the exchange of expertise and information to be established (responsible – WHO Regional Office for Europe)
- Map laboratory capacities in Member States
- Set a list of priority HTPs for surveillance in Member States
- Define the corresponding diagnostic algorithms for the defined pathogens
- Strengthen the role of national Reference Laboratories for HTPs

Biosafety and biosecurity
- Develop a draft biosafety manual at the national level for subsequent adaptation at the laboratory level
- Develop SOPs for biosafety and biosecurity
- Provide training on the risk-based approach

Quality
- Establish national EQA programmes for country laboratories
- National laboratories to participate in the WHO EQA programmes (identification of pathogens and methods for EQA is also important)

Procurement
- Develop a list of reagents and supplies needed based on the list of pathogens and algorithms defined with technical specifications
- Technical specifications to be shared with WHO procurement team

Transport
- Develop a list of requirements for transportation (export and import) of samples and materials with suspected HTPs (including description of procedures, algorithm, etc.)
- Define a list of carrier companies at the country level, regional level and global level
- Create inventory of persons who have valid certificates in the transportation of dangerous/infectious substances (WHO/IATA) with the identification of training or re-certification needs

Genomic surveillance
- Develop a national strategy for genomic sequencing
- Strengthen genomic surveillance, monitor variants of concern and new pathogens

Integration of capacities developed during COVID-19 pandemic
- Conduct IAR (supported by WHO Regional Office for Europe)
- Perform SWOT analysis on COVID-19 lab response
- Develop national laboratory policies and strategic plans to integrate the capacities gained during the pandemic

Training needs and opportunities
- Develop a mentoring programme for sequencing, including bioinformatics
- Develop a mentoring programme in current areas of lab diagnostics for HTPs
- Develop a mentoring programme for biosafety and biosecurity

Laboratories in emergencies
- Develop a laboratory emergency response plan for emergencies caused by pathogens with high pandemic potential
- Conduct simulation exercises to test procedures and mechanisms

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- **2. Priority countries for core capacity strengthening** [website]. In: WHO/Europe/Our work in emergencies. Copenhagen: WHO Regional Office for Europe; 2005 (https://www.who.int/europe/emergencies/our-work-in-emergencies/priority-countries, accessed 7 November 2022)
- **3. Report on preparatory workshop for establishment of the European Regional Laboratory Task Force for High Threat Pathogens (Lab Task Force): Istanbul, Türkiye, 30–31 January 2019.** Copenhagen: WHO Regional Office for Europe; 2019 (https://apps.who.int/iris/handle/10665/346491, accessed 12 October 2022)
- **4. Laboratory test costing tool: user manual/training manual.** Copenhagen: WHO Regional Office for Europe; 2019 (https://apps.who.int/iris/handle/10665/346135, accessed 6 November 2022)
- **5. Emerging Viral Diseases-Expert Laboratory Network (EVD-LabNet) web site: (**https://www.ecdc.europa.eu/en/about-us/partnerships-and-networks/disease-and-laboratory-networks/evd-labnet, accessed 6 November 2022)
- **6. Guidance for conducting a country COVID-19 intra-action review (IAR).** Copenhagen: WHO Regional Office for Europe; 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1, accessed 6 November 2022)

Additional resources

- **Report of the first meeting of the European Region Laboratory task force for high-threat pathogens (2020)** Copenhagen: WHO Regional Office for Europe; 2020 (https://apps.who.int/iris/handle/10665/356850, accessed 16 May 2022)

Annex 1. Programme

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Lab Task Force for emerging and re-emerging pathogens second meeting
21-23 June 2022
Antalya, Türkiye

14 June 2022
Original**: English**

Programme

Objectives of the meeting:

- Review progress made by the Lab Task Force
- Taking into account lessons identified from the response to COVID-19
- Identify needs and opportunities to improve diagnostic of HTP
- Develop a roadmap to further strengthen regional capacity for diagnostic of HTP

