



EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

**Annual Report
of the Director: 2007**



EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

**Annual Report
of the Director: 2007**

***Europe Direct is a service to help you find answers
to your questions about the European Union***

**Freephone number (*):
00 800 6 7 8 9 10 11**

(*) Certain mobile telephone operators do not allow access to 00 800 numbers or these calls may be billed.

A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (<http://europa.eu>).

Cataloguing data can be found at the end of this publication.

Luxembourg: Office for Official Publications of the European Communities, 2008

ISBN 978-92-9193-101-9

© European Centre for Disease Prevention and Control, 2008
Reproduction is authorised provided the source is acknowledged.

Printed in Belgium

PRINTED ON WHITE CHLORINE-FREE PAPER

Table of Contents

List of acronyms and abbreviations	4
Executive summary	6
Foreword by Dr. Marc Sprenger, Chairman of the ECDC Management Board	11
Introduction by the ECDC Director	12
Governance	14
Country cooperation	16
Management and strategic planning	18
External relations	20
Scientific support	21
Surveillance	24
Preparedness and response	27
Health communication	30
Training	32
Disease-specific activities	34
Administrative services	43
Annex 1: ECDC's Organisational Structure	46
Annex 2: Members of the Management Board	50
Annex 3: Members of the Advisory Forum	52
Annex 4: Chronological list of key events 2007	54
Annex 5: ECDC budget summary 2007	57
Annex 6: List of Competent Bodies	58

List of acronyms and abbreviations

AEFI	Adverse Events Following Immunisation
AF	Advisory Forum
AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial Resistance
ASPHER	European Association of Public Health Schools
BSN	Basic Surveillance Network
CDC	Centers for Disease Control and Prevention, Atlanta, USA
CDTR	Communicable Disease Threat Report
DG JLS	Directorate General for Justice, Freedom and Security
DG Research	Directorate General for Research
DG SANCO	Directorate General of Health and Consumer Protection
DIVINE-NET	Network for prevention of emerging (food-borne) enteric viral infections: diagnosis, viability testing, networking and epidemiology
DSN	Dedicated Surveillance Network
DIPNET	European Diphtheria Surveillance Network
EARSS	European Antimicrobial Resistance Surveillance System
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
ECCMID	European Congress of Clinical Microbiology and Infectious Diseases
EDEN Project	Emerging Diseases in a changing European Environment
EEA	European Environment Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EFSA	European Food Safety Authority
EHEC	Enterohaemorrhagic <i>Escherichia coli</i>
EISS	European Influenza Surveillance Scheme
EIWR	Epidemic Intelligence Weekly Report
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMEA	European Medicines Agency
EMGM	European Meningococcal Disease Society
Enter-net	International surveillance network for the enteric infections Salmonella and VTEC 0157
ENIVD	European Network for Diagnostics of Imported Viral Diseases
ENVI	Committee for Environment, Public Health and Food Safety of the European Parliament
EOC	Emergency Operations Centre
EpiNorth	Co-operation Project for Communicable Disease Control in Northern Europe
EpiSouth	Network for Communicable Disease Control in Southern Europe and Mediterranean Countries
EPIET	European Programme for Intervention Epidemiology Training
ERS	European Respiratory Society
ESAC	European Surveillance of Antimicrobial Consumption
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
ESCMID	European Society of Clinical Microbiology and Infectious Diseases
ESSTI	European Surveillance of Sexually Transmitted Infections
ESWI	European Scientific Working Group on Influenza
EU	European Union
EUCAST	European Committee on Antimicrobial Susceptibility Testing

EuroCJD	European and Allied Countries Collaborative Study Group of Creutzfeldt-Jakob Disease
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
EU-IBIS	European Union Invasive Bacterial Infections Surveillance
EuroTB	Network for surveillance of Tuberculosis in Europe
EUVAC.NET	Surveillance Community Network for Vaccine Preventable Infectious Diseases
EWGLINET	European Working Group for Legionella Infections
EWRS	Early Warning and Response System
FP EU	Framework Programme for Research
GOARN	Global Outbreak and Alert Response Network
HPA	Health Protection Agency
HPV	Human Papillomavirus
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IHR	International Health Regulations
IMED	International Meeting on Emerging Diseases and Surveillance
IPSE	Improving Patient Safety in Europe
IRIDE	Inventory of Resources for Communicable Diseases in Europe
IUSTI	International Union against Sexually Transmitted Infections
JRC	Joint Research Centre
MB	Management Board
MDR TB	Multidrug-Resistant Tuberculosis
MedISys	Medical Intelligence System
MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
OIE	World Organisation for Animal Health
SARS	Severe Acute Respiratory Syndrome
SMP	Strategic Multiannual Programme
STI	Sexually Transmitted Infections
TB	Tuberculosis
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network Inc
TESSy	The European Surveillance System
TSE	Transmissible Spongiform Encephalopathies
TTT	Threat Tracking Tool
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
VENICE	Vaccine European New Integrated Collaboration Effort
VPD	Vaccine-Preventable Diseases
WHO	World Health Organization
WHO EURO	Regional Office for Europe of the World Health Organization
WHO HQ	Geneva Headquarters of the World Health Organization
XDR TB	Extensively Drug-Resistant Tuberculosis

Executive summary

Governance

This function takes care of the relations with, and meetings of, the two external bodies of ECDC: the Management Board (MB) and the Advisory Forum (AF). In 2007, the ECDC Management Board met three times and approved and endorsed a number of strategic documents. The EU Commissioner for Health, Markos Kyprianou, addressed the Board at its March meeting and expressed his support for the work done by the Centre. The Director of ECDC convened four meetings of the Advisory Forum. This body has been closely involved in advising the Director on most technical and scientific issues dealt with by the Centre in 2007.

Country cooperation

In order to further develop ECDC's close cooperation with the Member States and EEA/EFTA countries, ECDC asked these countries to designate Competent Bodies. The Centre then compiled a list and submitted it to the MB for approval. To discuss ECDC's collaboration with the Competent Bodies, four meetings were organised in October and November 2007. Additionally, work started on the development of a country information system, and a call for tender was launched in order to create a first version of an ECDC fact sheet about the public health and communicable disease system in each Member State. Five country cooperation visits took place, in order to give ECDC a better overview of the specific conditions, the organisation and the infrastructure for communicable disease control in each country. On the basis of these visits, terms of reference and guidance for this type of activity were prepared and communicated for advice and guidance to the AF and MB.

Management and strategic planning

Two major planning tasks were performed in 2007. The first one was the development of a Strategic Multiannual Programme (SMP) 2007–13, which was approved almost in its entirety by the MB in June 2007, with only Annex II (Indicators for monitoring and evaluation) subject to revision. Annex II will be resubmitted for final approval at the 12th Management Board meeting. The second task was the development of a 2008 Work Programme firmly anchored in the SMP. Thus, 2007 saw the successful creation of a new set of closely inter-

linked long, medium-term and annual work programmes. At the beginning of 2007, ECDC's overall management structure was based on the Director's Cabinet and four units: Scientific Advice, Surveillance, Preparedness, and Response and Administrative Services. During the course of the year, a fifth unit, the Health Communication Unit, was created. Furthermore, the growing size and complexity of ECDC made it necessary to review the different aspects of its management procedures and principles.

External relations

ECDC consolidated close working relations and contacts with many European Institutions. The Director participated several times in meetings with the ENVI Committee of the European Parliament, Commissioner Kyprianou visited ECDC in March as part of the celebrations for World TB Day, and the Centre held two important meetings in the EP, one on TB control in Europe, one on raising awareness on antimicrobial resistance. The Centre continued to work closely with the European Commission and the Council of Health Ministers. The collaboration with WHO was further expanded. Through numerous activities, such as conferences, workshops and joint technical activities, ECDC collaborated with other organisations and the Member States. An external relations strategy was developed and presented to the Management Board. Memoranda of Understanding were signed with the Public Health Agency of Canada, the Chinese Center for Disease Control and Prevention, and EMCDDA. Furthermore, ECDC started to develop closer working relations with the candidate countries of Croatia, Turkey and the former Yugoslav Republic of Macedonia.

Scientific support

The Scientific Advice Unit substantially strengthened the links with DG Research. The ECDC Director takes part in the meetings of the DG Research Advisory Board, and can thus represent the Centre's collected views on research priorities. The unit created the Scientific Consultation Group of EU-wide Learned Societies. Some 30 such societies, spanning the full width of the ECDC remit, were identified and invited to a two-day meeting. Additionally, two meetings that addressed major determinants of infectious disease spread in the EU were



First European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), 18 to 20 October 2007.

organised: the first European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) and a workshop that analysed the influence of global climate change on infectious diseases. The staff of the unit participated in several assessment visits to Member States for influenza preparedness planning and embarked on two country visits to discuss HIV/AIDS activities. The unit was also involved in the organisation of the Fourth Joint WHO/EC/ECDC Workshop on Pandemic Influenza Preparedness. Work continued on the production of guidance documents, risks assessments and scientific answers. In order to further develop the internal structure and capacity for securing scientific excellence, a scientific library became operational and the backbone of a Knowledge and Information System (KIS) was developed. Work also continued on further strengthening the collaboration with microbiological laboratories.

Surveillance

A long-term vision and strategy on the future surveillance of communicable disease in the EU was developed to assist with the long-term development of the European surveillance system. The Dedicated Surveillance Network strategies for future surveillance take into account the results of evaluations and assessments of networks. Four preparatory workshops for the evaluation teams were held, and several hub visits were performed. The coordination of two surveillance networks was transferred to ECDC in October 2007. A great deal of the Surveillance Unit work focused on the European Surveillance System (TESSy), which went live in late autumn 2007, collecting data for the DSNs

migrating to ECDC. TESSy also hosts data for the 2006 and 2007 Annual Epidemiological Reports. Further consultations were held to revise the case definitions dossier, and the revised technical annex was approved. In the area of information dissemination, two major reports were produced in 2007: the first Annual Epidemiological Report — published using data painstakingly collected following a series of consultations with the Member States — and the EU Zoonoses Report, prepared in consultation with Member States and in close collaboration with EFSA.

Preparedness and response

A communicable disease threat database (Threat Tracking Tool, TTT) was developed and implemented in 2007, to allow for the tracking of emerging threats to the EU and the subsequent production of daily and weekly bulletins shared with the European Commission and Competent Bodies. The epidemic intelligence activities monitored 133 threats, 57% of which involved EU/EEA/EFTA countries. The most significant threat for the EU was the establishment of local transmission of chikungunya fever in an Italian province. ECDC completed the transfer of the EWRS operations in 2007, and also initiated the development of standard operating procedures for outbreak investigation and response. The unit provided significant support for the investigation and control of four European threats. The Emergency Operation Centre (EOC) was completed and became operational in May 2007 and is now routinely and continuously screening emerging threats. In the event of public health emergencies related to communicable diseases in the EU, EOC activities can be stepped up. Two simu-



Ulla Schmidt, Germany's Federal Minister for Health, at ECDC, 7 June 2007.

lation exercises were conducted in 2007, one to test internal procedures and equipment, the other to test procedures regarding risk assessment and Member State support for contact tracing activities. The ECDC programme of activities for supporting the implementation of the revised 2005 International Health Regulations was presented to the Competent Bodies. Furthermore, the Centre issued a call for tender for the assessment of the magnitude of vector-borne diseases in Europe. In addition, a call for tender was issued for diagnostic capacity for emerging and re-emerging viral diseases.

Health communication

The new unit dedicated to health communication started operations in May 2007, and quickly consolidated and further developed channels and methods aimed at keeping specialised audiences as well as the general public informed on ECDC's activities. In the area of web services, the unit worked on further enhancing the interim website while preparing for the future ECDC web portal. As regards scientific communications, a major achievement was the successful integration of the scientific journal *Eurosurveillance* into ECDC. In line with the Centre's growth, the release of publications increased steadily, with the unit being responsible for the editing, graphical layout, printing and distri-

bution of technical reports, results of scientific panels, meeting reports, and the Annual Epidemiological Report. Regarding communication with the media and the public, numerous press releases and news items for the website were produced, and several press conferences, media briefings and webcasts were organised in the context of major ECDC events. A corporate video was released at the beginning of 2007, a quarterly newsletter was launched and an information infrastructure was developed for responding to queries from the public and promoting the Centre in major meetings. The Centre continued to promote coherence in risk communication across Member States, through the exchange of information with the Commission and Member States in relation to health threats, as well as through participation in exercises.

Training

A protocol and an assessment tool on training were developed and used in three countries. The EPIET programme was transferred fully to ECDC at the end of October 2007, and the Centre signed a Framework Partnership Agreement with four National Public Health Institutes in EU Member States (Germany, Spain, France and the UK) to host EPIET Scientific Coordinators, with the aim of strengthening the network of partners in field epidemiology training at national and EU level.

EPIET fellows were involved in seven international field missions in 2007. The Centre continued to review and adapt its training strategy, making it operational by securing adequate financial and human resources as well as organising training activities. The definition of core competencies for epidemiologists in the EU was completed in 2007 through extensive international consultation. Five training sessions on outbreak investigation were organised through a partnership with ASPHER. Additionally, a module on management of public health crises was organised, gathering senior epidemiologists from Member States. A training manual on applied epidemiology was further developed.

Disease-specific activities

The disease-specific activities were carried out within seven disease projects that run horizontally across ECDC's four technical units. In the area of influenza, ECDC initiated or took part in a wide range of activities aimed at improving the prevention and control of seasonal influenza in Europe and supporting preparations for a possible influenza pandemic in the EU and EEA/EFTA countries. At the same time, ECDC expanded its portfolio of scientific advice: it completed the series of Pandemic Preparedness Self-Assessment visits to all thirty EU/EEA Member States, developed a communication toolkit on seasonal influenza and published regular updates on influenza developments on its website. In the area of HIV and STI surveillance and prevention, the Centre prepared the ground for taking responsibility for the surveillance of HIV/AIDS in Europe, performed two country visits to review programmes for prevention, control and surveillance, and carried out EU-wide studies to evaluate prevention interventions. In the context of the TB disease-specific activities, an Action Plan to fight TB in the EU was developed, the joint ECDC and WHO EURO surveillance of TB was prepared, projects to provide situational analyses on TB laboratory services in the EU and on TB in migrants were developed, and a guide for future TB country visits was prepared. Scientific advice and risk assessment on different issues related to immunisation were produced by the project on vaccine-preventable diseases, following specific requests from Member States. The project also developed the transition plan for the EU-IBIS network and started a project for the review and assessment of the EU system for monitoring and managing adverse events following immunisation. It also started publishing a bi-

weekly update. In the area of antimicrobial resistance and healthcare-associated infections, a working group reviewed scientific evidence and prepared guidance for infection control, specifically targeted at *Clostridium difficile*-associated diseases; additionally, a working group was assembled to explicitly work on MRSA control, and preparations started for the 2008 launch of an annual European Antibiotic Day. The focus in the area of food- and water-borne diseases was on the integration of dedicated surveillance networks and on the preparation of the human part for EFSA's Zoonoses Report. ECDC's work on other diseases of environmental and zoonotic origin included initiating a project to assess the magnitude and importance of vector-borne diseases in Europe, participating in EU-funded and international projects on bio-security and bio-safety policy making, contributing to the new 'emerging epidemics' programme funded by DG Research, and supporting the coordination of control measures for a travel-related legionellosis outbreak.

Administrative services

Staff increased from around 100 positions at the end of 2006 to 195 at the end of 2007. In order to cope with an increasing number of staff, the Human Resources group was reinforced, a personnel administration system was developed and introduced, and the multiannual staff policy plan was developed to cover the period from 2008 to 2011. In the area of financial services, a key objective in 2007 was to further develop the management of the assets of the Centre and to that end ECDC concluded a call for banking services as well as the

How ECDC became an organ donor

ECDC is actually located in a historical school building (Tomtebodaskolan), dating back to 1888. The room that currently hosts MB and AF meetings originally had a beautiful organ in it. When ECDC moved in, there was not much need for this instrument, and the organ was given to the Väterled parish, in a suburb of Stockholm. It was later transferred to its twin parish in the Latvian town of Ikšķile, where it was rebuilt by a Latvian organ master. It is now in regular use.



The old organ in Tomtebodaskolan.

installation of the SAP module for inventory management. The Centre's budget grew from € 17 million in 2006 to € 27 million in 2007. In line with the Centre's growth, missions and meetings increased considerably. A key objective for the Information and Communication Technology group was the establishment of Data Centre services, together with providing support for a growing organisation and building support services for

the staff, their offices and operating environments. Final installations of the main building were completed during 2007, and the meeting room facilities for a total of 250 people were finalised. On legal matters, strong focus was given to the implementation of the provisions on data protection. Furthermore, a risk assessment was performed by the internal auditor to serve as basis for the audit programme of 2008.

Foreword by Dr. Marc Sprenger, Chairman of the ECDC Management Board

2007 was the year in which ECDC entered adulthood. It delivered its first Annual Epidemiological Report, put in place a Strategic Multi-Annual Programme for the period up until 2013 and completed the building of a state-of-the-art Emergency Operations Centre. By the end of the year ECDC had the staff and infrastructure in place to be seen as one of the key players in Europe in the area of communicable diseases.

As in 2005 and 2006, ECDC continued to expand rapidly. By the end of the year it had recruited nearly 200 staff, and took on responsibility for many vital EU-wide programmes. ECDC's many operational achievements in 2007 are listed in this report, so I will not go through them in detail.

The key milestone though, as I see it, was the publication in June 2007 of ECDC's first ever Annual Epidemiological Report. This brought together 10 years' worth of EU disease surveillance data covering some 50 different diseases and disease groups. Consolidating, validating and analysing all that data was a unique achievement. But ECDC went further than this: the Centre used the data to paint the most detailed and authoritative picture ever of the state of infectious diseases in the EU. ECDC drew conclusions as to the relative magnitude of the infectious disease threats facing the EU, and set its disease-specific priorities accordingly. It was significant, and very appropriate, that this report was launched by ECDC with the President in Office of the Health Council, Minister Ulla Schmidt.

The most important long-term decision ECDC made was the adoption by the Management Board in June 2007 of a Strategic Multi-Annual Programme. This outlines a

vision of what ECDC should have achieved by 2013, defining targets and strategies for achieving that vision. Even though further debate was needed to define the indicators accompanying the Programme (these were agreed by the Management Board in March 2008), by the middle of 2007 ECDC had in place a clear road map for its future development.



A second vital piece of ECDC's long-term strategy that fell into place in 2007 was the adoption by the Management Board, in December, of a list of Competent Bodies with which ECDC should work in the pursuit of its objectives. This was not a simple task. In some Member States there is a single national public health agency which covers all of ECDC's function. In most countries, though, the tasks ECDC pursues are spread across several different agencies and institutes. It took some effort, but I am confident we found the right national partners for ECDC and that the new system will work well for all concerned from 2008 onwards.

Dr Marc Sprenger

*Chairman of the Management Board
Director-General of the Netherlands National
Institute for Public Health and the Environment (RIVM)*

Introduction by the ECDC Director



Zsuzsanna Jakab
Director ECDC

The year 2007 has seen ECDC attaining some important milestones, both in the development of its infrastructure and in the delivery of its scientific programme. Now that the start-up phase has been completed, the coming years will see the Centre focusing on consolidating its activities and on delivering content. A top priority in 2007 was the development of ECDC's

core public health functions (surveillance, scientific advice, health communication, preparedness and response), as these are the essential preconditions for a more systematic, coordinated and effective fight against communicable diseases throughout the EU.

