Impact of BREXIT on HPS work with ECDC.

This will largely depend on the deal which UK government makes and whether we are like Norway, Iceland (who have access to ECDC as part of their deal) or Switzerland. If we assume the worst case scenario (Switzerland) we would have no relationship with ECDC, No access to intelligence and no participation in surveillance systems, EPIS, extranet or expertise.

EPIS is a system wherein countries can talk about current issues and threats before they become a formal alert. It enables sharing of early intelligence to mitigate risks and enable preparedness as well as sharing knowledge. This will impact on our preparedness and responsiveness to outbreaks in Scotland.

HAInet, EARSnet and ESACnet cover the HAI and AMR surveillance and expertise. We would have no access to these data, protocols and would be unable to benchmark. This has been important in driving improvements in Scotland. European data have been used to identify best in class approach to targets for HAI and AMR in Scotland and access to these data were key.

The expertise ECDC offer is also really important. The HPS Lead Consultant for HAI has been involved in expert meetings as the elected chair of the HAInet group and have brought the learning back to Scotland and it has informed our direction/strategy/approach and saved duplication of effort in a done once for Europe approach.

Even in the best case scenario with UK as a recognised partner (similar to Norway and Iceland) there will be substantial uncovered costs for participation in EU network meetings and projects, and limited access (if any) to apply for funding for participation in European research/public health projects. ‘Getting a seat at the table’ and obtaining funding for attending EU network meetings and collaborations has been difficult for Scotland for years, as organisations in England (e.g. PHE, FSA, CEFAS) often are the first point of contact for all of the UK. This situation is likely to get worse as UK government, and possibly Scottish Government, will have to pick up the meeting and network costs and fund grants for development of new emerging areas.

HPS has over the years benefitted from participating in surveillance working groups and networks that have attracted funding to develop surveillance and reference and diagnostic laboratory capability and capacity – for example the majority of CDI and AMR developments have been in collaboration (or aligned) with EU partners and networks (and some have links beyond Europe to linked global networks, US partnerships and WHO), and have benefitted from participating in EU wide projects leading to:

- Evidence based and harmonised infection surveillance systems and collaboration with European colleagues
- Evidence based laboratory protocols (for diagnostic and reference testing) and standardised interpretation of laboratory results (via EUCAST protocols) to underpin public health purposes
- Coordinated investigations of outbreaks (which is becoming increasingly important with WGS)
- Evidence based infection and prevention guidance
- Evidence based infection treatment guidance
The Scottish reference laboratories are highly dependent on collaboration with EU partners in international typing network of which many receive funding from EU.

- Development and standardisation of evidence based molecular typing methodology and new technical know-how

- Access to organisms specific typing databases to investigate new strain types and cross-border outbreaks and collaboration with European colleagues (e.g. food-borne and travel related outbreaks) – some of which are further linked to US / global typing databases

- Access to EU laboratory standards (and associated QA exercises)

- Participation in laboratory capability and capacity building laboratory exercises, external quality assurance programs and ring-trials

Jointly, HPS and the reference laboratories are likely to be excluded and/or further removed from influencing strategic developments in relation to public health microbiology development; for example by not being able to feedback in consultations, not being able to participate in technical and epidemiological surveys/inspections of public health preparedness level and maturity of health protection and laboratory services (e.g. EuLabCap surveys of epidemiological, diagnostic and reference preparedness).

Following exit from the EU it may also be more difficult to convince our government(s) that aligning with EU developments should be a priority. A confusing strategic landscape could be a consequence in addition to the deteriorating financial situation. Alignment to EU strategic frameworks (and guidance) has more recently shaped the direction for public health microbiology developments in Scotland via EU documents on:

- Visions and objectives and long-term plans for national public health microbiology strategy (epidemic preparedness and surveillance activity)

- Visions and objectives for implementation of WGS in public health, food-borne infections and HAI – and other applications in the longer term.

Health Protection Scotland

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