Tuesday 21 June 2021

09:00 – 09:30	Registration
09:30 – 09:50	Official opening of the meeting *Caroline Brown, WHO European Region* *Sebastien Cognat, WHO Lyon Office*
09:50 – 10:00	Introduction to the meeting agenda and objectives *Joanna Zwetyenga, WHO European Region*

Session 1: Networking

10:00 – 10:15	WHO Europe COVID-19 lessons learnt *Joanna Zwetyenga, WHO European Region*
10:15 – 11:00	Roundtable: COVID-19 WHO Reference laboratories contribution to regional response and lessons learnt
11:00 – 11:30	*Coffee Break*
11:30 – 12:00	Setting EVD laboratory network *Lance Presser, RIVM*
12:00 – 13:00	Open discussion *How to improve the Lab Task Force networking?*
13:00 – 14:00	*Lunch Break*
14:00 – 14:30	Results of the national diagnostic capacities for HTP *Lance Presser, RIVM*
14:30 – 15:15	Roundtable: On-going Monkeypox response

Session 2: Biosafety and Biosecurity

15:15 – 15:45	WHO Collaborating Center for laboratory preparedness and response for HTP and Biorisk *Saskia Rutjes, RIVM*
15:45 - 16:00	Biosafety and biosecurity training experience *Ardian Preshova, Institute of Public Health, North Macedonia*
16:00 – 16:30	*Coffee Break*
16:30 – 17:00	Open discussion *Needs for biosafety and biosecurity improvement*
17:00 – 17:15	Wrap up of the day

Wednesday 22 June 2022
Session 3: Quality

09:00 – 09:15	Existing EQA mapping *Lance Presser, RIVM*
09:15 – 09:45	WHO VHF and COVID-19 EQAs *Lisa Stevens, WHO Lyon Office*
09:45– 10:30	Open discussion *EQA needs?*
10:30 – 11:00	*Coffee Break*

Session 4: Procurement

11:00 – 11:20	WHO procurement of critical reagents and diagnostics for HTP *OSL, WHO HQ Geneva*
11:20 – 11:40	Potential role of collaborating centers in procurement
11:40 – 12:15	Round table: countries' access to diagnostics
12:15 – 13:00	Open discussion *Suggestions for way forward*
13:00 – 14:00	*Lunch Break*

Session 5: Transport

14:30 – 15:00	Legislation regarding sample transport and shipment *Markus Huber, WHO European Region*

Session 6: Genomic surveillance

15:00 – 15:30	WHO Global Genomic surveillance strategy for pathogens with pandemic and epidemic potential *Lisa Carter, WHO Lyon Office*
15:30 – 16:00	Open discussion: *How can countries implement this strategy?*
16:00 – 16:30	*Coffee Break*
16:30 – 17:00	Wrap up of the day

Thursday 23 June 2022
Session 7: Integration of capacities developed during COVID-19 pandemic

09:00 - 10:00	Roundtable: Maintenance of COVID-19 lab capacities built and what interface/integration with the health system is needed *Caroline Brown, WHO European Region*

Session 8: Training needs and opportunities

10:00 – 11:00	Roundtable: Training centers – training gaps and needs
11:00 – 11:30	*Coffee Break*

Session 9: Laboratories in emergencies

11:30 – 12:00	Laboratory in emergencies: actions for preparedness, readiness, and response *Lisa Carter, WHO Lyon Office*
12:00 – 12:30	Discussion on challenges and opportunities to improve preparedness, readiness, and response
12:30 – 13:30	*Lunch Break*

Session 10: Roadmap

13:30 – 15:00	Working groups: 5 working groups to plan next steps
15:00 – 16:00	Plenary session
16:00 – 16:30	*Coffee Break*
16:30 – 17:00	Closing remarks