Two developments of strategic importance during 2007 were the adoption by ECDC's Management Board of a Strategic Multiannual Programme covering the years 2007–13, and the delivery in June of the first ever Annual Epidemiological Report on Communicable Diseases in Europe. These two developments are very much linked. The Annual Epidemiological Report analysed 10 years' worth of EU-wide data on 49 communicable diseases, building on official national data as well as on networks developed in the EU Public Health Programme and now transferred to ECDC. The analysis of the state of communicable diseases in the EU enabled the Centre to identify the key challenges Europe faces. The Multiannual Strategy seeks to address these.

The Epidemiological Report showed that, for most of the diseases analysed, the 10-year trend was either stable or declining. On the whole, Member States' public health systems are good at controlling communicable diseases. However, the report identified four disease-specific challenges, namely the growing problem of healthcare-associated infections and antimicrobial resistance, the rising rates of HIV, the continued threat from tuberculosis, as well as the ongoing threat posed by seasonal influenza, which each winter causes hundreds of thousands of people in the EU to become seriously ill. These disease groups are priorities in our Multiannual Strategy.

Some systemic challenges were also identified in this report. The improvement of the quality and compa-

rability of disease surveillance data in the EU is vital, and therefore ECDC is working closely with the Commission on improving case definitions, and on proposing new legally binding measures to DG SANCO's Network Committee. As addressing these systemic challenges is at the core of ECDC's mandate, the Multiannual Strategy provides a long-term framework for achieving this goal.

Another development of strategic importance for the Centre during 2007 was the agreement on the list of Competent Bodies in the Member States with which ECDC should work. This provides a basis for the long-term partnerships with Member State counterparts (institutions and experts) and will ensure synergy and consistency between ECDC and the Member States. During autumn, a series of meetings with the Directors of these institutions took place.

Significant progress has been achieved in the area of surveillance. In 2007, the surveillance of a number of key diseases, including HIV and TB, was integrated into ECDC and all EU-level surveillance data are being reported into a single database held at ECDC. This will allow for an easier access and analysis of the data, while simultaneously improving data reliability and comparability. To further strengthen this area, the Centre has been working on the development of a long-term Strategy on Disease Surveillance in the EU.

ECDC completed a state-of-the-art Emergency Operations Centre (EOC) from which it can support the coordination of EU activities in response to multi-country incidents. Funding for the EOC was provided by the European Parliament. The facilities became operational in 2007 and have already been used to handle some real incidents. Their functionality has also been tested in several exercises.

Numerous other relevant outputs account for the Centre's active work in different disease-specific areas. A report on the status of influenza pandemic preparedness in the EU was published in early 2007. This report was updated by the end of the year after completing the series of assessment visits to all 30 EU/EEA Member States in autumn. At the request of the EU Commissioner for Health, ECDC developed a proposal for an Action Plan against TB in Europe. As antimicrobial resistance has become one of the most serious public health problems, ECDC is committed to further develop its work on this issue. An important step in this direction was the organisation of a lunch debate at the European Parliament in order to discuss how to raise awareness on this topic. During this meeting, ECDC proposed



Robert Madelin, Director General for Health and Consumer Protection at the European Commission, and ECDC Director Zsuzsanna Jakab co-hosting a meeting of scientific committee chairmen from the Commission and several EU agencies, 6 November 2007.

the launch of a European day to raise awareness on antibiotic resistance in November 2008.

A number of scientific opinions were produced for Member States during 2007. Issues covered include the use of a pneumococcal vaccine for the elderly, influenza vaccination for children, and most recently an analysis of the effectiveness of so-called 'pre-pandemic' H5N1-influenza vaccines, as well as the use of the human papillomavirus vaccination.

As to the revision of the Centre's mandate, the terms of reference for an independent evaluation of ECDC were agreed upon with the Management Board before the summer. Following a successful call for tender, a contractor was appointed to conduct the external

evaluation. Work started in the second half of 2007. The results of this evaluation will — among other things — determine whether the scope of the Centre's mission is expanded to other relevant community-based activities in the field of public health in the future.

During 2008, as the independent evaluation progresses, there will be a unique opportunity to debate the scope of ECDC's mandate and activities. I invite all stakeholders, and especially the Members of the European Parliament, to take part in this debate.

Zsuzsanna Jakab
Director ECDC

Governance

Key products 2007

- quality support to ECDC governance through efficient preparation for and conduct of meetings; good communication with the Management Board, the Advisory Forum and Member States;
- support to the first external evaluation of ECDC.

The governance function takes care of the relations with, and meetings of, the two external bodies of the ECDC: the Management Board and the Advisory Forum.

Management Board

The ECDC Management Board met in March, June and December 2007, under the chairmanship of Dr Marc Sprenger, from the Netherlands, and Professor Minerva-Melpomeni Malliori, representative of the European Parliament who acted as Vice-Chairman (see Membership in Annex 2). The first and third meetings were held in Stockholm, and the second in Vienna, at the invitation of Austria. The European Commissioner for Health, Markos Kyprianou, addressed the Board at its March meeting and expressed his support for the

work done by the Centre. The minutes of the meetings are available on the ECDC website.

In 2007, the Management Board

- approved the terms of reference for the tender specification for the first external evaluation of the Centre (call for tender launched in May 2007);
- approved the 2006 Annual Report of the Director on the Centre's activities;
- approved the Centre's 2006 accounts and recommended the Director's discharge by the Parliament;
- approved the Centre's Multiannual Strategic Programme 2007–13, which will be the point of departure for the programme of work in the next years;
- compiled the list of Competent Bodies recognised by the Member States;
- agreed to publish an epidemiological report every three years with subject-oriented reports in-between;
- adopted amendments to its rules of procedure;
- agreed on the language regime for the meetings of the Advisory Forum, for the publications to the scientific/technical audience and the for the static website and communication to the general public;



ECDC Management Board.

- approved the definition of internal rules for ECDC and adopted the ECDC code of good administrative behaviour;
- authorised delegation to the Director on implementing rules for the application of staff regulations;
- approved the proposal to pay € 300 to experts attending ECDC meetings in their personal capacity, with a maximum of 30 calendar days;
- approved a total budget for ECDC in 2008 of € 40.1 million and the proposed establishment plan for 2008, subject to final approval by the budgetary authorities;
- approved the dates of its meetings in 2008;
- approved the ECDC annual work programme for 2008; and
- approved the long-term strategy for the surveillance of communicable diseases in the European Union.

The Board also discussed a number of other important issues, such as the strategy for ECDC's collaboration with microbiology laboratories and research institutes in the EU. With regard to the programme of work for 2008, the Board established a working group composed of representatives from among its members to look at the priorities for the Centre in 2008. It also invited members from the Advisory Forum to join the working group to contribute to the technical and scientific aspects. A working group was also established at the last meeting of the Board in 2007 to review a number of important issues that the Board will consider in 2008. On the external evaluation of ECDC, the Board, through its Steering Committee, played an oversight role on the process and reviewed and validated the progress reports delivered in 2007.

Finally, the Board was regularly briefed on the Centre's country-specific work, the work with its external

partners, and its negotiations with the Government of Sweden for the Centre's seat agreement.

Advisory Forum

The Director of ECDC convened four meetings of the Advisory Forum: in February, May, September, and December 2007. Annex 3 gives the membership of the Advisory Forum. Minutes of the meetings are available on the ECDC website.

The Advisory Forum has been closely involved in advising the Director on most technical and scientific issues dealt with by the Centre in 2007. To highlight a few, the Advisory Forum commented extensively on the first Annual Epidemiological Report on Communicable Diseases in Europe and advised on the selection of topics for future reports. It also set up a working group (with the participation of WHO) to look at the feasibility of a study on the burden of diseases. On the surveillance issues, the Advisory Forum regularly reviewed the progress made in the evaluation and assessment of the surveillance networks and in the development of The European Surveillance System (TESSy), as well as on the long-term strategy for surveillance of communicable diseases in the European Union. The Advisory Forum was called upon to advise on how ECDC can best support Member States in the implementation of Annex 1 of the revised International Health Regulations. The work of the scientific panels was regularly reported to and discussed with the Advisory Forum. It was also involved and asked to contribute to the implementation of the work plans of the seven horizontal disease-specific projects and on the development of the Centre's programme of work for 2008.

Country cooperation

Key products 2007

- active country cooperation and support function.

In its work, ECDC must develop a close cooperation with the Member States and — as the Centre's work also includes the three EEA/EFTA countries — with Norway, Iceland and Liechtenstein. Being a small agency, ECDC heavily depends on the expertise in the Member States, but this pooled knowledge could also be useful when supporting individual Member States on specific issues. In order to develop this collaboration, and in accordance with the ECDC founding regulation (Regulation (EC) No 851/2004), the Member States and Associated Countries have designated Competent Bodies, and a first list of these was compiled by the Management Board in June 2007.

Inventory of Member States infrastructure

A detailed analysis of the specifications of a country information system, which will include and extend the existing inventory, was performed in liaison with the IRIDE team (Inventory of Resources for Infectious Diseases in Europe). This analysis showed that the information already (or about to be) collected by the different ECDC units was sufficient, and that the main objective would be to gather it and make it available in a common information country system. It was decided to hire a team in order to carry out this project, and the defined project will be implemented from January 2008.

Simultaneously, and in order to improve the knowledge of ECDC teams concerning the organisational and administrative structure of Member States, a call for tender was launched to create a first version of ECDC fact sheets about the existing public health and communicable diseases systems in each Member State, based on public information. These documents were scheduled to be submitted to the Advisory Forum for comments, and will then have to be improved and integrated in the country information system in 2008.

Priorities and needs for country cooperation

The designation of Competent Bodies by Member States and the compilation of the list by the Management Board in June 2007 represented a step forward in cooperation. Four meetings were organised in October and November 2007, in order to discuss ECDC collaboration with Competent Bodies. In agreement with the ECDC founding regulation, the Advisory Forum will advise on the practical and technical content of the work with Competent Bodies, including procedures.

In order to improve ECDC practice regarding country visits and to further develop the country work, five countries were, after agreement with the Management Board, selected for country cooperation visits. These visits, which took place between December 2006 and November 2007, gave ECDC a better overview of the specific conditions, organisation and infrastructure for communicable disease control in each country. The visits also served to identify areas for closer collaboration where expertise (whether within ECDC or in other countries, channelled through ECDC) could improve the country's capacity. Based on these visits, country visit terms of reference and guidance have been prepared and communicated for advice and guidance to the Advisory Forum and the Management Board. Implementation is scheduled for 2008.

EpiNorth

The EpiNorth project was launched in 2000, as a network of communicable disease control institutions in the five Nordic countries, the three Baltic Republics and north-western Russia. Presently, 12 institutes in the nine countries are participating in the network. The EpiNorth project aims to improve communicable disease control and communication in Northern Europe and across the border to Russia. The project has over the years evolved to include a number of activities, including the bilingual (English and Russian) *EpiNorth Journal*, and annual two-week training courses in epidemiology for key communicable disease professionals. The project was funded by the European Commission's Public Health Programme during the period 2004–06. As the funding ended late 2006, ECDC negotiated an extension by analogy to the contract for 2007, and began to prepare actions for 2008, including a close cooperation with *Eurosurveillance* and improve-

ments in the publication system. An extension to other Russian-speaking countries is being considered for 2008, together with an evaluation.

Country address lists

These lists will be included in the internal ECDC country information system. In the meantime, before the new country application is developed, such lists are kept and updated in a classic text format on the common ECDC drive. They include governance (Management Board and Advisory Forum members and alternates, ministers, directors general of health or chief medical

officers, Competent Bodies' directors) and soon different contact points in the ECDC Competent Bodies.

Collaborating institutions

The priority for ECDC collaboration is the relation with the Competent Bodies, which started to be implemented in autumn 2007. A partnership with institutions such as the European Observatory on Health Systems and Policies was considered, but has been postponed to 2008, as participation of the European Commission in the Observatory is contemplated, which would in turn facilitate a partnership with ECDC.

Management and strategic planning

Key products 2007

- strategic framework 2007–13;
- 2008 WP in accordance with key strategic areas of work;
- upgraded management system and improved management performance;
- new Management Information System (MIS) based on SAP;
- secretarial support for the ECDC Director and core Cabinet.

ECDC Strategic Multiannual Programme

The 9th meeting of the Management Board in March reviewed a preliminary draft for guidance (document MB9/10) of the new ECDC Strategic Multiannual Programme 2007–13. The MB declared the draft to be comprehensive, clear, well-structured and well-suited for discussion. The level of ambition was felt to be high, more emphasis on evaluation and expected outcomes was desirable, and a number of more detailed comments were made.

After further work on the document in response to MB guidance, the Secretariat submitted a final version (document MB10/7 ECDC Strategic Multiannual Programme 2007–13) to the 10th meeting of the MB in June. The MB welcomed the improvements that had been made and approved the document.

In its approval the MB did, however, make one exception. This applied to Annex II of the document, i.e. the draft 'Indicators for monitoring and evaluation'. The MB indicated that further work was needed. A revised version of Annex II — focusing more on results, impact, quality and European added value — was developed and will be submitted to the MB12 meeting for final approval.

ECDC Work Programme 2008

In respect to the second major planning task in 2007 — i.e. developing a 2008 Work Programme firmly anchored in the new Strategic Multiannual one — the Director decided to involve the MB in its early phase of development. Therefore, a preliminary document on 2008 programme priorities (MB10/9 ECDC 2008 Work

Programme priorities) was submitted to the MB at its June meeting, taking its point of departure from the Strategic Multiannual Programme. The MB welcomed this initiative and underlined the importance of inter-linking both the multiannual programme perspective and the annual budget with the 2008 Work Programme. This would help in explaining annual work programme priorities, which should be clear and provide European added value.

As decided by the MB, a joint MB/AF working group met at ECDC in September and agreed on a number of recommendations for priorities in 2008, including the need for showing a direct link to the budget allocations for each priority in the 2008 work programme. Subsequently, DG SANCO C3 and ECDC discussed the issue at a meeting where they agreed how best to establish synergy between the two.

A preliminary draft of the ECDC Work Programme for 2008 was submitted in October to the Management Board, the Advisory Forum, and the European Commission (DG SANCO C3) for consultation. This document contained both a detailed *annual* (2008) programme budget, as well as a preliminary *medium-term* (2009–10) perspective. Finally, at the end of November, ECDC submitted its final proposal for the 2008 work programme to the MB for discussion and approval at its 11th meeting in December. Thus, in conclusion, 2007 saw the successful creation of a new set of closely interlinked long, medium-term and annual ECDC work programmes, bringing to fruition a major element of its founding regulation.

Management

At the beginning of the year, ECDC's overall management structure was based on the Director's Cabinet and four units: Scientific Advice, Surveillance, Preparedness and Response and Administrative Services. However, in view of the rapidly growing importance of establishing effective communication both with professionals and the general public, a fifth unit for Health Communication was established.

The Executive Committee (EXC), which is the advisory body of the Director and chaired by her — comprised of the Director and the five Heads of Unit — met every week and is the prime forum for discussing major strategic, horizontal, technical, managerial and financial matters. The growing emphasis on the seven disease-specific projects lent importance to the new joint

committee comprised of the EXC and disease-specific programme staff. Systematic feed-back at unit meetings from the joint committee, monthly general staff meetings as well as expert meetings, assured continuous feed-back of important developments throughout the ECDC. The rapidly expanding activities of ECDC put considerable pressure on all staff, but in particular on the leadership group and on the Cabinet and its Secretariat.

The extensive involvement of staff from different categories in the above planning (i.e. of the Strategic Multiannual Programme 2007–13 and the 2008 Work Programme) was important in spreading the message that ECDC's daily work had to be constantly seen in the broader perspective of its long-term goals. Consequently, priorities had to be chosen accordingly.

New Management Information System (MIS)

An analysis of the SAP system took place in March/April 2007, and it was agreed to ensure customisation of this system to truly meet all of ECDC's functional requirements towards a computerised programme management system. Furthermore, the growing size and complexity of ECDC made it necessary to review different aspects of its management procedures and principles. It was therefore decided to first finalise this aspect and to postpone the work related to the adaptation of the new computerised programme management information system for ECDC until early 2008.

External relations

Key products 2007

- external partnerships established in 2005–06 further consolidated.

2007 was a busy year for External Relations and Partnerships. ECDC consolidated close working relations and contacts with the European institutions. The Director participated several times in the meetings of the European Parliament Environment, Public Health and Food Safety (ENVI) Committee. The European Commissioner for Health, Markos Kyprianou visited ECDC in March 2007 to mark World TB Day, and ECDC held a scientific seminar in the European Parliament on TB Control in Europe. Furthermore, ECDC held a meeting in the European Parliament in November on raising awareness on antimicrobial resistance.

ECDC continued to work closely — within the areas of its mission and scope — with the European Commission, particularly with the DG SANCO Health Threats Unit C3 based in Luxembourg. ECDC worked closely with the Council of Health Ministers and in particular with the German and Portuguese Presidencies on areas under its mandate. Work has begun with the Slovenian and French Presidencies on coordination of activities in 2008.



John Bowis consulting with Zsuzsanna Jakab. John Bowis, MEP, ENVI Committee member and member of the ECDC Steering Group, visited the Centre on 28 May.

ECDC continued to build upon the foundations laid in 2005 (by the signing of the Memorandum of Understanding with WHO EURO) to maximise the synergies from close working relations and a strengthened partnership with WHO. The 2006 progress at the political, strategic and operational levels was further consolidated in 2007 (e.g. in respect to collaboration with WHO HQ, where collaboration was extended to other technical areas, and by agreeing to joint HIV and TB surveillance activities for all 53 WHO EURO countries).

The latter are very visible and practical examples of joint efforts that have helped to maximise outputs while avoiding both duplication and creating any extra burden (in this case of reporting) for Member States. Other visible examples include support for the WHO European Ministerial Conference ‘All against Tuberculosis’, the joint response to outbreaks (e.g. chikungunya in Italy) and the fourth joint WHO/EC/ECDC Workshop on Pandemic Preparedness in Luxembourg. Less visible but equally important were the many joint technical activities that are described in greater detail later in this annual report, such as case definitions, tuberculosis (including collaboration on the WHO and EU Action Plans), HIV, VPD, epidemic intelligence (EWRS and GOARN), measles, avian influenza, pandemic preparedness, IHR, AMR, risk communication, training modules and laboratories. The secondment to strengthen and support the collaboration, from WHO EURO to ECDC, continued also in 2007.

The basis of all external relations activity is that communicable diseases do not respect national borders, and it is in the self-interest of Europe to have close contacts and collaboration with similar counterpart agencies. An external relations strategy was developed and presented to the Management Board.

In this context, the ECDC Director signed a Memorandum of Understanding with the Public Health Agency of Canada and also with the Chinese Center for Disease Control and Prevention. A number of high-level delegations from these agencies and other similar counterpart agencies, visited ECDC in 2007. Detailed technical co-operation is on-going with these agencies. A liaison officer from US CDC, Dr. Todd Weber, started duty at ECDC in the autumn. A Memorandum of Understanding has also been signed between ECDC and the EMCDDA to further collaborate with this agency and share data collection.

ECDC started to develop closer working relations with the candidate countries of Croatia, Turkey, and the former Yugoslav Republic of Macedonia, and it is planned to further build on this work in 2008.

Scientific support

During 2007, the Scientific Advice Unit has worked along the lines of the following strategies:

- establish a structure in order to assess, promote and initiate research for evidence-based public health;
- work directly with Member States to implement evidence-based prevention and intervention;
- produce guidance, conduct risk assessments and provide scientific answers; and
- establish a structure for internal and external scientific services.

Establishing a structure in order to assess, promote and initiate research for evidence-based public health

Key products 2007

- established strong links with DG Research;
- finalised medium-term strategy for ECDC cooperation with laboratories;
- created a forum for advice on laboratory issues — the National Microbiological Focal Points — and establish this in a first meeting;
- created a network of EU-wide Learned Societies;
- established a position for ECDC in the area of environmental change and infectious diseases; and
- held the first European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE)

The unit substantially strengthened the links with DG Research, partly through informal contacts, but also more formally: The Director takes part in the meetings of the DG Research Advisory Board, where she can present the collected ECDC views on research priorities and thus exert an influence on the preparation of proposals under the 7th Framework Programme. In a further step, staff of the unit participated in several evaluations of proposals (influenza, TB/HIV, AMR, modelling).

An important part of the ECDC remit is to build up collaboration between the Centre and the microbiologi-

cal laboratories of the EU. ECDC will probably never have laboratory capacity of its own and therefore needs to establish close working relations with external laboratories or laboratory networks. The strategy for ECDC collaboration with microbiological laboratories was developed during 2006 and 2007 in a number of working groups, consultations and internal discussions, as well as in the Advisory Forum. The main principles behind the strategy are, firstly, that ECDC's different laboratory needs must be catered for, and, secondly, that there has to be a balance between ECDC's need to work with the best laboratories and the obligation of the Centre to strengthen capacity in the Member States. One should not forget that — in accordance with Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 — almost all diseases under EU surveillance are diagnosed in local laboratories, not in the major central reference or research institutes.

In autumn 2007, a group of National Microbiology Focal Points were appointed by the members of the Management Board. This group met for the first time in November to further develop the details of the collaboration between ECDC and the reference laboratory functions in the Member States.

One of the most important meetings of the year was when the unit created the Scientific Consultation Group of EU-wide Learned Societies. Some 30 such societies, spanning the full width of the ECDC remit, were identified and invited to a two-day meeting. A number of links were created for the future, and thus the Centre was put on the European research map. A report from this meeting is available on the ECDC website.

Two meetings were held that addressed not individual infectious diseases, but the more general determinants of infectious diseases in the EU. The first dealt with the influence of global climate change on the infectious disease panorama of Europe. (The report is available on ECDC's website.) This meeting was the departure point for more specific work in this area over the coming years. The second meeting looked at the social determinants of infectious disease in the EU. Much research has been done on the role of such determinants e.g. for cancer and heart disease, but surprisingly little on infections. This meeting also marks the start for more work in this area.

In October, the First European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE 2007) was held in Stockholm. This three-day conference was organised in close collaboration with the

EPIET programme, and was a long-awaited expansion of the EPIET Scientific Seminars to a wider audience. Close to 500 experts assembled to discuss, among other topics, influenza, outbreaks, environmental health, tuberculosis, HIV/STI, international health, antimicrobial resistance and healthcare-associated infections. More information is available at www.escaide.eu.

Working directly with Member States to implement evidence-based prevention and intervention

Key products 2007

- assessment tool for prevention in Member States for key priority diseases/public health interventions;
- assessment visits to selected Member States (as part of activities within disease-specific projects).

The staff of the unit has been very active in conducting assessment visits to Member States for influenza preparedness planning, participating in 10 of the 15 visits during 2007, and leading 6 of these 10 visits (see the section on disease-specific activities/influenza in this report). Two country visits to discuss HIV/AIDS activities were also undertaken (Estonia and Romania).

The unit produced an assessment tool for these visits that could also serve as a template for other national assessment activities.

The unit was also heavily involved (with the Commission and WHO) in arranging the Fourth Joint WHO/EC/ECDC Workshop on Pandemic Influenza Preparedness in Luxembourg, in September.

A project on MS activities for control of *Chlamydia* infection was finalised in 2007. The results this will be used as a basis for recommendations to be produced with MS representatives and other experts in 2008.

Production of guidance, risk assessments and scientific answers

Key products 2007

- scientific opinions delivered by four scientific panels;
- three more scientific panels set up in response to requests from MS and Commission;
- a large number of rapid responses were delivered to questions coming from the European Parliament and forwarded through DG SANCO;
- a substantial number of guidance papers and risk assessments were produced, mainly – but not only – on influenza.

Three scientific panels were set up to give scientific opinions in response to requests from Member States and the EC: one on human papillomavirus vaccines, one on rotavirus vaccines, and one on the scientific basis for a DPT childhood vaccination schedule. The opinions of the first and the last were delivered during 2007. Four opinions from panels set up in 2006 were also delivered during the year: one on the use of influenza vaccines in children, one on the use of pneumococcal vaccines for the elderly, one on H5N1 influenza vaccines for human use (in two separate parts), and one on universal or targeted BCG vaccination for children.

A number of rapid responses to questions forwarded from the European Parliament by the Commission were given, e.g. on HIV prevalence, severity of MRSA infection, and vaccine schedules.

The majority of guidance papers and risk assessments produced by the unit concerned influenza, and these documents are all available on the ECDC website. Some of the most important ones deal with the following topics:

- How seasonal and pandemic influenza transmits between people; modes of influenza transmission; implications for control.
- Potential multi-sectoral planning topics for European Union Member States.
- Areas of policy response.

- ECDC pandemic public health measures menu.
- Influenza surveillance in a pandemic (paper from the ECDC working group).

The unit also produced guidance for the prevention of the spread of *Clostridium difficile* in hospitals and wrote a scientific background paper on HIV epidemiology in the EU for the March HIV/AIDS conference in Bremen, where the ECDC Director — invited by the German Presidency — presented the epidemiological situation and relevant public health action in Europe.

Establishing a structure for internal and external scientific services

Key products 2007

- scientific library operational;
- in-house methods competence augmented by employing a modeller, a health economist and an expert in programme evaluation;
- backbone of Knowledge and Information System established;
- coordination of four horizontal projects.

The unit continues to build internal structure and capacity to secure scientific excellence. The scientific library is now operational, supplying ECDC experts with necessary library services, mainly in the form of a large number of electronic subscriptions, but also as rapid inter-library loans.

The backbone of a Knowledge and Information System (KIS) was developed, which will make it possible to navigate the various documents produced at ECDC. The system will integrate with the many different in-house databases, such as TESSy, the TTT and the various expert databases.

The unit also continues to build in-house core competence by employing methods experts: in 2007 a modeller, a health economist, and a programme evaluator started working at ECDC.

In his role as chief scientist, the Head of Unit provides scientific oversight of the work in the disease-specific horizontal projects and the overall production of documents.

Four of the disease-specific horizontal projects are coordinated by the unit: influenza, HIV/STI and viral hepatitis, antimicrobial resistance and healthcare-associated infections, and vaccine-preventable diseases.

Surveillance

Key products 2007

- a developed overall future European surveillance strategy;
- disease-specific strategies for future surveillance taking the results of evaluations and assessments of networks into account;
- database development;
- case definitions;
- periodic information dissemination on disease surveillance fully in place and operational;
- cooperation with external partners further developed.

European long-term surveillance strategy

A long-term vision and strategy on the future surveillance of communicable diseases in the EU was developed to help direct decisions for the long-term development of the European surveillance system. The time span for this long-term strategy is the period to 2013, to be aligned with the Strategic Multiannual Programme which was approved by the ECDC Management Board in June 2007. Moreover, synergy with another ECDC strategy on how to cooperate with laboratories has been ensured.

The strategy attempts to define the terms and scope of surveillance, its aims and objectives, its organisational requirements and the ways of how to support Member States. A roadmap to implement the strategy will be outlined in 2008.

Dedicated Surveillance Network strategies

The Dedicated Surveillance Network strategies for future surveillance are taking into account the results of evaluations and assessments of networks. Four preparatory workshops for the evaluation teams were held between 26 February and 25 April 2007. Additionally, the following hub visits were performed:

- a. EuroCJD: 28–30 March 2007
- b. EWGLINET: 3–5 April 2007
- c. EARSS: 5–6 April 2007
- d. EU-IBIS: 11–13 April 2007

- e. ENIVD: 17–19 April 2007
- f. EISS: 23–26 April 2007
- g. IPSE: 28–30 May 2007
- h. EuroTB: 30 May–1 June 2007
- i. Enter-net: 12–13 July 2007
- j. EuroHIV: 23–26 July 2007

The first Steering Group meeting was held on 28th May 2007 at ECDC, and the reports of the EUCAST and DIVINE evaluation and assessment were discussed. A short description of the process as well as summaries of the evaluations and assessments are available on the website: http://www.ecdc.europa.eu/Activities/surveillance/EU_evaluation.html.

The transition of two networks (EuroHIV and EuroTB) was planned jointly with the WHO Regional Office for Europe with a target date of 1 January 2008, and the coordination of Enter-net and EU-IBIS was transferred to ECDC on 2 October and 3 October 2007, respectively. A second Steering Group meeting held on 30 November 2007 at ECDC discussed the evaluation and assessment reports on 10 networks.

Database development

In 2007, much of the Surveillance Unit work focused on The European Surveillance System (TESSy). The first meeting of the TESSy expert working group was held in Stockholm in February with 87 participants to discuss requirements and expectations. With TESSy going live, ECDC's long-term aims focus on reducing the complexity and workload for all participants by:

- promoting standardisation of data collection on infectious diseases surveillance;
- establishing one single point of reporting and retrieving data for the MS;
- promoting standardisation of reports based on surveillance data; and
- providing a consistent overview of the current situation in the EU.

The data collection for the 2006 European Zoonoses Report was used as a test of the system before making it available publicly. The experience of this data collection activity has clearly shown that training of users is needed before the general public launch of the system.

The first version of TESSy offers the following functionality for data upload, validation and viewing: data upload wizard, summary of past uploads, validation results and current status of pending batches, stand-

ard reports, and download of raw data. The user trainings will address all aspects of data preparation, upload and viewing in TESSy.

TESSy went live in late autumn 2007 for data collection for the DSNs migrating to ECDC and for hosting data for the 2006 Annual Epidemiological Report. With the stable version of TESSy going live, the TESSy team will continue to develop the system. TESSy users will be trained in early 2008, and the Member States can then adapt to the TESSy data transfer protocol and variable specifications. Continuous data collection is expected to start by the second quarter of 2008. An extensive exercise of incorporating the nominated Member State users and then organising specialised training for them was prepared in autumn 2007. The training activities are scheduled for the first quarter of 2008.

Case definitions

Following several rounds of consultations with Member States on the revision of the case definition dossier in 2006, a meeting of the Network Committee of DG SANCO took place in Luxembourg on 26 July 2007. After a new round of consultations, the second meeting of the Network Committee took place on 4 and 5 December 2007 in Luxembourg. The Technical Annex was approved and will be translated into the official EU languages and published in the Official Journal of the EU. No modifications of this Technical Annex are expected.

Periodic information dissemination

Annual Epidemiological Report

The first Annual Epidemiological Report was produced using data painstakingly collected following a series of consultations with the Member States. One of the prime objectives was to use and build upon the existing EU and European datasets and so consolidate the investment already made by Member States and EU Institutions. Therefore, the DSN, the BSN, the DG SANCO/Eurostat Communicable Diseases incidence dataset and the 2005 Zoonoses dataset were used, each with their own strengths and deficiencies. However, the use of these large and disparate datasets created many difficulties, ranging from systematic issues — e.g. differing absolute numbers and hence incidence for same disease for same year(s) and for same country — to

process issues, e.g. data submission in various formats, short deadlines, etc.

The experiences from this first report led to the following suggested process:

- ECDC will ask for data to be submitted in a pre-defined, standard format; also, ECDC will set a realistic deadline.
- Once uploaded, the data will be checked and aggregated in-house; tables will be sent back to the countries for confirmation.
- A draft Annual Epidemiological Report will be prepared, which will be sent once to the countries for comments and editing remarks, and then finalised.
- One designated person from each country should act as liaison to coordinate all correspondence on the report; this should be part of the agreement with the Competent Bodies.

However, the main lesson from this exercise is the need to have one integrated EU database (TESSy) in Stockholm for all the diseases under EU-wide surveillance. The current variety of systems, applications and formats is untenable. Work is underway to see how to best improve the content according to feedback and how to make use of the new possibilities opened by using TESSy.

EU Zoonoses Report

ECDC, in close collaboration with the Member States and EFSA, contributed to the production of the human zoonosis infection sections of the 'EU Zoonoses Report' (*The Community Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents, Antimicrobial Resistance and Foodborne Outbreaks in the European Union in 2006*). In addition, several reports and technical publications based on the reports' human zoonosis data were published in *Eurosurveillance Weekly*, and the relevant sections of the ECDC website were updated. Together with EFSA, plans on how to further improve the structure and content of future surveillance reports were developed.

Cooperation with external partners further developed

Discussions with WHO EURO continued to focus on the further development of alignment of reporting and the reduction of duplication. Several meetings were held with EFSA to coordinate the work on the further development of the zoonoses report and to explore other

areas for cooperation. The contacts with the EMCDDA were increased to see how best to develop the surveillance for hepatitis B and C, while a similar collaborative

effort needs to be developed with the EpiNorth and Epi-South networks.

Preparedness and response

During 2007, the activities of the Preparedness and Response Unit concentrated on the following areas:

- early warning and response to emerging threats;
- emergency operations (EOC);
- preparedness; and
- training (this area is covered in a separate section of the Annual Report)

Early warning and response to emerging threats

Key products 2007

- EPIS risk assessment communication tool;
- EWRS fully operated by ECDC;
- MedISys operation evaluated and adapted to ECDC epidemic intelligence activities;
- threat-monitoring bulletins produced daily, weekly and annually;
- assessment of the need for travel medicine-related activities at ECDC;
- standard operating procedures for outbreak investigation and response;
- response guidance for outbreaks in European risk settings for disease transmission;
- briefing of outbreak assistance teams;
- links with the network of stakeholders related to intentional release agents;
- develop outbreak and response mechanisms: strategy to control and prevent outbreaks in cruise ships.

Epidemic intelligence

New developments took place for epidemic intelligence activities in 2007 with the development and implementation of a communicable disease threat database (the Threat Tracking Tool – TTT). The TTT allows the tracking of emerging threats to the EU and assists in the production of daily and weekly bulletins shared with the European Commission and Competent Bodies in the Member States. The epidemic intelligence tool developed by the European Commission, MedISys, was reviewed, and adaptations were made in order to have the tool better meet the tracking needs of ECDC.

A feasibility study for the development of a communication platform for risk assessment was completed

and will be implemented in 2008, allowing risk assessment communication to take place in an efficient way with all stakeholders prior to notification of threats through the EWRS.

Emerging threats

Epidemic intelligence activities monitored 133 threats in 2007, 57% of which involved EU/EEA/EFTA countries. For 32% of these threats the EWRS is the primary source of information. Alerts related to food- and water-borne diseases represent 24% of the threats monitored. In 2007, we noted an increase in the number of food- and water-borne disease threats related to the importation of contaminated food.

Only 10 threats followed up were related to pulmonary tuberculosis. However, these threats involved travellers who were potentially infectious, and Member States and the European Commission required substantial support from ECDC when active international contact tracing was necessary, such as when a traveller coming from the United States was suspected to have extensively drug-resistant tuberculosis (XDR TB). Following these events involving XDR tuberculosis, WHO engaged in developing new guidance, in collaboration with ECDC.

The most significant threat for the EU was related to the establishment of local transmission of chikungunya fever in the province of Ravenna in Italy in the summer of 2007, following the introduction of the virus by a traveller returning from Asia.

Two threats related to emerging agents were monitored in 2007: adenovirus 14, resulting in fatal pneumonia in aged cases in Oregon, USA, and Zika virus infections in the Yap Island, Micronesia.

EWRS fully operated by ECDC

ECDC completed the transfer of the EWRS operations in 2007. Since 16 November, the EWRS application has been hosted and operated from ECDC premises. ECDC also initiated the development of standard operating procedures (SOP) for outbreak investigation and response. These include a generic framework for outlining the role of ECDC in any given situation, completed by disease-specific SOP to reflect the specificity of the communicable diseases involved. SOP for food-borne outbreaks and for clusters of Legionnaires' disease were presented to the Competent Bodies for outbreak response of the EU Member States and are in a finalisation stage.

Outbreak assistance

Significant support was provided in 2007 for the investigation and control of four European threats: the exposure of long-haul aircraft passengers to a suspected case of XDR TB, the emergence of transmission of chikungunya fever in the region of Emilia-Romagna in Italy, a cluster of cases of Legionnaires' disease among Scandinavian tourists in Thailand and a cluster of Legionnaires' disease among tourists residing in a resort in Bulgaria.

Emergency Operations Centre

Key products 2007

- implementation of the ECDC Emergency Operations Centre;
- support to EU Member States for establishment of communication with ECDC EOC;
- integration of ECDC information systems in the EOC;
- functional link to all EU alert systems.

The ECDC's Emergency Operations Centre (EOC) was completed and became operational in May 2007. Routine emerging threat screening activities are conducted from the ECDC EOC, which can be brought up in full-alert mode in case of public health emergencies related to communicable diseases in the EU. The EOC had its baptism by fire in June 2007 when ECDC provided support to EU Member States in order to trace all potential



Inside ECDC's new Emergency Operations Centre.

contacts of an aircraft passenger suspected of being infected with XDR TB.

Preparedness

Key products 2007

- pandemic preparedness;
- preparedness for special mass gathering events;
- guidance for epidemic intelligence;
- description of the magnitude and importance of vector-borne diseases in Europe;
- IHR smoothly implemented in the EU by Member States.

All pandemic influenza joint assessment visits to EU/EEA/EFTA Member States were completed in 2007 (30 visits) and contributed to updating the Pandemic Influenza Preparedness Status Report in the EU (see disease-specific activities on influenza).

Two simulation exercises were conducted in 2007. The 'Brown Lagoon' internal exercise was organised in June to test internal procedures, the ECDC Public Health Event Plan as well as the equipment of the newly completed EOC. The 'Red Wing' tabletop exercise was conducted with the European Commission, WHO and five Member States to test procedures regarding risk assessment and support to Member States' contact tracing activities, following the development of EU standard operating procedures through a working group of the Health Security Committee.

ECDC designed and presented to the Competent Bodies its programme of activities for supporting the implementation of the revised 2005 International Health Regulations. Guidance for the assessment of core capacities of Member States will be completed in early 2008. In addition, ECDC is currently preparing a strategic paper that lays out its role regarding risk assessment functions in relation to threats of intentional release nature.

ECDC issued a call for tender for the assessment of the magnitude of vector-borne diseases in Europe. The activity was initiated in 2007 and will be completed in the spring of 2008. In addition, a call for tender was issued for diagnostic capacity for emerging and re-

emerging viral diseases. ECDC organised a meeting with laboratories to review the support that microbiologists could provide for the implementation of out-

break assistance teams. Furthermore, ECDC drafted a guidance paper and standard operating procedures for epidemic intelligence.

The chikungunya outbreak

On 30 August 2007, the Italian Ministry of Health notified a laboratory-confirmed outbreak of chikungunya fever in the region of Emilia-Romagna in north-eastern Italy. At the time of notification, 131 suspected cases had occurred since 4 July. The majority of cases were reported from two small villages in the province of Ravenna. ECDC was invited to conduct a joint risk assessment for the EU with Italian authorities and WHO.

As a result of the control measures implemented by Italian health authorities, the transmission was interrupted at the end of September. A total of 214 confirmed cases had been reported from the original two villages and four adjacent small towns where transmission had occurred.