Annex 2. List of participants

Armenia
Lilit Avetisyan
Sergey Karapetyan

Azerbaijan
Rita Ismayilova
Leyla Jabbarova

Bosnia and Herzegovina
Pava Dimitrijevic
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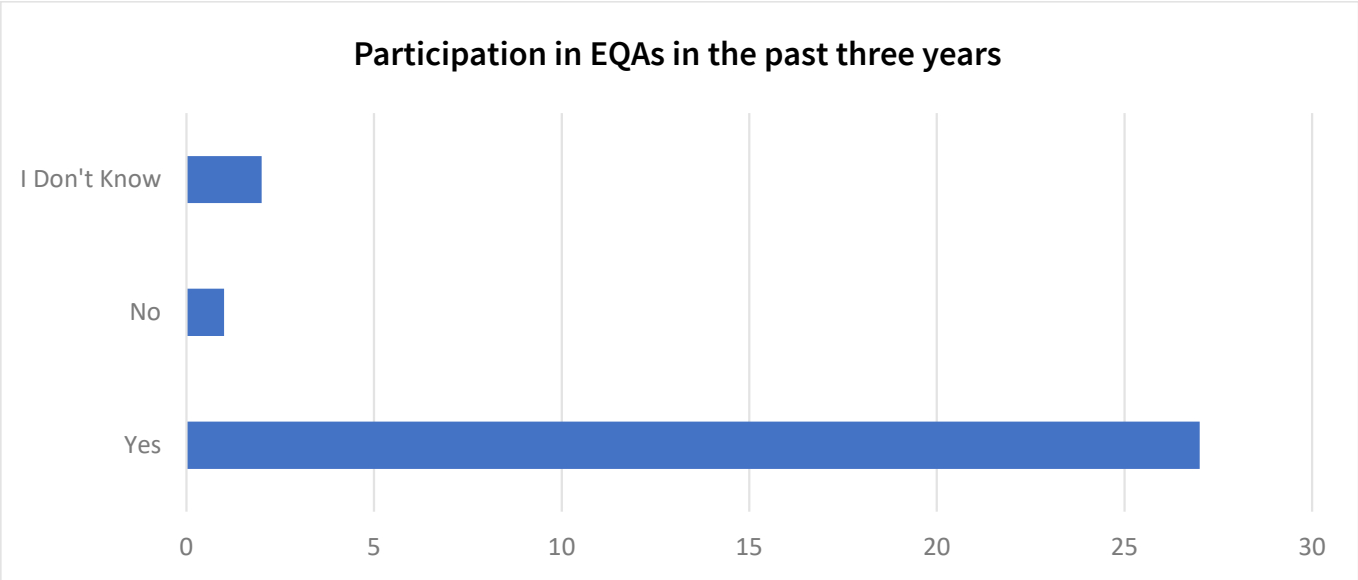