This event confirmed the risk assessment conducted in March 2006 by ECDC and experts from the Member States. It concluded that the risk of establishment of chikungunya transmission in the EU was real, and this resulted in preparedness activities by the Member States: development of laboratory capacity through the ENIVD, inclusion of imported chikungunya in the list of reportable diseases in Italy, as well as information to all health-care providers about the clinical presentation of the disease.

Health communication

A new unit dedicated to health communication started operations in May 2007. Previously, the external communications function had been a part of the Director's Cabinet, but the Centre's growth and subsequent increase in communication outputs called for a new technical unit to be created. The Health Communication Unit has consolidated and further developed channels and methods aimed at keeping the scientific community, the general public and the media informed on ECDC's activities.

Major achievements in the area of communications during 2007 were the successful integration of *Euro-surveillance* into ECDC, the publication of the first *Annual Epidemiological Report on Communicable Diseases in Europe*, the further enhancement of the website, the inception of a corporate newsletter and the development of information services for the general public. Within the unit there are separate teams working in the following three key areas:

1. web services;
2. scientific communication; and
3. public communication and media.

Web development

Key products 2007

- comprehensive and fully updated, multilingual interim website, and good progress on developing a new ECDC web portal/integrated information system.

The main activities in 2007 were the update and improvement of the present interim website and the preparation of the future ECDC web portal. The content of the interim website has been continuously expanded and the content from the DSN websites of Enter-net and EU-IBIS has been included. In line with the Centre's language policy, the pages with information for the general public and some basic disease information were translated into all official EU languages, Icelandic and Norwegian, and a multilingual website has been developed. It will go live in early 2008 as soon as the texts have gone through necessary language quality control.

As the result of a call for tender launched in July 2007, a contractor was selected to assist with the development of the new ECDC web portal, which will offer comprehensive disease information and an interface for the various ECDC databases, including an extranet with privileged areas for ECDC partners and an intranet providing easy internal access to all resources. The web portal will be fully operational by 2009.

Key products 2007

- high-quality communication services (editing, graphic layout, printing) to the Cabinet, units and projects;
- *Eurosurveillance* fully functional within ECDC.

Scientific communication

In line with the Centre's growth, the release of publications has increased steadily, with the Health Communication Unit being responsible not only for editing but also for supervising the actual production process, including graphic layout and printing. A major achievement during the summer of 2007 was the publication of the first *Annual Epidemiological Report on Communicable Diseases in Europe*, together with an executive summary for stakeholders and a version for the public. A total of eight technical reports were published in 2007, including the Pandemic Influenza Preparedness in the EU status report, as well as several reports with the results of different scientific panels that addressed specific questions put forward to ECDC on vaccine and immunisation issues. Additionally, nine meeting reports were published.

The independent scientific journal *Eurosurveillance* was fully and successfully integrated into ECDC in March 2007, at the time when the contract with the European Commission ended. This open access and peer-reviewed journal is produced in three formats: weekly and monthly online releases, a quarterly printed compilation and e-alerts. Figures from March 2007 onwards show that the number of e-subscribers had been increasing by an average of 200 per month, and by the end of 2007 *Eurosurveillance* had more than 12 000 e-subscribers. It was also the most cited scientific journal in the global Internet forum ProMED.

The future of the journal was discussed during a meeting with the Editorial Board in October. A new website to be launched early in 2008 was presented, and the Board approved the plans to more visibly merge the weekly and monthly releases and apply for an impact factor in 2008.

Communication with media and the public

Key products 2007

- proactive press and media service and information infrastructure for responding to general queries, providing visitor services and being present in major meetings.

Numerous press releases and news items for the website were produced to keep the public and the media informed on ECDC's activities, and several press conferences and media briefings were organised in the context of major ECDC events. Additionally, webcasts started to be used in 2007 as a tool to present and discuss ECDC's scientific work in an interactive way through the website.

In order to assess the level of reporting on the Centre's activities, media monitoring has been performed on a regular basis. An evaluation of media coverage during 2007 shows that, through 1 374 ECDC-related items published, the Centre could potentially reach an audience of 85 408 141. The topic 'Disease/Scientific issues' was the most prominent article focus, with a total of 1 260 articles. The most comprehensive coverage was obtained with the launch of the first *Annual Epidemiological Report on Communicable Diseases in Europe*. The evaluation concludes that ECDC achieved commendable coverage across the European Union and successfully communicated its objectives and activities in the press.

A corporate video was launched at the beginning of 2007, which documents in a dynamic and visually appealing way the Centre's objectives and main activi-

ties. A quarterly corporate newsletter, launched in the second half of 2007 (first two issues produced during the year), provides timely information on all ECDC activities to stakeholders and the public.

The unit has developed the information infrastructure for responding to queries from the public and promoting the Centre in major meetings. This includes handling the information requests addressed to the generic info@ecdc.europa.eu inbox, organising visits to ECDC, and being present with an ECDC information booth at international conferences such as ECCMID, IMED and ESCAIDE.

With regard to publications addressing stakeholders or the public, the second Annual Report of the Director was published in June 2007 and distributed to the EU institutions and other key stakeholders. An executive summary was also produced and went into wide distribution. Furthermore, in line with ECDC's language regime for publications approved by the Management Board in June 2007, the ECDC's corporate brochure, which addresses the general public and stakeholders, has been printed in all official EU languages plus Icelandic and Norwegian.

One major aim of the Centre is to promote coherence in risk communication across Member States. To achieve this, a continuous information exchange with the Commission and Member States took place in relation to health threats of major interest in Europe, namely the May 2007 case of an US citizen reported to have XDR TB who travelled through several EU countries, as well as the chikungunya outbreak that occurred in a region of Italy in August and September.

In addition to participating regularly in the different exercises organised by ECDC to test outbreak response capacity, the unit also participated — together with the network of flu communicators from the Member States — in a communications exercise organised by DG SANCO in May. The results and lessons learned from this exercise were discussed in a plenary meeting of the flu communicators' network in Brussels in June, which was combined with a workshop on outbreak communication, co-organised with WHO. In the second half of 2007 the Centre started to develop a project on outbreak communications, in order to further strengthen its capacity to release prompt and effective information during an outbreak situation.

Training

Key products 2007

- assessment of needs for training in applied epidemiology in EU Member States;
- EPIET programme fully integrated in ECDC core activities;
- revised training strategy for ECDC;
- core competencies for epidemiologists in the EU;
- short courses on communicable disease investigation and response;
- training manual on applied epidemiology.

Assessment of needs for training in applied epidemiology in EU Member States

Training resources and needs assessments are being conducted for the EU and for the Member States to evaluate regularly the impact of the ECDC work programme on training and update it accordingly. Needs for innovative and tailored training schemes and methods are explored at European, national and sub-national levels. In 2007, a protocol and an assessment tool were developed and used in Poland, Hungary and Latvia.

EPIET

The EPIET programme was transferred fully to ECDC at the end of October 2007 from the Smittskyddsinstitutet (SMI) in Stockholm, Sweden. The SMI had been the budget holder since 2002.

ECDC signed Framework Partnership Agreements with four National Public Health Institutes in EU Member States in order to host EPIET Scientific Coordinators. The Scientific Coordination Team will be led by the Chief EPIET Coordinator, based at ECDC. This agreement with national public health institutes aims at strengthening the network of partners in field epidemiology training at national and EU levels. In 2007, four one-week modules were organised in the Member States for EPIET fellows. In addition, training site appraisal visits and modules for the trainers were conducted.

A new cohort of 15 fellows was recruited to the programme (cohort 13) in 2007, 12 of whom are under

ECDC salaries and three under Member States salaries. The EPIET introductory course was held from 24 September to 10 October 2007 at the Lazareto in Mahon, Menorca, Spain. It included 20 external participants.

EPIET fellows were involved in seven international field missions in 2007, including measles outbreaks in Serbia and Bosnia, outbreak detection in the Caribbean during the World Cup Cricket Games 2007, investigation of a cryptosporidium outbreak in Ireland, a yellow fever vaccine coverage survey in Colombia, an HIV and malnutrition survey in Laos, and a MRSA outbreak in horses in Finland.

Revised training strategy for ECDC

ECDC reviews and adapts its training strategy annually, and makes it operational by securing adequate financial and human resources for training and organising regular training activities. Its implementation follows the conclusions of periodic consultations with the Member States and the suggestions of the ECDC Advisory Forum.

During the last consultation with Member States in September 2007, participants were updated about the ongoing ECDC training activities and discussed in working groups the needs of the EU and the Member States as well as the factors for differences (i.e. time of accession to the EU, country population size, administrative structure, etc).

No substantial changes from the current ECDC training strategy were proposed. The organisation of short courses by framework contracts and the networking of programmes and institutions for training will be continued and consolidated.

Core competencies for epidemiologists in the EU

The definition of core competencies for epidemiologists in the EU was completed in 2007 through extensive international consultation. The 80 core competencies for intervention epidemiologists, classified in 26 domains and eight areas, are used during country visits as part of the assessment tools to identify areas where more training is needed.

Short courses on communicable disease investigation and response

A total of 138 staff from Member States, representing EU/EEA countries, attended a series of one-week training modules on outbreak investigation in 2007. These five training sessions were organised through a partnership with ASPHER. Such a regional approach to training promotes the constitution of a network of facilitators and epidemiologists, contributing to increased preparedness towards threats affecting neighbouring countries in the EU.

One module on managerial skills for coordinators of outbreak assistance teams was organised in January 2007, gathering senior epidemiologists from all Member States. As a scenario for the training sessions, the establishment of chikungunya virus transmission in Europe was used, closely following the 2006 risk assessment that had highlighted this risk. The training session contributed to enhancing preparedness for such a scenario — which actually became reality six months after the training.

Procurement activities were finalised for the organisation of modules on 'Times series analysis', 'Vaccination issues for epidemiologists' and joint modules on 'Microbiological and epidemiological aspects of outbreak investigation'. These modules will be conducted during 2008 and address EU MS and EEA countries.

Training manual on applied epidemiology

The draft pedagogical text on the 'Lecture notes of the EPIET introductory course' was further developed and finalised in 18 chapters in 2007. In addition, all 28 lectures of the 2007 introductory course were recorded on videotape and made available as webcasts. The lecture-note texts and video-lectures will eventually be developed into a web-based interactive reference manual for field epidemiology in 2008.

Disease-specific activities

The disease-specific activities are managed in seven disease projects that run horizontally across ECDC's four technical units. They represent the cornerstone of the disease-specific scientific output of the Centre and cover all diseases and health topics under EU-wide coverage.

Influenza

During 2007, ECDC initiated or took part in a wide range of activities aimed at improving the prevention and control of seasonal influenza in Europe and supporting preparations for a possible influenza pandemic in the EU and EEA/EFTA countries. As part of this, ECDC also continued to build a comprehensive portfolio of scientific advice and completed the series of Pandemic Preparedness Self-Assessment visits to all thirty EU/EEA Member States that began in August 2005. Despite the decreasing public, political and media interest in 'bird flu' in Europe, work on avian influenza continued with responses to outbreaks in domestic birds in a number of EU countries.

Routine outputs

Updates on the Member States' European-wide and international activities were published weekly on the internet via 'Influenza News', a newsletter with a 'science watch' and information function, aimed at disseminating key information on surveillance (for Europe this is the summary European Influenza Surveillance Scheme output), on public health developments, and on news and influenza research. About 100 articles with commentary were added to the database. A monthly influenza 'Deliverables' report was distributed to the Commission and to the Presidency, recording progress on the latest actions involving ECDC (especially those in its work plan) and highlighting issues that required further attention. Articles on influenza were published regularly in *Eurosurveillance* or were placed on the web and in other national and EU public health journals.

Scientific advice and publications

During 2007, ECDC continued to build on its portfolio of advice in different areas, putting more emphasis on pandemic preparedness and seasonal influenza. The report of an independent panel that analysed the scientific basis for routine influenza vaccination for children was published in January. In August, following a

request from ECDC's Advisory Forum, two separate reports were released on the ECDC website concerning human H5N1 vaccines. These reports published the results of expert groups that had considered both the scientific background and the public health application of this type of vaccine. This output then fed into the work of WHO, which is also considering this topic. ECDC also contributed the human health part of the scientific opinion from EFSA's Scientific Panel on Animal Health and Welfare (AHAW) on vaccination against avian influenza in domestic poultry and captive birds, adopted in May.

In September, a menu of public health measures to reduce the impact of an influenza pandemic (including an assessment of advantages and disadvantages) was published in the website as interim guidance for public consultation. The aim of this menu is to help European States and EU institutions individually or collectively to decide which measures they will apply in a pandemic. A paper written by a working group from EU countries and partner organisations (WHO and EMEA) that looked at surveillance issues (epidemiological and virological) in a pandemic situation was also published on the website for comments.

A major achievement was the publication of the results of the assessment of pandemic preparedness in Europe. The first formal documentation of the EU's pandemic preparedness status was launched in February 2007, with a report that described the situation as of October 2006. This publication showed the progress achieved by the EU countries in preparing for a possible influenza pandemic and highlighted those areas where further progress was needed. During the year, further work was done in preparing a major update of this report. The resulting EU/EEA Pandemic Preparedness Status Report 2007 documents the progress made and identifies the key areas where work should focus from 2008 to 2010. Such work should draw on the results of the self-assessments of preparedness undertaken since the summer of 2005 by EU and EEA countries, as well as the results from a survey conducted in August 2007.

Numerous briefings, background papers as well as articles in *Eurosurveillance* were published on issues like antiviral resistance, priority research needs for informing infection control policies and practices, the H7N2 outbreak in the UK, the H5N1 cases in wild birds in Europe and seasonal influenza activity.

Communication toolkit for Member States

Together with an external consultancy and with input from the EU's network of influenza communication officers, ECDC developed the 'Influenza Communication Toolkit'. This toolkit assists health communicators in the Member States in devising communication campaigns aimed at tackling seasonal influenza. It offers advice on how to develop such campaigns and includes prototype materials with information on seasonal influenza and key messages to encourage the adoption of good hygiene practices in adults and children.

External liaison and work

Numerous activities were performed in collaboration with Member States, the European Commission, WHO and other relevant international bodies and European networks, notably EISS. Formal meetings or teleconferences were held to ensure collaboration with Section C3 in DG SANCO, WHO EURO, CDC China and the Public Health Agency of Canada. There is continuous liaison with CDC Atlanta through placement of a CDC staff member at ECDC. An ECDC staff member contributed to a formal assessment of the National Influenza Centre for China and the steering committee for the Asia-Pacific Emerging Infection Programme (APSED). Joint ECDC-EFSA-EC-EMEA teleconferences were held on a monthly basis to exchange information and provide a platform for collaboration in the event that critical situations arise. The Centre assisted EFSA in its working group on vaccination of poultry, contributing to the human health implications.

ECDC assisted WHO in further developing the global protocol on rapid containment and — during a meeting — helped in reviewing the global epidemiology and clinical features of human H5N1 disease. In addition, ECDC participated in specific sessions of the WHO Regional Outbreak Communications Workshop in Brussels that also served as a forum for a meeting of the EU/EEA Network of Influenza Communicators. Work with WHO in Geneva was further developed, with the recognition that ECDC has much to offer, notably on H5N1 vaccines, pandemic preparedness, surveillance during a pandemic, and globally increasing vaccine use. In addition, there were numerous contributions to other meetings, especially by two staff members at the international Options meeting in Toronto.

Along with colleagues from EC and WHO EURO, ECDC specialist staff attended the largest national pandemic exercise to date (in the UK) and, later in the year, a similar exercise in Germany. ECDC also participated in 'Round

Robin', an EU-wide exercise organised by the EC on communication during an influenza pandemic in the EU.

Pandemic Preparedness

In October 2007, ECDC completed its series of EU Pandemic Preparedness Self-Assessment visits to all EU and EEA countries that began in August 2005. All thirty EU/EEA countries were visited in a period of just over two years. This does not mean, however, that pandemic preparedness work is over, since all those assessments revealed that at least two more years are needed until preparedness can move from intense development work to maintenance.

The Fourth European Pandemic Preparedness Workshop took place in Luxembourg on 25–27 September. Hosted by the European Commission with ECDC and WHO EURO as co-organisers, this event was the largest and most successful of the series. It gathered senior public health officials from the EU, WHO, the UN and more than 50 countries to review progress made on preparedness against an influenza pandemic and to provide updates on technical progress and innovations. ECDC took specific responsibility for organising sessions on good practices and innovations, in which the Member States and EU projects exhibited posters and films that demonstrated innovative approaches and developments at regional, national and EU level. One of the outputs of this workshop was a written record of the good practices and innovations to celebrate the work being done at Member State level.

Seasonal influenza and vaccination

The 2006/2007 flu season in Europe was monitored by EISS with weekly updates. It was mild and started rather late. When concerns arose over reports of deaths in Australia during its season, a review was undertaken discovering that the Australian situation was indeed regrettable but confined to a few states; in general, the southern hemisphere season in 2007 was mild. There was some controversy over the effectiveness of seasonal influenza vaccines, which required correction from ECDC through 'Influenza News'.

Avian influenza

Work continued on this topic, although at a slower pace than in 2006, reflecting that much of the work developing guidance for Member States and EU bodies had been completed earlier. The direct threat posed by H5N1 to the EU remained in 2007. Again, infections were identified in both wild birds and some domestic

poultry during the year, although no cases of H5N1 infection were reported in humans. The zoonotic risk from other strains of avian influenza was demonstrated by an outbreak due to A/H7N2 in the UK, which affected the group that ECDC had always considered most at risk – families with small domestic and ‘hobby’ flocks – and led to a few people being sufficiently sick to be hospitalised. Large numbers of people had to be treated prophylactically with antivirals. Work was finalised on the toolkit for investigating outbreaks of H5N1 in humans.

HIV/AIDS, sexually transmitted infections and viral hepatitis

The year 2007 was a pivotal one for HIV and STI surveillance and prevention. Links with Member States, the Commission, EMCDDA, WHO, UNAIDS, and other key stakeholders were built up or strengthened. ECDC has prepared the ground for taking responsibility for the surveillance of HIV/AIDS in Europe. Two Member States were visited to review their programmes for the prevention, control and surveillance of HIV/AIDS and STIs. EU-wide studies to evaluate HIV/STI prevention interventions were carried out or set up.

HIV/AIDS

The number of new HIV cases reported in the EU continues to increase. This could point towards an actual increase in the number of HIV-infected persons, but it could also be explained by a higher testing rate among HIV-infected persons, an increase in the number of HIV-infected persons migrating to the EU, or from a combination of all these factors. HIV is an important public health problem in the EU and its neighbouring countries. The observed heterogeneity of the HIV epidemic in Europe requires differing public health priorities. Furthermore, controlling the HIV epidemic is a major challenge because an estimated 30% of HIV-infected persons have not been diagnosed.

ECDC has contracted the University of Ghent to review HIV testing policies, practices, outcomes and barriers in the EU. The results of this study will be the basis for producing evidence-based guidance on HIV testing in the EU in 2008 and 2009.

A transition plan to ensure the smooth and effective transfer of the coordination of the European HIV/AIDS surveillance from EuroHIV to ECDC and WHO EURO was developed. HIV/AIDS case reporting in the WHO Euro-

pean Region (53 countries) was scheduled to be carried out jointly by ECDC and WHO EURO as from January 2008. The annual meeting of EuroHIV was organised jointly by EuroHIV, WHO EURO and ECDC in Stockholm on 6–7 September 2007. During the meeting, the current status of the HIV epidemic was discussed, the European surveillance systems for HIV/AIDS were reviewed, and the future framework for HIV/AIDS reporting was presented.

A session on behavioural surveillance was organised at the ESCAIDE conference. Furthermore, a call for tender to propose a standardised protocol for behavioural surveillance was launched in November.

ECDC produced the background scientific paper ‘HIV infection in Europe: 25 years into the pandemic’ for the German Presidency conference ‘Responsibility & Partnership – Together Against HIV/AIDS’, which took place in Bremen (March 2007) and gave a plenary presentation. The Centre also participated in meetings organised by the EU Think Tank on HIV, the Commission, the WHO, UNAIDS, EMCDDA, EuroHIV and many other international conferences.

Sexually transmitted infections

A review of chlamydia control activities in Member States to fill gaps in existing knowledge, commissioned from the University of Bern, was completed. This review will serve as a basis to produce evidence-based guidance that will enhance chlamydia prevention and control in the EU. This activity is planned for 2008.

A new variant of *Chlamydia trachomatis*, which cannot be detected by routine lab tests used in most countries, was identified in Sweden in 2006. In early 2007, ESSTI and ECDC carried out a survey to assess the potential spread of this new variant in other countries across Europe. *Eurosurveillance Monthly* dedicated a special issue to the new variant, with papers from ESSTI and an editorial by ECDC.

A technical expert group was set up to issue guidance for the introduction of HPV vaccine in the EU. The guidance document was scheduled to be issued in January 2008.

In collaboration with ESSTI, a pilot for the collection of STI surveillance data was undertaken with five countries in October and November. In 2008, the STI surveillance data will be collected by ESSTI.

A scientific symposium was organised at the Congress of the International Society for Sexually Transmitted Diseases Research in Seattle from 30 July to 1 August 2007, addressing HIV/AIDS and STI surveillance and public health in Europe. The seminar was jointly

organised by ECDC and ESSTI, with invited speakers from ECDC, ESSTI and EuroHIV.

ECDC supported the revision of the IUSTI guidelines in order to provide harmonised guidelines in STI patient management across Europe.

Country visits

ECDC has embarked on a series of country visits to review, together with country experts, the status of HIV and STI surveillance, prevention and control in order to: (1) identify priority areas where ECDC can provide support and propose actions for improvement; and (2) identify good practices in HIV/STI prevention and control. Two country visits were conducted: Estonia (15–19 April) and Romania (11–15 June).

Viral hepatitis

ECDC has started to prepare the surveillance of hepatitis in Europe by reviewing the current systems for surveillance of hepatitis B and hepatitis C and the epidemiological situation across Europe. Links with the Commission, EMCDDA, WHO, the former project Eurohep.net, the European Blood Association and the European Study group for viral hepatitis were established. Furthermore, ECDC participated in an open discussion forum on hepatitis C at the European Parliament in Brussels on 15 May 2007.

Tuberculosis

The TB disease-specific activities experienced a significant expansion during 2007. At the request of the Health Commissioner following World TB Day, the Centre worked on the development of an Action Plan to fight TB in the EU in close consultation with different organisations and with the Member States. Preparations were made for joint ECDC and WHO EURO surveillance once the EuroTB grant agreement expired. Projects were developed to provide situational analyses on TB laboratory services in the EU and on TB in migrants. Furthermore, a tool was developed to guide future TB country visits, and the Centre presented its TB-related activities in relevant international meetings.

World TB Day

ECDC organised a scientific seminar at the European Parliament on 22 March to raise awareness on TB. New data on the TB epidemiological situation in Europe from the EuroTB annual report were presented. In addition to

the ECDC Director, there were speakers from the EC, the European Parliament, the German EU Presidency, and WHO. Of particular interest was a speech by TB pioneer Sir John Crofton.

TB Action Plan

In March 2007, Health Commissioner Markos Kyprianou called for ECDC to develop an Action Plan to fight TB in the EU. Experts from ECDC and EuroTB developed a first draft that was commented on by the Commission, the ECDC Advisory Forum, EuroTB national correspondents and WHO. A consultation with Member States, non-governmental organisations and other relevant partners took place in order to present the strategic frame for an EU Action Plan to the Commissioner before the end of 2007. The technical development of the Action Plan will start in 2008.

An important input to the plan was the 'Round Table on Health Strategies' organised by the Portuguese Presidency in Lisbon (12–13 July), where a parallel session on a European strategy for multidrug-resistant tuberculosis was held. The results were included in the EU Action Plan draft. ECDC experts contributed to the scientific preparation of the parallel session and participated in the meeting.

European Ministerial Forum

The WHO European Ministerial Forum (EMF) 'All against Tuberculosis' took place in Berlin on 22 October 2007, hosted by the German government. Besides being important for TB control in Europe in its own right, the EMF was an important landmark for the proposed Action Plan to fight TB in the EU. The EMF was attended by more than 300 delegates and 30 ministers, high-level decision-makers and representatives from international organisations. They heard ministers and leading figures in TB advocacy, control and funding (including Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB) describe the urgency of the TB situation in the European region.

The Director of ECDC, Zsuzsanna Jakab, presented the main challenges in the EU, including two common misconceptions: that TB was a disease of minor significance in the EU and that it was mainly an imported disease affecting populations of foreign origin. Tailored to reflect the diversity and challenges described, the eight action areas for TB Control in the EU were then presented. In a special session, ministers and delegates adopted the Berlin Declaration on TB which included recognition of the development of the forthcoming EU Action Plan.

Surveillance

EuroTB, the network coordinating surveillance of TB in the WHO European Region was due to finish its contract with the European Commission by December 2007. In the context of ECDC assuming the responsibility of coordinating surveillance at the EU level and taking over the activities of EuroTB — see ECDC's founding regulation (EC) No 851/2004 — it was planned that the activities of the network should be transferred to ECDC. However, since EuroTB covers the 53 countries in the European Region, ECDC and WHO EURO agreed to continue with the joint TB surveillance for from 2008 onwards. A joint reporting entry point will be established, and data sent by the 53 States will be shared between ECDC and WHO. Also executed jointly by ECDC and WHO will be all activities derived from the collection, validation, analysis and dissemination of information and other tasks related to surveillance and monitoring of tuberculosis. A transition plan was developed in order to integrate these activities.

ECDC also organised and funded the meeting of EuroTB national correspondents, attended by 100 participants from the entire European Region on 19–20 September. This meeting was conducted in collaboration with WHO EURO and the EuroTB hub.

Situational analysis of TB laboratory services in the EU

Quality laboratory services in terms of diagnosis, treatment follow-up, and susceptibility testing to first and second line drugs for tuberculosis, are a key component towards controlling TB in the Member States and monitoring the spread of multi-drug resistant strains. Within the framework of ECDC's strategy on how to collaborate with microbiology laboratories and research institutes, the project 'Situation analysis of laboratory issues for TB diagnosis, drug susceptibility testing, and laboratory networks in the EU' was initiated in June 2007 and is due for completion in March 2008.

This project specifically aims at providing background information and analysis of the current European situation with regard to diagnostic and reference laboratory activity for tuberculosis, including specific aspects of the laboratory methods, infrastructure, organisation, operating procedures and available human resources. An important first step in this analysis was the design and dissemination of a survey among selected tuberculosis technical experts in the Member States.

Initial survey results were presented at the September EuroTB meeting (described above). EuroTB labora-

tory experts participated in a workshop to explore the role and standards of national reference laboratory services, the future of molecular subtyping work at the EU-level, and the added value of building a European network of national reference laboratories and institutes to complement the WHO SNRL (supranational reference laboratories) network.

Further coordination with the Member States on the TB Action Plan will continue through officially nominated 'National Microbiology Focal Points'. These Focal Points will provide advice, review recommendations, examine implementation options, and address the limitations in the recommendations for TB laboratory services in their respective countries.

TB in migrants

An ongoing situation analysis on TB in migrants within the EU aims at surveying existing policies on TB and examining migration in Member States. The study assesses the evidence behind various screening methods and strategies and develops a forecasting model that evaluates the impact of TB in migrants in low incidence settings. The results of this study will contribute to the development of framework guidance for TB control in migrant populations.

Response to XDR TB traveller crisis

During 2007, a number of events were reported that involved passengers with tuberculosis on long-haul flights, including the case of a US citizen initially reported to suffer from extensively drug-resistant (XDR) TB, who in the end turned out to be an MDR TB case. In May 2007, he was travelling through several EU Member States and the US. ECDC collaborated internationally to provide assessment and response support. Consensus guidelines on the management of contacts were provided and — following consultation with the EWRS member states' representatives — made available on ECDC's website. Standard operating procedures will be developed in 2008 on the role of ECDC in future similar investigations.

Country visits

One of ECDC's main tasks is to support EU countries in evaluating and improving their activities to control TB. To this end, a series of country visits have been planned, which will see an ECDC team of experts interacting in the field with local authorities in order to perform a joint assessment of a whole range of TB control activities. During 2007 a standardised tool to guide

these TB country visits was developed. Every country visit will result in a report, owned by the visited country and ECDC. Whenever necessary, an agreed visit follow-up plan will be integrated in it, setting out targets and schedules of activities aimed at improving the TB situation in the respective country, with ECDC's support.

Partnerships

A regional 'Stop TB Partnership for Europe and Central Asia' was established in 2006, as an entity working with the global partnership. Up until September 2007, ECDC played a central role in the establishment and chairing of the Executive Committee of the first 'Stop TB Partnership for Europe and Central Asia'.

External liaison with WHO EURO was maintained through technical and other meetings at the managerial and political levels in order to agree on a proposal for future TB surveillance. Liaison and collaboration was maintained with other partners as well, such as EuroTB (ECDC participated actively in the two EuroTB Advisory Committee meetings), DG SANCO, DG Research, WHO HQ, KNCV, ERS and others.

Vaccine-preventable diseases

In 2007, most of the routine activities started in 2006 were consolidated and many planned objectives were achieved.

Routine and 'on demand' activities

A regular review of news and important scientific findings is published in the bi-weekly update 'V&I News'. Examples of good practices and relevant public health news are regularly provided by Member States and shared through the website and ad hoc mailing lists.

Regular consultations took place with relevant partners like the European Commission and WHO EURO. Moreover, ECDC works in close collaboration with WHO on VPD case definitions in order to develop homogeneous case definitions for VPD surveillance. External liaison has been maintained with the WHO ETAGE (European Technical Advisory Group of Experts) and SAGE (Strategic Advisory Group of Experts). A steady collaboration has been established with the Vaccine Working Party at EMEA.

In 2007, scientific advice and risk assessment on different issues related to immunisation were produced, following specific requests from Member States,

but also as part of ongoing epidemic intelligence activities. Among other things, a theoretical model on the impact of suspension of BCG vaccination in low endemic countries was delivered. Furthermore, ECDC supported the 2007 edition of the WHO-sponsored European Immunization Week.

DSNs and networks related to immunisation issues

A transition plan for the EU-IBIS network was developed, in order to facilitate the transfer of EU-IBIS activities to ECDC in October 2007. The creation of an inventory of current surveillance systems for invasive bacterial diseases and vaccination policy in the EU was outsourced. These activities are part of the work conducted towards the harmonisation of surveillance systems on invasive diseases caused by *Streptococcus pneumoniae* in the EU. Moreover, ECDC started collaborating with national reference laboratories in the EU and the EMGM society on the surveillance of invasive bacterial diseases and the EQA scheme.

Close collaboration with EUVACNET and WHO was established on measles and rubella: a unique core data set for measles, rubella and congenital rubella syndrome (CRS) reporting was developed, together with a surveillance guidance document.

In close collaboration with DIPNET and WHO, ECDC developed a core dataset for diphtheria reporting in the EU, a database for diphtheria laboratory surveillance, and a standardised dataflow between DIPNET, ECDC and WHO.

ECDC is closely collaborating with the VENICE project, supporting the VENICE discussion forum and encouraging the development of specific surveys on priority issues.

Scientific advice, publications and training

Several expert groups were established and coordinated in 2007. In particular, technical guidance was published on specific vaccinations (human papillomavirus vaccination, rotavirus vaccination) as well as on the 'basic' childhood immunisation schedule (DTP).

A training module on epidemiology of VPDs was planned in 2007, as part of an integrated series of training activities including workshops.

Adverse events following immunisation (AEFI)

Monitoring and managing AEFI represents an important component of the immunisation programmes. ECDC has actively supported the Brighton Collaboration in order to facilitate the publication of a set of standard

AEFI case definitions and to start a project to implement these in the EU.

In 2007, a project on reviewing and assessing EU systems for monitoring and managing AEFI was started. The project will be completed in the second half of 2008.

Antimicrobial resistance and healthcare-associated infections

Severe *Clostridium difficile*-associated disease

Clostridium difficile is a common cause of antibiotic-associated diarrhoea, mainly in hospitals and other healthcare facilities. In 2004, a new strain emerged: PCR ribotype 027 toxinotype III. This strain is resistant to fluoroquinolones and causes much stronger symptoms, resulting in more severe complications and often death. It was first reported in Canada and the United States, then in Europe. So far, outbreaks were recorded in Belgium, France, Ireland, Luxembourg, the Netherlands and the UK. It was reported in Austria, Denmark, Poland, Sweden, and Switzerland. In Germany and Finland, this particular strain was reported for the first time in 2007.

Emergence of additional, acquired resistance to clindamycin, an antibiotic sometimes used to treat this disease, has been reported in Ireland and Switzerland. Additionally, the Netherlands and the UK, as well as the United States and Canada, have reported the emergence of another strain, PCR ribotype 078, which displays similar virulence properties as the PCR ribotype 027. To complete the background document published in 2006, an ECDC working group with participants from some of the Member States and the ESCMID Study Group on *C. difficile*, reviewed scientific evidence and prepared guidance for infection control specifically applied to *C. difficile*-associated diseases.

Methicillin-resistant *Staphylococcus aureus* (MRSA)

MRSA is the most common multidrug-resistant bacteria responsible for healthcare-associated infections. Control of MRSA relies mainly on reinforced infection control procedures with active screening of admitted patients for MRSA carriage and strict isolation of MRSA-positive patients. ECDC assembled a working group to specifically work on MRSA control. The working group had its first meeting in 2007 where it discussed future actions to control MRSA in the EU.

Country visits

ECDC worked out some indicators that are used as a basis for discussions with different stakeholders during country visits when discussing antimicrobial resistance. In this complex area, the need for efficient national, regional and local coordination of efforts is emphasised. Providing prescribing doctors with feedback from surveillance data on usage and resistance is essential. Systems for evaluating adherence to guidelines and prudent use of antibiotics are advocated. During 2007, four more countries — Greece, Austria, Poland and Germany — were visited. In total, eight countries have been visited since the start of the project.

Raising awareness about rational use of antibiotics

There is a need to improve awareness of the general public throughout Europe about antimicrobial resistance and the rational use of antibiotics. To address this issue, ECDC is preparing the first annual European Antibiotic Day, which will take place in the autumn of 2008. In 2007, a meeting was organised at the European Parliament to present the initiative to European stakeholders. Additionally, ECDC met with the national Focal Points to discuss how the initiative could be adopted in the different Member States.

Food- and water-borne diseases

In 2007, the focus was on integrating dedicated surveillance networks within the food and water-borne diseases area, and on preparing the human part for EFSA's Zoonoses Report.

Three networks have activities on food- and water-borne diseases: EuroCJD covers the variant CJD; Enter-net covers Salmonella, verotoxin-producing *Escherichia coli* (VTEC), and *Campylobacter*; and DIVINE covers surveillance of norovirus outbreaks. All three networks underwent an evaluation and assessment in 2007. EuroCJD surveillance activities will be outsourced for three years, starting in 2008. Enter-net network activities were transferred to ECDC on 2 October 2007 (the integration of data reporting is ongoing). In 2007, ECDC coordinated nine urgent inquiries within the network and assisted countries in identifying and supporting the control of international food-borne outbreaks. Of the nine inquiries, four led to an identification of an international food-borne outbreak (three salmonella outbreaks and one VTEC outbreak). Collaboration

between ECDC, EFSA and RASFF was initiated in order to explore efficient ways of tracing the sources of a disease and identifying the risks in the food chain. A transition workshop with the network members was held on 28–29 November 2007. Future surveillance objectives were formulated and alert communication was refined further. DIVINE network surveillance activities will not be continued under ECDC coordination because Member States did not see added value in having international norovirus outbreak surveillance. Partly related to this, ECDC has closely followed the activities within the SHIPSAN¹ project, including norovirus prevention and control, and will continue to support all work related to infections of communicable diseases in cruise ships.

This year's data for the Zoonoses Report was collected from the Member States within the framework of TESSy, but not yet through TESSy itself. The Centre analysed these surveillance data and consequently provided better analytical summaries in the Zoonoses Report for the 2006 dataset.

The collaboration with key stakeholders developed well in 2007. ECDC developed its technical-level contacts in the area of food- and water-borne diseases with, for example, the EC, PulseNet International, CDC and WHO. The collaboration with the Global Salm Surtraining programme is progressing well, and Member States should be able to benefit from this high-quality training programme in 2008.

Other diseases of environmental and zoonotic origin

For the horizontal project 'Other diseases of environmental and zoonotic origin' (EZO), 2007 was the first full year of activities. This project covers a range of pathogens and diseases that include vector-borne diseases, travel-related illnesses, emerging threats and issues of intentional release.

A project was initiated to assess the magnitude and importance of vector-borne diseases in Europe. In collaboration with the European-funded EDEN project, a multidisciplinary risk assessment is carried out to identify the achievements and gaps in the current European context and to best address the threat posed by vector-borne diseases. The project is expected to be ready by mid-2008 and will guide ECDC in defining the best response to these challenges.

The relevance of this work was confirmed by the summer 2007 outbreak of chikungunya in Italy, the first documented local transmission of the virus in continental Europe. A joint ECDC/WHO team of international experts went to the region of Emilia-Romagna where the outbreak was located and assessed the risk for further virus transmission in Europe. A comprehensive visit report was produced and is now accessible on the ECDC website. The risk assessment that was carried out the year before (March 2006), following the large chikungunya outbreak in the Indian Ocean, proved to be a useful reference document.

ECDC continues to be actively involved in a number of EU-funded and international projects and meetings, as both an advisor and liaison. Topics include scientific support to bio-security and bio-safety policy making. In addition, ECDC participated in the organisation of a training module, organised by DG SANCO in collaboration with DG JLS and Europol, to link law enforcement and public health professionals in the response preparation for intentional release threats.

ECDC scientific experts have specifically contributed to the new 'Emerging Epidemics' programme funded by DG Research via participation in research workshops and by being involved in evaluation panels for the first and second calls of the Framework 7 programme. Future collaborations with projects funded by DG Research will be an important link to key scientists in fields that work with EZO-relevant pathogens and diseases.

EWGLINET is a dedicated surveillance network that has created an effective surveillance system for travel-related Legionnaires' disease. In summer 2007, ECDC supported — in close collaboration with EWGLINET and the Commission — the coordination of control measures necessitated by a travel-related legionellosis outbreak with international dimensions. As a result of this, an expert meeting was held in October to assess the rationale for informing potentially exposed hotel residents. The network activities were evaluated and assessed in 2007, and it was decided to outsource all

¹ SHIPSAN is an acronym for 'Assessing the Usefulness of a EU Ship Sanitation Programme and Coordinated Action for the Control of Communicable Diseases in Cruise Ships and Ferries'

of the activities for two years, starting at the beginning of 2008.