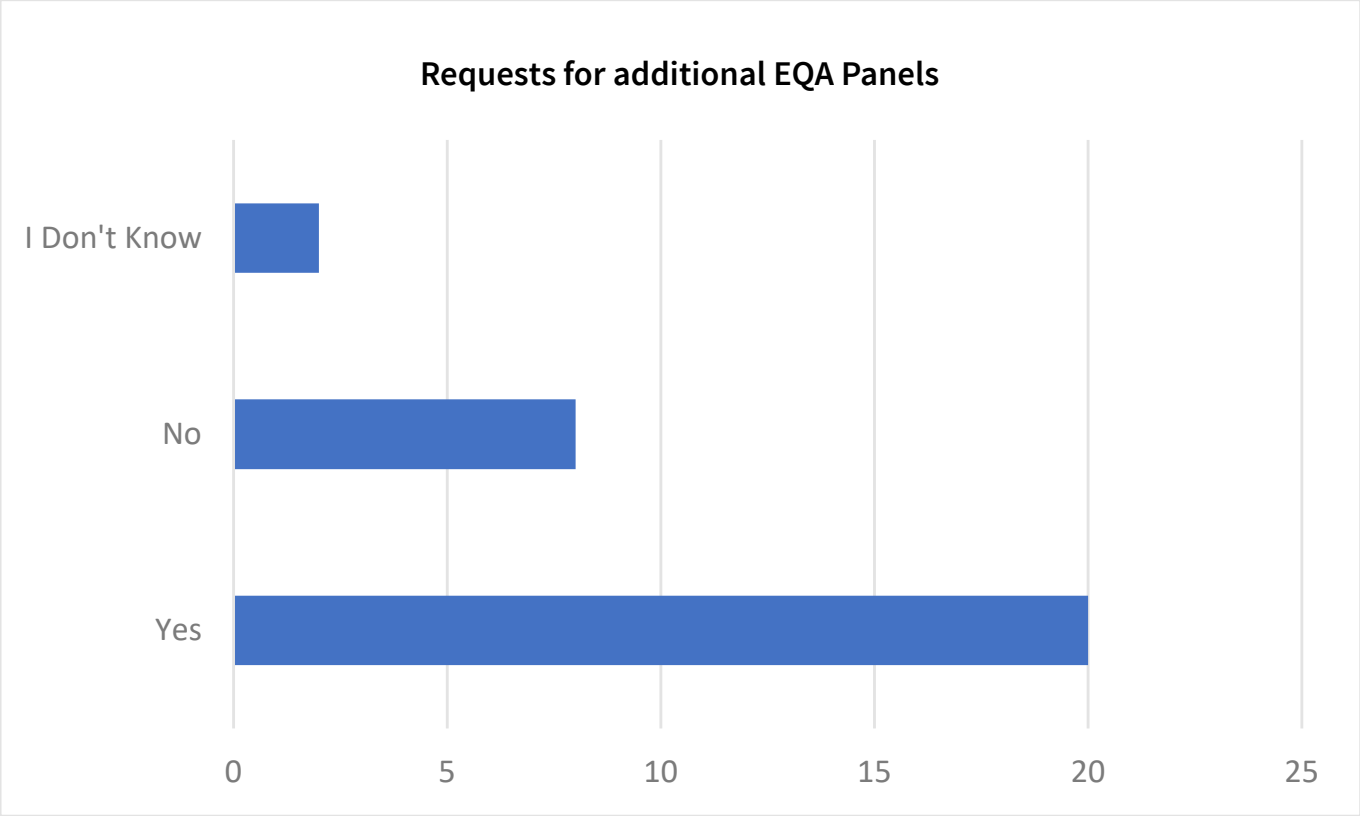
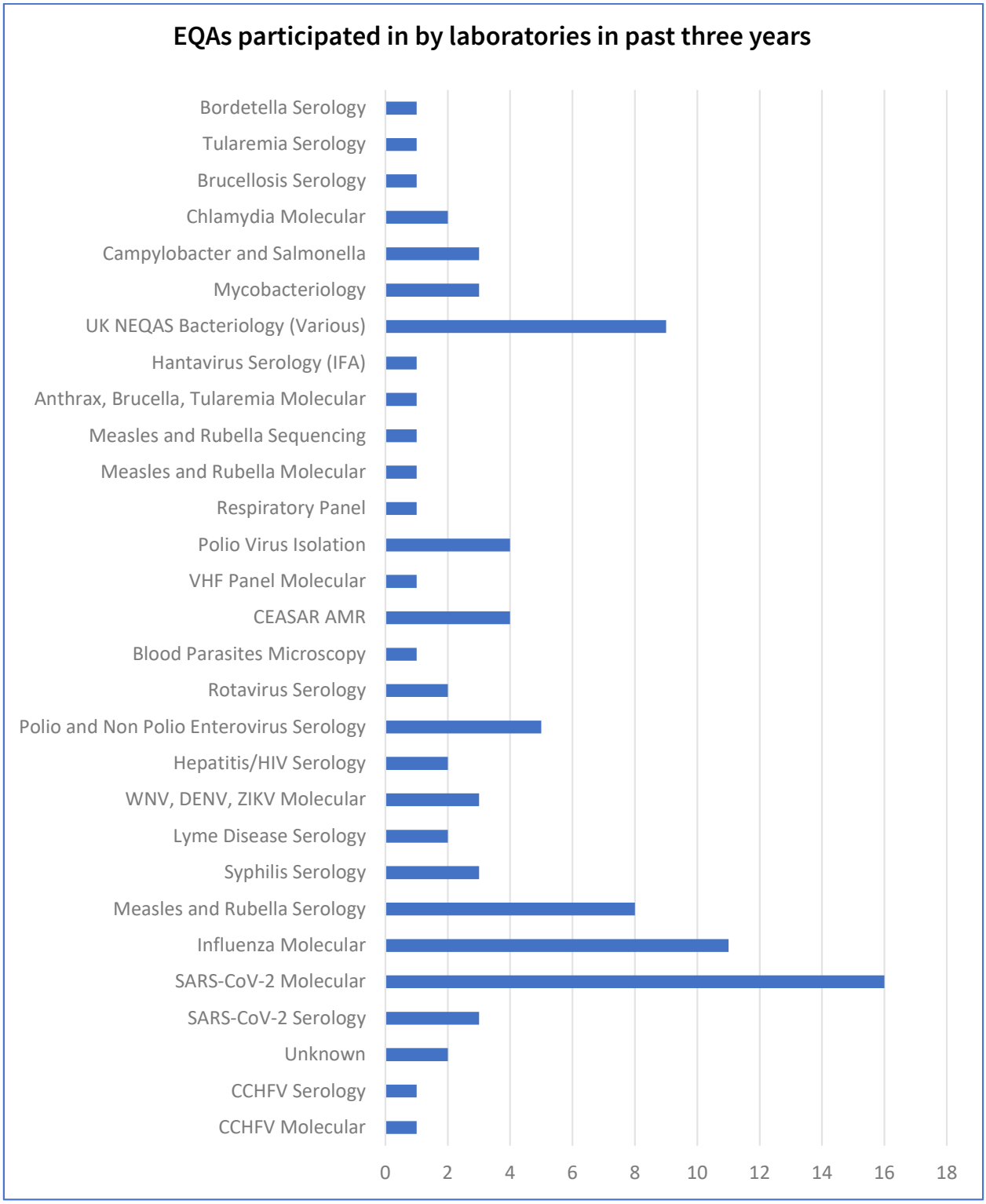
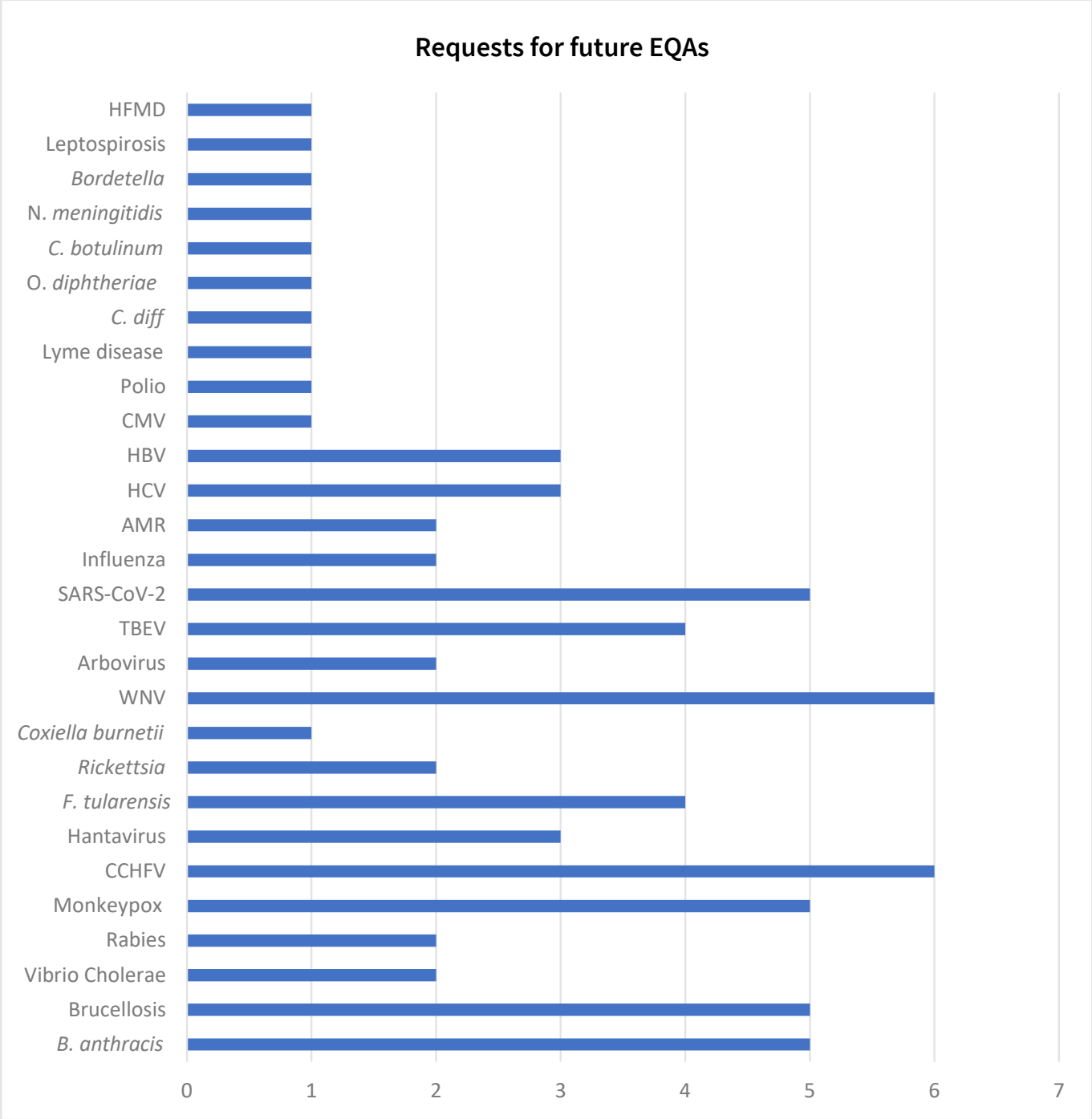
Annex 3. EQA Survey Results