Finally, appropriate communication to the European public was ensured whenever relevant. Fact

sheets for the ECDC website were developed and updated for the outbreaks of chikungunya, Dengue and Zika, accompanied by publications in *Eurosurveillance* for the first two.

Administrative services

Human resources management

Key products 2007

- increased capacity to provide services within the core functions of the Human Resources group, in the fields of recruitment, staff development, newcomers' introduction and staff entitlements

A continued key objective of the Human Resources group was to implement the recruitment plan and to facilitate the integration of new staff in the Centre and in Sweden. The recruitment aimed to establish the internal core capacities of ECDC, and during 2007 some 1 300 applications were screened and around 270 candidates were interviewed. The establishment table of 2007 included an additional 40 temporary agent posts, intended to cover long-term core functions of the Centre. The actual number of new temporary agent posts filled and appointed by the end of the year was 33. The full quota of 40 will be reached in early 2008 since recruitments are in process. By the end of 2007, the Centre had appointed 26 contract agents to complement the core staff, covering project work and technical or support functions. Apart from this, the Centre has recruited 12 scientists for EPIET. They were selected and employed as contract agents for a period of two years. However, their training is carried out at host institutes located in Member States. Together with seconded national experts, interim staff and consultants, in addition to staff already in place, this resulted in some 180 desks in use at the end of 2007.

The total number of statutory, non-statutory and external staff at the end of 2007 was as follows:

- Temporary agents (filled and appointed): 80
- Contract agents (filled and appointed): 42
- Seconded national experts: 9
- Interim staff and consultants: 46
- EPIET fellows (filled and appointed): 18
- Number of ECDC trainees: -

The geographical balance taking into account temporary agents and contract agents in the Centre improved, from 17 nationalities in 2006 to 25 nationalities in 2007.

Figure 1: Geographical balance of ECDC staff

Nationalities	Number of staff	Percentage
Austrian	2	1
Belgian	6	4
British	11	8
Bulgarian	4	3
Czech	2	1
Danish	1	1
Dutch	5	4
Estonian	2	1
Finnish	4	3
French	16	11
German	12	9
Greek	4	3
Hungarian	5	4
Irish	2	1
Italian	12	9
Latvian	1	1
Luxembourgish	1	1
Maltese	1	1
Polish	4	3
Portuguese	2	1
Romanian	3	2
Slovak	2	1
Slovenian	1	1
Spanish	10	7
Swedish	27	19

In order to cope with an increasing number of staff, the Human Resources group was reinforced, and a personnel administration system was developed and introduced. With the purpose of supporting an active learning and development approach for staff, learning and development guidelines and a training plan have accordingly been developed. Progress was made in the adoption of implementing rules, and several additional ones will be finalised in 2008. The multiannual staff policy plan covering the period 2008–10 was developed and approved by the Management Board; it will be updated yearly, the one covering the period 2009–11 was submitted to the Board in March 2008. Furthermore, the staff committee of the Centre was established, following elections held at the beginning of the year.

Financial Services

Key products 2007

- financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner.

Key tasks in 2007 continued to be the accounting function and the management of the accounts payable and receivable. The Financial Services of the Centre contributed to the planning, follow up and reporting of the accounting, budgeting and procurement activities of the Centre. A key objective in 2007 was to further develop the management of the assets of the Centre, and to that end ECDC concluded a call for banking services as well as the installation of the SAP module for inventory management. The Centre's budget grew from € 17 million in 2006 to € 27 million in 2007, resulting in a considerable expansion of financial operations. Priority was given to the preparation of the first set of internal procedures for financial and procurement activities, and to the organisation of training on financial and procurement processes. To further streamline and harmonise financial activities, a network of resource officers (that are embedded in the operational units) was set up and coordinated by the finance group. Additionally, the monthly reporting to the management was further enhanced.

Budget overview

In €	2007	2006
Total Title 1 Staff	9 527 835.47	6 068 100.35
Total Title 2 Administration	5 664 811.91	3 587 793.29
Total Title 3 Operations	12 321 654.81	7 216 275.43
TOTAL BUDGET	27 514 302.19	16 872 169.07

Missions and meetings

Key products 2007

- consolidation of the established capacities in the area of meetings and travel support to ECDC staff and interviewees; full corporate meeting organisation capacity.

Key tasks in 2007 were to support the travel requirements for ECDC staff and interviewees, to organise and support meetings with invited experts, and to process mission and meeting reimbursements. In 2007 both missions and meetings increased considerably in number along the increased staffing and growing activities of the operational units. The group has been gradually scaled up to follow the growth of the Centre.

ECDC hosted about 150 meetings in 2007. In terms of the number of external participants visiting ECDC, this represents around 1 600 external experts — more than double the figure in 2006.

With the refurbishing of the Centre's premises, it was possible in 2007 to host the majority of the meetings at the ECDC Tomtebodan building.

Information and communication technology

Key products 2007

- ICT capacities for networking and communication, and for back and front office infrastructure; provision of secured and robust platforms to support operational and corporate applications.

A key objective in 2007 for the ICT group was the establishment of Data Centre services, including a secure and safe operating environment coupled with the management and development of communications networks, both cabled and wireless.

A second key challenge was to support the growing organisation and to build up the support services for

the staff, for their offices and operating environments. The number of equipped workstations at the end of 2007 amounted to 180. At the same time, the basis for further growth in 2008 was developed.

In 2007, the group focused on the key objectives of the units and on enabling the development of an IT infrastructure. More than 10 ongoing IT projects (e.g. TESSy, EWRS, Portal, SAP, etc.) were deployed and developed. These projects were related to services delivered to Member States, to partners and to ECDC itself. A 24/7 support help desk was established to facilitate continuity of services.

Building and logistics

Key products 2007

- premises of the Centre meet the requirements of a growing organisation; logistics services provided for operational activities.

The key task in 2007 for the building and logistics group continued to be the management of the ECDC premises while at the same time providing office and meeting facilities. The group ensured that the Centre's facilities and assets were well-preserved and protected, guarded the physical security of the Centre's staff and its visitors, and provided logistics services.

Over the course of the year, the final installations in the main building were completed, and the 180 workstations were fully equipped. Meeting room facilities for a total of 250 people were finalised. Preparations for a further extension of the Centre's premises were concluded. Renovations for an additional 100 offices and workstations started in 2007 and were successfully completed in early 2008.

Horizontal administrative services

Key products 2007

- coordination of the administrative unit, provision of legal advice/counselling and implementation of the internal control standards.

The legal advice function, established in 2006, was very helpful, particularly in terms of advice on procurement, contracting, human resources and general operational issues. Considerable efforts were made to clarify and describe the operational processes that are implemented at the Centre.

A main development in 2007 was the appointment of a Data Protection Officer (legal advisor) in view of the proper implementation of Regulation (EC) No 45/2001 on the protection of personal data. Sensitive processes were identified and general awareness has been raised with staff and management on the importance of data protection for the Centre. This work will be developed further in 2008.

An internal auditor was recruited and took up duty in August 2007. The auditor performed a risk assessment, which served as the basis for the audit programme 2008.

The Centre was audited twice by the Court of Auditors (February and October 2007) for a total of 20 audit days. The audit report on the 2006 accounts was published, including the comments of the Centre, and this constitutes the basis for the discharge request of the Director as stipulated by the European Parliament. The Internal Audit Service of the Commission performed a follow-up assessment to their May 2006 audit (10 audit days in September 2007), which was followed up further by a management visit. It was concluded that all the audit comments from 2006 were followed up and that they could be closed. The Audit Committee of the Centre met three times, back-to-back with the Management Board. The Committee assessed the outcome of the audits, monitored the budget implementation and the audit action plans.

Annex 1

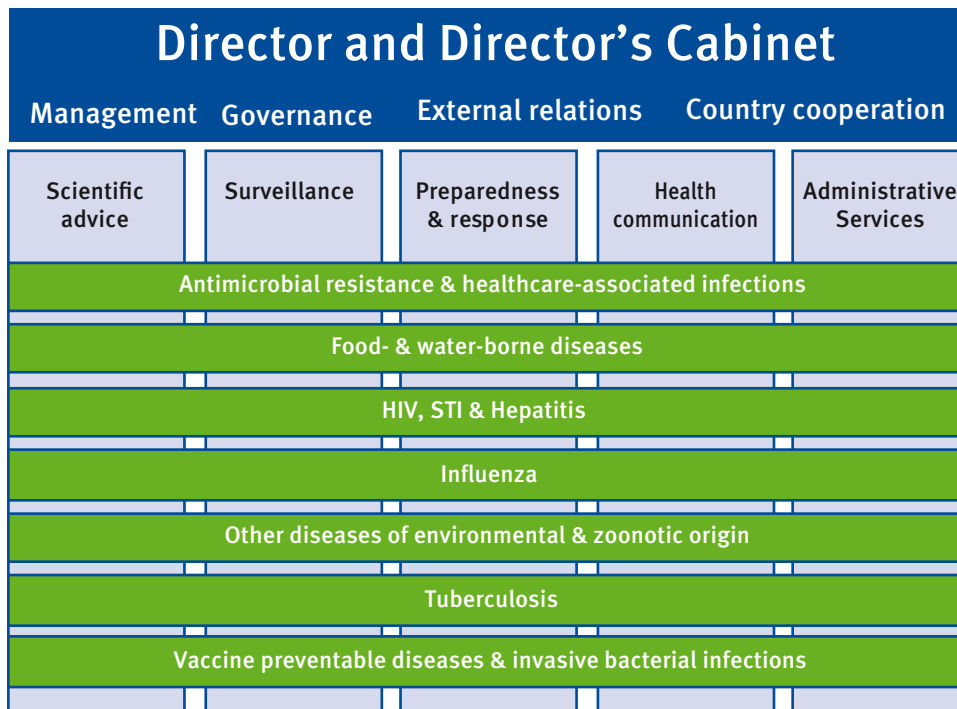
ECDC's Organisational Structure

Overall structure and organisational chart

As of December 2007, ECDC had a matrix organisation with four technical units, an administrative unit and

seven horizontal disease-specific projects. The whole organisation is lead by the Director and her Cabinet.

Figure 2: ECDC's organisational chart 2007



The Director and the Director's Cabinet

Strategic focus

The long-term strategic focus of the Director's Cabinet is to ensure that ECDC has a clear long-term strategy for its programme development that responds to its founding regulation and the needs of the EU and its Member States; a medium- and short-term programme planning, implementation and evaluation that turns that strategy into effective operational outcomes; an efficient and enlightened management of its human and financial resources; an effective cooperation with the EU Member States and institutions; a wise choice of international partnerships; and a close and harmonious collaboration with its governing bodies.

Organisation

The Director has overall responsibility for the operations, resources and management of the Centre. The Director is supported in this task by the Cabinet and the

five Heads of Units who manage the Surveillance, Scientific Advice, Preparedness and Response, Health Communication and Administrative Services units. The Director is the Chair of the Executive Committee, that advises her on strategic and overarching issues as well as the overall management that promotes effectiveness, efficiency, teamwork and a stimulating work environment.

The Director's Cabinet supports the Director in the overall leadership function. However, the Cabinet also functions as an organisational unit responsible for the following programmes: Governance, Strategic Management, Country Coordination and Relations, and External Relations and Partnerships. The Governance programme is responsible for organising all meetings and other contacts with the Management Board and the Advisory Forum. The Strategic Management programme provides the overall organisational framework for ECDC's long-, medium- and short-term planning, monitoring and evaluation, and it is responsible for ensuring

that managerial tools and processes are well suited to ECDC's needs. The Country Coordination and Relations programme sees to it that systems, tools and practice for country work function efficiently, and that ECDC's support to individual Member States is well coordinated. The External Relations and Partnership programme deals with ECDC's cooperation with other EU structures, WHO and other intergovernmental organisations, international non-governmental organisations and major national centres for disease control.

Scientific Advice Unit

Strategic focus

The long-term strategic focus for the unit is to firmly establish its reputation for scientific excellence and leadership among its partners in public health, and that ECDC becomes a major source for scientific information and advice on communicable diseases for the Commission, the European Parliament and the Member States.

Organisation

The main task of the unit is to provide best possible evidence-based scientific advice for Member States to put to use in their prevention activities. Building on a large cadre of internal and external experts, the unit is prepared to address all kinds of requests for scientific opinions from its constituency. However, for many such requests, the full scientific background is still lacking — especially as regards concrete, practical public health actions — and it is also the task of the unit to try to stimulate such research, in cooperation with funders in the EU and with scientific institutions.

Internally, one part of the unit is involved to deliver scientific opinions, risk assessments and guidance. Another part deals with ECDC's internal knowledge and information system, including the scientific library. A third part is responsible for the overall cooperation between ECDC and the microbiological laboratories in the EU. As is stated below in the description of the horizontal disease projects, the unit also coordinates four of them.

Surveillance Unit

Strategic focus

The long-term strategic focus of the Surveillance Unit is to have established ECDC as the central focal point in

Europe for disease surveillance and as a reference point for the strengthening and upgrading of national surveillance systems among EU Member States.

Organisation

The main tasks of the unit are to search, collect, collate, evaluate and disseminate data, and to coordinate the integrated operations of the DSNs. The unit is subdivided into the following areas: database development and management, generic surveillance and disease-specific activities.

The unit is working towards an integrated surveillance system. To achieve this aim a first step was the evaluation of the DSNs and preparation of the corresponding transition plans, while also developing a European Surveillance System for public health action (TESSy). The unit worked on the finalisation of the new Case Definitions, in order to improve the quality and comparability of surveillance data, and is developing a long-term strategy for the surveillance in Europe. It is also responsible for the preparation of the Annual Epidemiological Report.

Preparedness and Response Unit

Strategic focus

The long-term strategic focus of the unit is to establish ECDC as the reference support point in the European Union by the year 2013 for (A) the detection of public health threats related to communicable disease or of unknown origin, their assessment, investigation and control; (B) the coordination of risk assessment activities in relation to public health threats through the ECDC Emergency Operation Centre (EOC); (C) strengthening preparedness of EU Member States for the prevention, surveillance and control of communicable diseases; (D) strengthening and building the capacity of the EU Member States for these threats through training; and (E) the provision of technical advice and support on (A), (C) and (D) to third countries (including acceding, candidate and non-EU) upon request.

Organisation

The Preparedness and Response Unit is organised into four sections, namely epidemic intelligence, outbreak response, training, and preparedness. The epidemic intelligence section keeps track and assesses emerging threats through scanning various sources of epidemic intelligence information. It prepares a daily brief-

ing to review in-coming information, a weekly threat report and the Epidemic Intelligence Weekly Report (EIWR) for the C3 Unit of DG SANCO. The outbreak response section deals with request for support from Member States and WHO, liaises with Member States to identify required expertise and coordinate teams mobilised to provide support. The training section coordinates ECDC training activities and the EPIET programme. The preparedness section coordinates ECDC preparedness activities with currently a special focus on influenza pandemic preparedness and the implementation of International Health Regulations.

Administrative Services Unit

Strategic focus

The Administrative Services Unit and its staff are committed to providing services and facilitating the operational activities in the Centre, to ensuring that human and financial resources are properly and well managed, and to making the Centre a good working environment.

Organisation

The unit comprises five established sections: human resources, finance, information and communication technology, missions and meetings, and building/logistics services. Besides these five sections a hori-

zontal function provides support on legal issues and other transverse tasks.

Health Communication Unit

Strategic focus

The long-term strategic focus of the Health Communication Unit is to ensure that ECDC's communication output is the main European source of authoritative and independent scientific and technical information in its field, and ECDC is the reference support point in the EU for risk communication in the area of communicable diseases. This Unit is in charge of providing high quality services to the Cabinet, the other units and the disease-specific projects.

Organisation

Until April 2007, the external communication function (ECO) was organisationally placed under the Directorate's Cabinet. On 1 May 2007, it became a new technical unit of the Centre, with the name of 'Health Communication Unit'. To address the specific areas of work within the unit, it was further subdivided into three sections in September 2007: Scientific Communication, Public Communication and Media, Web Development.

The Scientific Communication section works mainly with communicating the scientific and technical output of the ECDC to professional audiences through differ-



ECDC staff outside Tomtebodaskolan.

ent publications. These include technical and meeting reports, as well as the production of the independent scientific journal *Eurosurveillance*. The Public Communication and Media section works with press and media issues, risk communication, public health messages, as well as with the development of information and visitor services for stakeholders and the general public. The Web Development section is in charge of continuously maintaining and updating ECDC's interim website, both in content and graphic appeal. Additionally, it has launched a project to develop a state-of-the-art web portal and integrated information system.

Horizontal disease projects

Organisation

Seven disease-specific projects cover all the more than 50 communicable diseases and related conditions that fall within the remit of ECDC. Each of the seven is organised around a coordination team that ensures any necessary input from other programmes — irrespective of their organisational affiliation. The supervisory responsibility for each of the seven individual projects is allocated to one or the other of the Heads of Units (see Figure 2, ECDC's Organisational Chart). Team members of each project come from all the technical units.

1. **Influenza:** The project covers all aspects of influenza; seasonal influenza, pandemic influenza and avian influenza. The project is hosted by the Scientific Advice Unit.
2. **Tuberculosis:** This project covers all aspects of tuberculosis. The project is hosted by the Surveillance Unit.
3. **Food- and water-borne diseases:** The project covers the following diseases: botulism, brucellosis, campylobacteriosis, Creutzfeldt-Jakob's disease and other TSE, cryptosporidiosis, echinococcosis, giardiasis, hepatitis A, hepatitis E, infection with EHEC, listeriosis, norovirus infection, salmonellosis, shigellosis, toxoplasmosis, trichinosis and yersiniosis. The project is hosted by the Surveillance Unit.
4. **Other diseases of environmental and zoonotic origin:** This project focuses on the group of diseases that pose a risk for human infections from reservoirs in the environment and European animal populations. The following diseases fall under the remit of this project: anthrax, borreliosis, cholera, legionellosis, leptospirosis, malaria, plague, Q fever, SARS, smallpox, tularaemia, viral haemorrhagic fevers, West Nile fever and other vector-borne diseases. This project is hosted by the Preparedness and Response Unit.
5. **Vaccine-preventable diseases and invasive bacterial infections:** This project focuses on a large group of diseases that are vaccine preventable. The following diseases fall under the remit of this project: tetanus, diphtheria, pertussis, poliomyelitis, measles, mumps, rubella, varicella, rabies, bacterial invasive infections (*Haemophilus influenzae*, *Neisseria meningitidis*, *Streptococcus pneumoniae*). Some issues on rotavirus, human papillomavirus infections and tick-borne encephalitis are covered by this project as well. The project is hosted by the Scientific Advice Unit.
6. **HIV, STI and blood-borne viruses:** The project focuses on a group of diseases that are transmitted by sexual contact with an infected person, by contact with infected blood, or from an infected woman to her baby before or during birth or through breastfeeding. The project covers the following diseases: *Chlamydia* infections, gonococcal infections, hepatitis B, hepatitis C, HIV infection and syphilis, as well as some issues on human papillomavirus. The project is hosted by the Scientific Advice Unit.
7. **Antimicrobial resistance and healthcare-associated infections:** The project covers issues such as antibiotic resistance and consumption, infection control, and emerging pathogens, e.g. *Clostridium difficile*. The project is hosted by the Scientific Advice Unit.

Annex 2

Members of the Management Board

Members and alternates		
Austria	Dr Hubert Hrabcik	Member
	Dr Reinhild Strauss	Alternate
Belgium	Dr Daniel Reynders	Member
Bulgaria ²	Dr. Snejana Altankova	Member
	Professor Mira Kojouharova	Alternate
Cyprus	Dr Chrystalla Hadjianastassiou	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jan Kyncl	Alternate
Denmark	Dr Else Smith ³	Member
Estonia	Dr Tiiu Aro	Member
	Dr Inna Sarv	Alternate
Finland	Dr Tapani Melkas	Member
	Dr Merja Saarinen	Alternate
France	Professor Gilles Brücker	Member
	Anne Catherine Viso ⁴	Alternate
Germany	Mr Franz J. Bindert	Member
	Dr Lars Schaade ⁵	Alternate
Greece	Dr Aristidis Calogeropoulos-Stratis	Member
	Mr Athanasios Skoutelis	Alternate
Hungary	Dr Katalin Rapi	Member
	Dr Marta Melles	Alternate
Ireland	Dr Eibhlin Connolly	Member
	Dr Colette Bonner	Alternate
Italy	Dr Donato Greco	Member
	Dr Maria Grazia Pompa	Alternate
Latvia	Ms Dace Viluma	Member
Lithuania	Dr Vytautas Bakasenas	Member
	Dr Romualdas Sabaliaukas	Alternate
Luxembourg	Dr Pierrette Huberty-Krau	Member
	Mr Patrick Hau	Alternate
Malta	Dr Malcolm P. Micallef ⁶	Member
	Dr Mario Fava	Alternate
Netherlands	Dr Marc Sprenger (<i>Chair of the Management Board</i>)	Member
	Dr Dirk Ruwaard	Alternate
Poland	Dr Pawel Gorynski ⁷	Member
	Dr Pawel Grzesiowski	Alternate
Portugal	Dr Maria da Graça Gregorio de Freitas ⁸	Member
	Dr Arlinda Frota ⁹	Alternate

² Romania membership as of January 2007.

³ Appointed member in replacement of Dr Jens Kristian Gøtrik as of January 2007.

⁴ Appointed alternate in replacement of Dr Anne Pinteaux as of February 2007.

⁵ Appointed alternate in replacement of Dr Johannes Blasius as of August 2007.

⁶ Appointed member in replacement of Dr Andrew Amato Gauci as of November 2007.

⁷ Appointed member in replacement of Dr Krzysztof Pajaczek as of February 2007.

⁸ Appointed member in replacement of Professor Paulo Ferrinho as of February 2007.

⁹ Appointed alternate in replacement of Dr Maria da Graça Gregorio de Freitas as of June 2007.

Romania ¹⁰	Professor Dorel Lucian Radu	Member
	Professor Emilian Popovici	Alternate
Slovak Republic	Dr Margareta Sláčiková	Member
	Mr Ján Mikas	Alternate
Slovenia	Ms Mojca Gruntar Činč	Member
	Dr Alenka Kraigher	Alternate
Spain	Dr Carmen Amela Heras	Member
	Mr Oscar González Gutiérrez-Solana	Alternate
Sweden	Ms Iréne Nilsson- Carlsson	Member
	Dr Johan Carlson	Alternate
United Kingdom	Ms Elizabeth Woodeson	Member
	Dr Ailsa Wight	Alternate
European Parliament	Professor Minerva-Melpomeni Malliori <i>(Deputy Chair of the Management Board)</i>	Member
	Professor Dr Jacques Scheres	Member
	Mr Ronald Haigh	Alternate
European Commission	Mr Andrzej Jan Rys	Member
	Mr Tapani Piha	Alternate
	Mr Octavio Quintana Trias	Member
	Dr Anna Lönnroth	Alternate
	Mr John F Ryan	Alternate
Observers		
EEA/EFTA		
Iceland	Mr Davíð Á Gunnarsson	Member
	Dr Sveinn Magnússon	Alternate
Liechtenstein	Dr Eva-Maria Hiebl	Member
Norway	Mr Jon-Olav Aspås	Member
	Mr Jan Berg ¹¹	Alternate

¹⁰ Romania membership since January 2007.

¹¹ Appointed alternate in replacement of Ms Birgit Lunden as of September 2007.

Annex 3

Members of the Advisory Forum

Members and alternates		
Austria	Professor Dr Manfred P. Dierich	Member
	Professor Dr Franz Allerberger	Alternate
Belgium	Dr René Snacken	Member
	Dr Germaine Hanquet ¹²	Alternate
Bulgaria ¹³	Dr Angel Kunchev	Member
	Dr Radosveta Filipova	Alternate
Cyprus	Dr Olga Poyiatzi-Kalakouta	Member
	Dr Despo Pieridou-Bagatzouni	Alternate
Czech Republic	Dr Jozef Dlhý	Member
	Dr Pavel Slezak	Alternate
Denmark	Dr Kåre Mølbak	Member
	Dr Steffen Glisman	Alternate
Estonia	Dr Kuulo Kutsar	Member
	Dr Natalia Kerbo	Alternate
Finland	Professor Petri Ruutu	Member
	Dr Outi Lyytikäinen ¹⁴	Alternate
France	Dr Jean-Claude Desenclos	Member
	Professor François Dabis	Alternate
Germany	Dr Gérard Krause	Member
	Dr Osamah Hamouda ¹⁵	Alternate
Greece	Dr Helen Giamarellou ¹⁶	Member
	Dr Evaggelia Kouskouni ¹⁷	Alternate
Hungary	Dr Ágnes Csohán	Member
	Dr István Szolnoki	Alternate
Ireland	Dr Darina O’Flanagan	Member
	Dr Derval Igoe	Alternate
Italy	Dr Stefania Salmaso	Member
	Dr Giuseppe Ippolito	Alternate
Latvia	Mr Jurijs Perevoscikovs	Member
	Ms Irina Lucenko	Alternate
Lithuania	Dr Kestutis Zagminas	Member
	Dr Rolanda Valinteliene	Alternate
Luxembourg	Dr Robert Hemmer	Member
	Dr Danielle Hansen-Koenig	Alternate
Malta	Dr Charmaine Gauci ¹⁸	Member
	Ms Tanya Melillo Fenech	Alternate
Netherlands	Dr Roel Coutinho	Member
	Dr Marianne van der Sande ¹⁹	Alternate

¹² Appointed alternate in replacement of Dr Carl Suetens as of October 2007.

¹³ Bulgaria membership as of January 2007.

¹⁴ Appointed alternate in replacement of Professor Pentti Huovinen as of July 2007.

¹⁵ Appointed alternate in replacement of Dr Michael Kramer as of August 2007.

¹⁶ Appointed member in replacement of Dr Angelos Hatzakis as of April 2007.

¹⁷ Appointed alternate in replacement of Dr Helen Giamarellou as of April 2007.

¹⁸ Appointed member in replacement of Dr Malcolm Micallef as of September 2007.

¹⁹ Appointed alternate in replacement of Dr Marina Conyn-van Spaendonck as of August 2007.

Poland	Professor Andrzej Zielinski Dr Malgorzata Sadkowska-Todys	Member Alternate
Portugal	Dr Maria Teresa Avilez Paixao Dr Ana Maria Correia	Member Alternate
Romania ²⁰	Dr Florin Popovici Dr Ioan Bocsan	Member Alternate
Slovak Republic	Dr Mária Avdicova Professor Henrieta Hudečková	Member Alternate
Slovenia	Dr Irena Klavs Dr Marta Vitek Grgic	Member Alternate
Spain	Dr Maria Jose Sierra Moros Dr Odorina Tello Anchuela	Member Alternate
Sweden	Professor Ragnar Norrby Professor Anders Tegnell	Member Alternate
United Kingdom	Professor Mike Catchpole Professor Peter Borriello	Member Alternate
Observers		
EEA/EFTA		
Iceland	Dr Haraldur Briem Dr Gudrun Sigmundsdottir	Member Alternate
Liechtenstein	Dr Sabine Erne ²¹	Member
Norway	Dr Preben Aavitsland Dr Hanne Nøkleby	Member Alternate
Non-governmental organisations (appointed by the European Commission)		
EEA/EFTA		
Standing Committee of European Doctors	Dr Bernhard Grewin ²²	Member
Pharmaceutical Group of European Union	Mr José Antonio Aranda da Silva	Alternate
European Public Health Association	Dr Ruth Gelletlie	Member
European Society of Clinical Microbiology and Infectious Diseases	Dr Elisabeth Nagy	Alternate
European Patient Forum	Ms Jana Petrenko	Member
European Federation of Allergy and Airways Disease Patient's Association	Dr Anna Doboszyńska	Alternate
European Commission	Mr Stefan Schreck	
WHO Regional Office for Europe (invited by the Director)	Dr Nedret Emiroglu	

²⁰ Romania membership as of January 2007.

²¹ Appointed member in replacement of Dr Oskar Ospelt as of July 2007.

²² Member until April 2007, new representative to be appointed.

Annex 4

Chronological list of key events 2007

18 January	Publication of the scientific panel's opinion on Influenza Vaccination for Children and Pneumococcal Vaccination in the Elderly.
19 January	Oxford MSc student delegation visits ECDC.
21–26 January	Training on managerial skills for outbreak investigation coordinators, Sigtuna, Sweden.
31 January	Chinese CDC delegation visits ECDC.
31 January	First Expert Meeting on Core Competencies of Epidemiology in the area of Communicable Disease Surveillance and Response in the EU, Stockholm.
13–14 February	Ninth meeting of the Advisory Forum.
22 February	Publication of the ECDC technical report on the Status of Pandemic Preparedness in the EU.
26 February	Canadian delegation (Mark Watters, Assistant Audit General, and Louise Dube, Audit Principal) visits ECDC.
27–28 February	ECDC Scientific Consultation Group Workshop, Stockholm.
27 February – 2 March	Influenza assessment visit to Ireland.
1–2 March	Official visit of the Director to Bulgaria.
2 March	The European scientific journal on communicable diseases <i>Eurosurveillance</i> is fully integrated in ECDC.
5 March	Dr. Risards Zaleskis, WHO Regional Adviser, Tuberculosis Control, visits ECDC.
5–8 March	Influenza assessment visit to Luxembourg.
13 March	Director addresses German EU Presidency conference 'Responsibility & Partnership – Together Against HIV/AIDS', Bremen, Germany.
12–16 March	Influenza assessment visit to Malta.
12–16 March	AMR country visit to Greece.
20 March	Inauguration of ECDC's newly refurbished headquarters with the presence of Markos Kyprianou, European Commissioner for Health, Maria Larsson, Sweden's Minister for Public Health, and Cecilia Malmström, Sweden's Minister for European Affairs.
20–21 March	Ninth Meeting of the Management Board with opening address by the European Commissioner for Health, Markos Kyprianou.
22 March	ECDC Scientific Seminar at the European Parliament on Tuberculosis, Brussels.
23 March	Director attends meeting of the Ministerial Forum Steering Committee on TB in Berlin.
29–30 March	Workshop on Emerging Infectious Diseases and Environmental Change, Stockholm.
12–13 April	Official visit of the Director to Romania.
16–19 April	HIV/STI country visit to Estonia.
16–19 April	Influenza assessment visit to Sweden.
23–25 April	Country visit to Poland, including training resources and needs assessment.
23–26 April	Influenza assessment visit to the Netherlands.
26 April	Dr. Mario Raviglione, Director of the Stop TB Department in WHO, visits ECDC.
26–27 April	Conference on Social Determinants of Communicable Diseases, Stockholm.
1 May	New Unit of Health Communication established at ECDC.
3–4 May	Workshop on Influenza Surveillance during a Pandemic, Stockholm.
7–8 May	Tenth Meeting of the Advisory Forum.
10–11 May	EARSS Plenary Meeting, Stockholm.
15 May	Spanish National School of Public Health delegation visits ECDC.
16 May	TB Steering Group meeting, Stockholm.

28 May	John Bowis, MEP, ENVI Committee member and member of ECDC Steering Group, visits the Centre.
28 May	Second meeting of the Steering Group for the evaluation of the DSN, Stockholm.
30–31 May	EWRS/IHR meeting, Stockholm.
1 June	Director visits the United Kingdom's Department of Health.
4–5 June	Exercise Brown Lagoon to test ECDC's Public Health Event Operation Plan and the Emergency Operations Centre (EOC).
5 June	Director attends FP7 Advisory Group for Health Research Meeting, Brussels.
6–8 June	Meeting of the EU network of influenza communication officers during the WHO Outbreak Communication Workshop, Brussels.
7 June	Launch of ECDC's first Annual Epidemiological Report, with the presence of German Federal Minister for Health, Ulla Schmidt, Stockholm.
11 June	Director attends the Head of Agencies meeting, Brussels.
11–12 June	Director visits the European Parliament: Meeting with the Committee on Budgets and speech on 'Pandemic Influenza Preparedness in the EU: Recent developments'.
11–14 June	HIV/STI country visit to Romania.
12–15 June	Influenza assessment visit to Finland.
14–15 June	Tenth Meeting of the Management Board, Vienna, Austria.
18–20 June	Training resources and needs assessment visit to Hungary.
18–21 June	Influenza assessment visit to Cyprus.
26–29 June	Influenza assessment visit to Bulgaria.
27–29 June	Country visit to Portugal.
28–29 June	Expert meeting on ECDC outbreak assistance laboratories, Stockholm.
29 June	EU drugs agency EMCDDA and ECDC sign cooperation agreement, Lisbon, Portugal.
2–5 July	Influenza assessment visit to Slovenia.
5 July	Director visits EFSA.
9–13 July	AMR country visit to Austria.
23–26 July	Influenza assessment visit to Bulgaria.
25–26 July	Visit by the Chairman of the ECDC Management Board, Dr Marc Sprenger.
30 July	Scientific seminar at the biannual Congress of the International Society for STD Research, Seattle, USA.
30–31 July	Visit by the Head of SANCO C3 – Health Threats Unit, John F. Ryan.
30 July – 3 August	AMR country visit to Poland.
27–30 August	Influenza assessment visit to Estonia.
28–30 August	Country visit to Latvia, including training resources and needs assessment.
4–5 September	Third Meeting of the National AMR Focal Points, Stockholm.
5 September	Visit by the ERS–Brussels Office to ECDC.
6–7 September	Annual meeting of EuroHIV–ECDC–WHO EURO on HIV/AIDS Surveillance in Europe, Stockholm.
6–7 September	Meeting with experts on MRSA, Stockholm.
11–12 September	Second ECDC Consultation for Member States on Strategy for Training and Capacity Building in Intervention Epidemiology, Stockholm.
13–14 September	Eleventh meeting of the Advisory Forum.
17–19 September	Mission to Serbia – WHO Regional Committee for Europe.
17–20 September	Influenza assessment visit to Denmark.

17–21 September	Joint ECDC/WHO team visits Italy to examine the implications for Europe of a chikungunya outbreak in the region of Emilia-Romagna.
19–20 September	Annual meeting of EuroTB–ECDC–WHO EURO on tuberculosis surveillance in Europe, Stockholm.
20 September	Publication of two scientific reports on ‘pre–pandemic’ H5N1 vaccines.
25–27 September	Fourth Joint WHO/EC/ECDC Workshop on Pandemic Influenza Preparedness, Luxembourg.
28 September	Launch of the on-line quarterly ECDC newsletter Insight.
2 October	Coordination of the dedicated surveillance network Enter-Net integrated into the activities of ECDC.
3 October	Coordination of the dedicated surveillance network EU-IBIS integrated into the activities of ECDC.
4 October	First meeting of the Member States’ Competent Bodies, ECDC.
8 October	Director addresses the European Parliament’s Environment, Public Health and Food Safety (ENVI) Committee.
8–11 October	Influenza assessment visit to Norway.
8–12 October	AMR country visit to Germany.
8–12 October	Influenza assessment visit to Romania.
9–11 October	Influenza assessment visit to Iceland.
15 October	Second meeting of the Member States’ Competent Bodies, ECDC.
16 October	Scientific Seminar at the European Parliament on AMR and launch of the Annual European Antibiotic Awareness Day.
16–17 October	<i>Eurosurveillance</i> Annual Editorial Board and Editor Meeting, Stockholm.
17 October	Spanish Minister for Public Health and Consumer Affairs, Bernat Soria, visits ECDC.
18–20 October	European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), Stockholm.
22 October	Director addresses the WHO Ministerial Forum Europe against TB, Berlin, Germany.
22 October	Consultation on the vector-related risk for chikungunya virus transmission in Europe, Paris.
23 October	Third meeting of the Member States’ Competent Bodies, ECDC.
24 October	Technical meeting on TB at WHO EURO, Copenhagen, Denmark.
26 October	Expert meeting on legionella, Stockholm.
24–26 October	Influenza assessment visit to Liechtenstein.
1 November	EPIET fully integrated in ECDC.
6–7 November	Third Joint Meeting of Chairs and Secretariats of the EU Scientific Committees, Stockholm.
8 November	Fourth meeting of the Member States’ Competent Bodies.
13–14 November	Twelfth meeting of the Advisory Forum.
15 November	Second Consultation on Outbreak Investigation and Response, Stockholm.
15–16 November	First Meeting of the National Microbiology Focal Points, Stockholm.
19–21 November	Country visit to the Netherlands.
30 November	Third meeting of the Steering Group for the evaluation of the DSN, Stockholm.
23 November	Director country visit to Estonia and press conference on HIV/AIDS, Tallinn.
4 December	Representatives from the Chinese CDC, Beijing Centre for Disease Prevention and Control and Shanghai Centre for Disease Prevention and Control visit CDC.
5–6 December	Third Meeting on Epidemic Intelligence and Mass Gatherings in Europe, Stockholm.
13–14 December	Eleventh meeting of the Management Board.