EQAs participated in by laboratories in past three years
Bordetella Serology
Tularemia Serology
Brucellosis Serology
Chlamydia Molecular
Campylobacter and Salmonella
Mycobacteriology
UK NEQAS Bacteriology (Various)
Hantavirus Serology (IFA)
Anthrax, Brucella, Tularemia Molecular
Measles and Rubella Sequencing
Measles and Rubella Molecular
Respiratory Panel
Polio Virus Isolation
VHF Panel Molecular
CEASAR AMR
Blood Parasites Microscopy
Rotavirus Serology
Polio and Non Polio Enterovirus Serology
Hepatitis/HIV Serology
WNV, DENV, ZIKV Molecular
Lyme Disease Serology
Syphilis Serology
Measles and Rubella Serology
Influenza Molecular
SARS-CoV-2 Molecular
SARS-CoV-2 Serology
Unknown
CCHFV Serology
CCHFV Molecular
0
2
4
6
8
10
12
14
16
18


Requests for future EQAs
HFMD
Leptospirosis
Bordetella
N. meningitidis
C. botulinum
O. diphtheriae
C. diff
Lyme disease
Polio
CMV
HBV
HCV
AMR
Influenza
SARS-CoV-2
TBEV
Arbovirus
WNV
Coxiella burnetii
Rickettsia
F. tularensis
Hantavirus
CCHFV
Monkeypox
Rabies
Vibrio Cholerae
Brucellosis
B. anthracis
0
1
2
3
4
5
6
7


L.DZUMAKANOVA
KYRGYZSTAN

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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WHO/EURO:2023-6794-46560-67568