Annex 5

ECDC budget summary 2007

Budget Line Position	2008 Budget	2007 Execution (Commitments)	2006 Execution (Commitments)
Chapter 11 — STAFF IN ACTIVE EMPLOYMENT	14 380 000	7 814 194.88	5 082 145.33
Chapter 13 — MISSIONS AND TRAVEL	800 000	800 000.00	400 000.00
Chapter 14 — SOCIO-MEDICAL INFRASTRUCTURE	75 000	26 839.90	8 897.51
Chapter 15 — EXCHANGES OF CIVIL SERVANTS AND EXPERTS	750 000	615 000.00	420 000.00
Chapter 17 — REPRESENTATION EXPENSES	30 000	33 000.00	20 000.00
Chapter 18 — INSURANCE AGAINST SICKNESS, ACCIDENTS AND OCCUPATIONAL DISEASE, UNEMPLOYMENT INSURANCE AND MAINTENANCE OF PENSION RIGHTS	555 000	238 800.69	137 057.51
Total Title 1 Staff	16 590 000	9 527 835.47	6 068 100.35
Chapter 20 — INVESTMENTS IN IMMOVABLE PROPERTY, RENTING OF BUILDINGS AND ASSOCIATED COSTS	2 970 000	1 740 105.71	1 513 267.41
Chapter 21 — DATA PROCESSING	1 735 000	2 389 890.19	1 184 460.69
Chapter 22 — MOVABLE PROPERTY AND ASSOCIATED COSTS	70 000	597 641.58	445 753.39
Chapter 23 — CURRENT ADMINISTRATIVE EXPENDITURE	395 000	111 686.23	77 984.48
Chapter 24 — POSTAGE AND TELECOMMUNICATIONS	420 000	268 960.44	121 570.55
Chapter 25 — EXPENDITURE ON MEETINGS/GOVERNANCE	470 000	556 527.76	244 756.77
Total Title 2 Administration	6 060 000	5 664 811.91	3 587 793.29
Item 3000 Networking, surveillance and data collection on Communicable diseases	4 100 000	2 493 962.19	1 852 240.17
Item 3001 Preparedness, response and emerging health threats	1 105 000	1 053 168.98	428 018.42
Item 3002 Scientific opinions and studies	2 100 000	1 476 258.72	495 827.14
Item 3003 Technical assistance and training	1 860 000	1 981 011.62	1 089 489.62
Item 3004 Publications and Communications	1 950 000	911 725.60	448 499.69
Item 3005 ICT to support projects	2 650 000	1 697 880.64	367 288.46
Item 3006 Build up and maintenance of the Crisis Centre	185 000	498 718.66	1 486 669.58
Item 3007 Translations of scientific and technical reports and documents	400 000	265 000.00	42 312.00
Item 3008 Meetings to implement the work programme	2 000 000	1 314 027.24	1 005 930.35
Item 3009 Country cooperation and partnership	600 000	368 822.88	
Item 3010 Scientific Library and Knowledge Services	300 000	261 078.28	
Chapter 30 — OPERATING EXPENDITURE	17 250 000	12 321 654.81	7 216 275.43
Total Title 3 Operations	17 250 000	12 321 654.81	7 216 275.43
Earmarked funds for Actions with Candidate Countries	200 000		
TOTAL BUDGET	40 100 000	27 514 302.19	16 872 169.07

Annex 6

List of Competent Bodies

COUNTRY	COMPETENT BODY Institution, address	ROLE
AUSTRIA	Austrian Agency for Health and Food Safety (AGES) Spargelfeldstraße 191, A-1220 Vienna, Austria http://www.ages.at/	Scientific advice
	Institute of Social Medicine , Centre of Public Health Medical University Vienna Rooseveltplatz 3 A-1090 Vienna, Austria www.meduniwien.ac.at/	Scientific advice
	Federal Ministry of Health, Family and Youth Radetzkystr 1, A-1030 Vienna, Austria http://www.bmg.bund.de/	Guidelines, preparedness, threat detection, response, training, communication Surveillance
BELGIUM	Institute of Public Health Juliette Wytsman street 14, 1050 Brussels, Belgium www.iph.fgov.be	Scientific advice, guidelines, surveillance, threat detection, training
	FPS Public Health, Food Chain Safety and Environment Directorate-General Primary Healthcare and Crises Management Eurostation, Bloc II, Victor Horta Place, 40 box 10, 1060 Brussels, Belgium www.sante.fgov.be	Preparedness, response, communication
	Flemish Agency for Care and Health Public Health Surveillance of Flanders Ellipse Building , K.Albert II-laan 35 bus 33, B-1030 Brussels, Belgium http://www.zorg-en-gezondheid.be/	Communication
	French Community Ministry Boulevard Leopold II, 44, 1080 Brussels, Belgium http://www.cfwb.be/	Communication
	German Speaking Community Ministry Klötzerbahn 32 , 4700 Eupen, Belgium http://www.dglive.be/	Communication
BULGARIA	National Center of Infectious and Parasitic Diseases 26, Yanko Sakazov Blvd. 1504 Sofia, Bulgaria http://www.ncipd.org	Scientific advice, surveillance, training

	<p>Ministry of Health National State Health Inspection 5, Sveta Nedelja Sq., 1000 Sofia, Bulgaria http://www.mh.government.bg/</p>	<p>Guidelines, preparedness, response</p>
	<p>Ministry of Health Directorate of Public Health, Department of Communicable Diseases Surveillance 5, Sveta Nedelja Sq., 1000 Sofia, Bulgaria http://www.mh.government.bg/</p>	<p>Threat detection, HIV AIDS, communication</p>
	<p>National Center of Health Informatics 15, Acad.Ivan Geshov str., 1431 Sofia, Bulgaria http://www.nchi.government.bg/</p>	<p>Surveillance (IT part)</p>
CYPRUS	<p>Ministry of Health Unit for Surveillance and Control of Communicable Diseases – Medical and Public Health Services 10 Markou, Drakou, 1449, Nicosia Cyprus http://www.moh.gov.cy/</p>	<p>Scientific advice, guidelines, surveillance, health threat detection, preparedness, training, response, communication</p>
CZECH REPUBLIC	<p>School of Military Health Sciences , Faculty of Military Health Sciences Trebesska 1575 500 01 Hradec Kralove, Czech Republic www.pmfhk.cz</p>	<p>Scientific advice, Training</p>
	<p>Ministry of Health Palackeho namesti 4, 128 01 Prague 2 , Czech Republic www.mzcr.cz</p>	<p>Guidelines, preparedness, threat detection, response, communication</p>
	<p>National Institute of Public Health Šrobárova 48, 100 42 Praha 10, Czech Republic www.szu.cz</p>	<p>Guidelines, surveillance</p>
	<p>Institute of Postgraduate Medical School – IPVZ Ruska 85, 100 05 Praha 10, Czech Republic www.ipvz.cz</p>	<p>Training</p>
DENMARK	<p>Statens Serum Institut Artillerivej 5, Copenhagen S, Denmark http://www.ssi.dk</p>	<p>Scientific advice, surveillance, threat detection, training, response</p>
	<p>The National Board of Health Islands Brygge 67, 2300 Copenhagen S, Denmark www.sst.dk</p>	<p>Guidelines, communication, preparedness, response</p>

	The National Food Institute Moerkhoej Bygade 19, 2860 Soeborg, Denmark http://www.dtu.dk/	Scientific advice
ESTONIA	Health Protection Inspectorate Paldiski mnt. 81, 10617 Tallinn, Estonia www.tervisekaitse.ee	Scientific advice, guidelines, surveillance, threat detection, training, preparedness, response, communication
	National Institute for Health Development Hiiu 42 , 11619 Tallinn, Estonia www.tai.ee	TB and HIV/AIDS surveillance
	Ministry of Social Affairs Gonsiori 29, 15027 Tallinn, Estonia www.sm.ee	Communication, training
FINLAND	National Public Health Institute (KTL) Mannerheimintie 166, FI-00300 Helsinki, Finland http://www.ktl.fi/	Scientific advice, guidelines, surveillance, threat detection, training, response, communication
	Ministry of Social Affairs and Health (MSAH) PO BOX 33, 00023 Government, Finland www.stm.fi	Guidelines, training, preparedness, response, communication
FRANCE	National Institute for Surveillance (InVS) 12, rue du Val d'Osne. 94415 Saint-Maurice cedex, France http://www.invs.sante.fr	Scientific advice, surveillance, threat detection, communication, training
	Health General Directorate (DGS) 14, avenue Duquesne, 75350 Paris 07 SP, France www.sante.gouv.fr	Guidelines (development and implementation), response, communication
	National Institute for Prevention and Health Education (INPES) 42, Boulevard de la Libération, 93203 Saint Denis Cedex, France http://www.inpes.sante.fr	Communication
GERMANY	Robert Koch Institute Nordufer 20, 13353 Berlin, Germany www.rki.de	Scientific advice, guidelines, surveillance, threat detection, training, preparedness, response, communication (communicable diseases)

	Federal Centre for Health Education Ostmerheimer Str.220, 51109 Cologne, Germany http://www.bzga.de	Communication (public campaigns)
GREECE	Ministry of Health & Social Solidarity Directorate of Public Health and Strategic Unit of Planning and Health Policies 17, Aristotelous Street, GR-101 87 Athens, Greece http://www.mohaw.gr/	Scientific advice, threat detection, training, communication
	Hellenic Center For Diseases Control & Prevention (H.C.D.C.P.) 9 Polytecneiou St. , 10433 Athens, Greece www.keel.org.gr	Guidelines, surveillance, preparedness. Response
	Hellenic Organization Against Drugs 21 Averof Street, 10433 Athens, Greece http://www.okana.gr/en/	Communication (general public)
HUNGARY	National Centre for Epidemiology H-1097 Budapest, Gyáli út 2-6, Hungary http://www.oek.hu/	Scientific advice, surveillance, guidelines, threat detection, training, preparedness, response, communication
	Koranyi National Institute of Tuberculosis and Pulmonology 1529 Budapest, Pihenó ut 1, Hungary http://www.koranyi.hu/	For TB only: Scientific advice, surveillance, guidelines, threat detection, training, response, communication
IRELAND	Health Protection Surveillance Centre 25-27 Middle Gardiner Street, Dublin 1, Ireland http://www.ndsc.ie/	Scientific advice, guidelines, surveillance, threat detection, training, communication (communicable diseases)
	Health Service Executive Block B, Civic Centre, Main Street, Bray , Co Wicklow, Ireland http://www.hse.ie/	Preparedness and response, communication (public Information Campaigns)
ITALY	Istituto Superiore di Sanità (ISS) Viale Regina Elena 299 – 00161 – Rome, Italy www.iss.it	Scientific advice, HIV AIDS surveillance, training,
	Ministry of Health (national reporting system) Directorate General of Health Prevention, Communicable Diseases Unit, National centre for Disease Control Viale della Civiltà Romana, 7 – 00144 Rome, Italy www.ministerosalute.it	Guidelines, surveillance (other diseases), threat detection, preparedness, response, communication

	National Institute for Infectious Diseases “L. Spallanzani” Viale Portuense, 292 – 00149 Rome, Italy www.inmi.it	Scientific advice, training
LATVIA	State agency “Latvian Infectology Centre” Linezera iela 3, Rīga, LV–1006, Latvija http://www.infectology.lv/	Scientific advice
	State Agency “Public Health Agency” Klijanu str. 7, Rīga, LV–1012, Latvia www.sva.lv/	Scientific advice for public health, guidelines, surveillance, training, threat detection, preparedness and response, communication
	State agency of Tuberculosis and Lung Disease P/O Cekule, Stopinu p., Riga region, Latvia, LV 2118 www.tuberculosis.lv/	Tuberculosis only: surveillance, training, scientific advice
	Centre of Emergency and Disaster Medicine Pilsonu str. 13, building 21, Riga, LV–1002, Latvia http://www.emergency.lv	Mainly response, for disasters
LITHUANIA	Institute of Hygiene Didzioji str. 22, LT–01128 Vilnius, Lithuania www.hi.lt/	Scientific advice, health care associated infection surveillance, communication on AMR,
	Centre for Communicable Diseases Prevention and Control Kalvariju str. 153, LT–08221 Vilnius, Lithuania www.ulpkc.lt	Guidelines, surveillance, threat detection, communication on CD,
	National Tuberculosis and Infection Diseases University Hospital Birutes str. 1/20, LT–2004 Vilnius, Lithuania	Tuberculosis surveillance
	Lithuanian AIDS centre Nugaletoju str. 14D, LT–10105 Vilnius, Lithuania www.aids.lt/	For HIV/AIDS and STI: surveillance, Threat detection, communication
	Health Emergency Situation Centre under the Ministry of Health Didzioji str. 7, LT–01128 Vilnius, Lithuania	Preparedness and Response
LUXEMBOURG	Health Directorate Allee Marconi, L–2120 Luxembourg http://www.ms.etat.lu	Scientific advice, guidelines, surveillance, threat detection, training, preparedness and response, communication

	Health National Laboratory 42, Rue du Laboratoire, L-1911 Luxembourg http://www.lns.public.lu/	Scientific advice, surveillance
	Luxembourg Central Hospital 4, Rue Barble, L-1210 Luxembourg http://www.chl.lu/anim_home.html	Scientific advice, surveillance
MALTA	Department of Health Promotion and Disease Prevention 37/39 Rue D'Argens, Msida MSD 05 MALTA http://www.sahha.gov.mt/	Scientific advice, Guidelines, Surveillance Threat detection, Training, Preparedness, Response, communication
THE NETHERLANDS	Ministry of Health, Welfare and Sport Public Health Department P.O. Box 20350, 2500 EJ The Hague, The Netherlands http://www.minvws.nl/	For policy matters and influenza preparedness
	RIVM/Centre for Infectious Disease Control P.O. Box 1, 3720 BA Bilthoven, The Netherlands http://www.rivm.nl/	Scientific advice, guidelines, surveillance, threat detection, training, preparedness and response, communication
POLAND	National Institute of Hygiene Chocimska 24, 00-971 Warsaw, Poland www.pzh.gov.pl	Scientific advice, threat detection, guidelines, surveillance, training
	Centre for Postgraduate Medical Training, School of Public Health Kleczewska 61/63, 00-826 Warsaw, Poland	Training
	Chief Sanitary Inspectorate Długa 38/40, 00-238, Warsaw, Poland www.gis.gov.pl	Threat detection, preparedness and response, communication
	National Tuberculosis and Lung Disease Institute 01-138 Warsaw, Plocka 26, Poland http://www.igichp.edu.pl/	Scientific advice on TB
PORTUGAL	Directorate General of Health (Direcção-Geral da Saúde – DGS) Alameda D. Afonso Henriques, 45, 1049-005 Lisboa, Portugal www.dgs.pt	Scientific advice, guidelines, surveillance, threat detection, training, preparedness and response, communication

	National Institute of Health (Instituto Nacional de Saúde – INSA) Av. Padre Cruz, 1649–016 Lisboa, Portugal www.insarj.pt	Scientific advice, threat detection,
	High Commissionariate of Health (Alto Comissariado da Saúde – ACS) Ministério da Saúde Avenida João Crisóstomo, 9, 7º piso, 1049–062 Lisboa, Portugal http://www.acs.min-saude.pt/	Surveillance for HIV/AIDS
ROMANIA	National Institute of Research and Development for Microbiology and Immunology “Cantacuzino”, INCDMI Cantacuzino Splaiul Independentei 103, Sector 5 Bucuresti, 050096, Romania www.cantacuzino.ro	Scientific advice, surveillance, response
	Ministry of Public Health, Public Health Authority 1 st District, Cristian Popisteanu MR – 1–3, 70 109 Bucharest http://www.ms.ro/	Guidelines threat detection, training, preparedness and response, communication
	Centre for Prevention and Control of Communicable Diseases Institute of Public Health Bucharest National Str. Dr. A. Leonte Nr. 1–3, 050463, Bucuresti, Romania www.cpcbtl.ispb.ro/	Surveillance, threat detection, training, response
	HIV/AIDS Institute of Infectious Diseases “Porf. Dr. Matei. Bals” Str.Dr.Grozovici nr.1, sector 2, 021105, Bucuresti, Romania http://www.mateibals.ro/	HIV/AIDS surveillance
	Institute of Pneumology Marius Nasta Sos.Viilor Nr. 90 Sector 5, 050152 Bucuresti, Romania http://www.mariusnasta.ro/	TB surveillance
SLOVAK REPUBLIC	Institute of Public Health, Jesenius Faculty of Medicine Comenius University, Záborského 2,036 45 Martin, Slovak Republic http://jfmed.zilina.net/	Scientific advice
	Ministry of Health of the Slovak Republic Limbova 2, P.O.BOX 52, 837 52 , Bratislava 37, Slovak Republic http://www.health.gov.sk/	Guidelines, threat detection, preparedness and response, communication
	Public Health Authority of the Slovak Republic Trnavska 52, 826 45 Bratislava, Slovak Republic http://www.uvzsr.sk/	Guidelines, surveillance, response, communication

	<p>Regional Public Health Authority Cesta k Nemocnici 1, 975 56 Banska Bytriska, Slovak Republic http://www.vzbb.sk/</p>	Surveillance
	<p>National Register of Tuberculosis, National Institute of Tuberculosis Lung Diseases and Thorax Surgery 059 84 Vysne Hagy, Slovak Republic</p>	TB surveillance
	<p>Slovak Medical University Limbova 12, 833 03 Bratislava, Slovak Republic http://www.szu.sk/</p>	Training
SLOVENIA	<p>Centre for Communicable diseases, National Institute of Public Health Trubarjeva 2, 1000, Ljubljana, Slovenia http://www.ivz.si/</p>	Scientific advice, guidelines, surveillance, threat detection, training, preparedness and response, communication
	<p>University Clinic Golnik University Clinic for Pulmonary and Allergic diseases Golnik Golnik 36, 4204 Golnik, Slovenia http://www.klinika-golnik.si</p>	TB surveillance
SPAIN	<p>High Council of clinical research Consejo Superior de Investigaciones Cientificas C/Serrano, 117, 28006 Madrid, Spain www.csic.es/</p>	Scientific advice
	<p>Health Institute CARLOS III SINESIO DELGADO,6, 28029 MADRID, Spain http://www.isciii.es/htdocs/en/index.jsp</p>	Scientific advice
	<p>General Directorate of Public Health Ministerio de Sanidad y Consumo Po del Prado, 18-20, 28014 Madrid, Spain http://www.msc.es</p>	Guidelines, threat detection, preparedness and response
	<p>S.G. International relations, Secretaría General Técnica Mº Sanidad y Consumo, Paseo del Prado 18-20 28071 Madrid, Spain http://www.msc.es/en/organizacion/ministerio/home.htm</p>	Communication
	<p>National Centre of Epidemiology C/Sinesio Delgado, 6, 28029 Madrid, Spain http://www.msc.es/en/organizacion/ministerio/directorio/home.htm</p>	Surveillance, training

SWEDEN	The National Board of Health and Welfare 106 30 Stockholm, Sweden www.socialstyrelsen.se	Scientific advice, guidelines, threat detection, training, preparedness and response, communication
	The Swedish Institute for Infectious Disease Control Nobels vag 18 171 82 Solna, Sweden www.smittskyddsinstitutet.se	Scientific advice, surveillance, threat detection, training, response, communication
UNITED KINGDOM	Health Protection Agency, Centre for Infections 61 Collindale Ave, London, NW9 5EQ, United Kingdom www.hpa.org.uk	Scientific advice, guidelines, surveillance, threat detection, training, preparedness and response, communication
	Department of Health, Richmond House, 79 Whitehall London SW1A 2NS, United Kingdom http://www.dh.gov.uk/	Competent for all policy issues
LIECHTENSTEIN	Office for Public Health, Aeulestrasse 51, FL-9490 Vaduz, Liechtenstein http://www.llv.li/home.htm	Scientific advice, guidelines, surveillance, threat detection, training, preparedness and response, communication
ICELAND	The National Committee on Communicable Diseases, Landspítali – University Hospital, Hringbraut, 101 Reykjavik, Iceland www.landspitali.is	Scientific advice
	Centre for Infectious Disease Control, Directorate of Health Austurstrond 5, 170 Seltjarnarne, Iceland www.landlaeknir.is	Surveillance, threat detection, preparedness, training, response, guidelines, communication
	Ministry of Health and Social Security Vegmula 3, 150 Reykjavik, Iceland http://eng.heilbrigdisraduneyti.is/	Communication
NORWAY	Norwegian Institute of Public Health PO BOX 4404 Nydalen, N-6403 Oslo, Norway http://www.fhi.no	Scientific advice, guidelines, surveillance, threat detection, training, preparedness, response, communication

European Commission

**European Centre for Disease Prevention and Control —
Annual Report of the Director: 2007**

Luxembourg: Office for Official Publications of the European Communities

2008 — 66 pp. — 21 x 29.7 cm

ISBN 978-92-9193-101-9

TQ-AB-08-001-EN-C

Postal address:
ECDC – European Centre for
Disease Prevention and Control
S-171 83 Stockholm

Visiting address:
Tomtebodavägen 11A
Solna, Sweden

Tel. (46-8) 58 60 10 00
Fax (46-8) 58 60 10 01
info@ecdc.europa.eu
ecdc.europa.eu

An agency of the European Union
www.europa.eu



ISBN 978-92-9193-101-9



Publications Office
Publications.europa.eu