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EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

MEETING REPORT

Annual meeting on TB surveillance in Europe

The Hague, 3–4 June 2008

World Health Organization
Regional Office for Europe

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MEETING REPORT

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Stockholm, October 2008

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EXECUTIVE SUMMARY

Objectives of the meeting on annual surveillance of TB in Europe:

- Provide an overview of the epidemiological situation for TB in the European Region.
  - A substantial part of the meeting focused on setting up a new reporting system which will be ready for collecting the 2008 data. However, for next year's meeting it was recommended to add a key-note speech and include scientific content on surveillance methods, surveillance of specific groups, and laboratory issues.
  - Country profiles from Spain, Latvia and Ukraine were presented. These profiles are very useful, show achievements and allow sharing good practices. This feature should be kept for future meetings.
- Present the ECDC/WHO Joint TB information System.
  - The ECDC/WHO Europe Joint TB Information System is ready for data collection and analysis. The Annual Report and other publications need a final agreement between ECDC and WHO/EURO on content after input from Member States.
  - The collaboration with WHO/EURO is good. There are two databases to report surveillance data to. Countries are split by EU/non-EU affiliation and type of information (case and programme management). Further work will focus on the synergy of the surveillance systems.
- Have an open discussion in workgroups about surveillance objectives, new variables to incorporate, future development of the annual report, and terms of reference for the TB Surveillance Coordinating Group.
  - Participants were split in two workgroups: EU Member States and Non-EU Member States. Both groups discussed identical topics (surveillance objectives, new variables to incorporate for data collection and TB annual report content). The EU Member States group was able to agree on its outputs. Apparently some of the workgroup topics were not ideally suited for the Non-EU Member States group as these topics involved more case-base data and less the aggregate reporting: for TB reporting and recording the structure of case-based databases in those countries follows WHO recommendations. Language was also an issue: next year, working documents should be translated into Russian in order to facilitate the discussion.
  - Since there was no final consensus among both workgroups on some of the topics (new variables to incorporate) it was agreed to prepare a document containing all proposals from the Annual Meeting and continue the work on these proposals in the Advisory Committee.

EuroTB Advisory Committee

- The EuroTB Advisory Committee had a constructive and positive meeting. The terms of reference for the Steering Group (the group to replace the Advisory Committee) were discussed, and there were some good proposals (see minutes of Advisory Committee).

- It was agreed that John Watson will continue as chair of the group until the new Steering Group is nominated.
- Since two members of the Advisory Committee step down, it was agreed to propose two new members from non-EU countries which are not currently represented in the group. WHO/EURO will provide proposals on candidates.
- It was proposed to keep the EuroTB name for the network since it is not a specific brand name and it suggests a Europe-wide network.

Feedback from participants

Although the reporting system at European level is not yet ideal the attitude of participants was very positive and constructive. Many of them consider the current process as challenging and they are ready to collaborate in order to bring EU and non-EU countries closer.

ANNUAL MEETING ON TB SURVEILLANCE IN EUROPE

(All presentations are available from http://www.euro.who.int/tuberculosis/forum/20060308_1.)

Background

The EuroTB hub, based at the Institut de veille sanitaire (France), has been in charge of coordinating the TB surveillance activities in the entire WHO European Region between 1996 and 2007. Starting in 2008, ECDC and the WHO Regional Office for Europe will jointly coordinate TB surveillance in the Region. Both organisations agreed to share data submitted by the 53 Member States (MS), activities deriving from the collection, validation, analysis and dissemination of information, and other tasks related to surveillance and monitoring of tuberculosis.

In order to facilitate collaboration a joint TB information system was developed. A common reporting entry point for all the countries in the WHO European Region was set up. Reporting is done via a web page that displays the logos of both organisations. TESSy and CISID databases will be used for data collection; data will be validated and exchanged between ECDC and WHO/EURO in order to avoid double reporting.

During the Annual Meeting on TB Surveillance in Europe national representatives of Member States were informed on the technical improvements in surveillance technology that were made for 2008. Presentations showed how the new information system handles case-based and aggregated surveillance data and provided details on TB information management. In April 2008, the first TB-specific TESSy training on reporting case-based data took place in Stockholm. Feedback from the training was presented at the meeting.

Other important topics on TB surveillance were reviewed during the meeting. Participants were asked to discuss these topics in workgroups and give feedback on surveillance objectives, new variables to be incorporated when collecting data, and possible content for the next annual TB reports.

A new TB Surveillance Coordinating Group will be established to replace the EuroTB Advisory Committee. The terms of reference of the TB Surveillance Coordinating Group were presented and discussed during the meeting.

Objectives

Provide an overview of the epidemiological situation for TB in the European Region. Present the ECDC/WHO Joint TB information system. Discuss surveillance objectives, new variables to incorporate, future development of the annual report, and the terms of reference for the TB Surveillance Coordinating Group.

Outcomes

Participants are updated on the TB epidemiological situation and on the operation of the ECDC/WHO Europe joint TB information system. Participants provided feedback on surveillance objectives, new variables to incorporate, the annual report and the terms of reference for the TB Surveillance Coordinating Group.

MEETING REPORT

Welcome

- Participants were welcomed to the meeting.
- The European Centre for Disease Prevention and Control (ECDC) and the WHO/EURO Joint Surveillance background was presented, with special emphasis on future plans.
- The expected outcomes of the meeting were outlined.

Session 1: Overview of the epidemiological situation

Overview of EuroTB and update of 2006 data

An overview of the epidemiological situation in the European Region was presented based on the EuroTB report on cases reported during 2006.

Stabilisation in TB incidence shows a degree of progress in TB control although this does not happen everywhere and the case load varies widely in the Region. A high frequency of MDR and presence of XDR-TB requires attention, resources and monitoring of outcome. HIV epidemic in countries FSU has an impact on TB.

TB still contributes to death from infectious diseases in EU. The increase of cases among migrants and foreigners shows a turning point.

Country profiles and descriptions of surveillance systems in Latvia, Spain and Uzbekistan

Three very different Member States in respect to TB situation, surveillance systems and geographical location — Latvia, Spain and Uzbekistan — were presented. Latvia presented the monitoring of MDR cases, Spain described the surveillance system in a very decentralised country, and Uzbekistan showed achievements in case detection, mortality reduction and treatment success. Presentations on country profiles are useful for knowing more about other countries and sharing good practices.

Report on anti-TB drug resistance surveillance

This report is based on data from the MDR project coordinated by EuroTB and RIVM (2003–2007). Participation of 24 countries out of 53 (19 EU countries). 35% of the data are completed with both molecular and epidemiological information in 18 countries. The proportion of primary MDR-TB is high among all genotyped strains. Patients originating from the Baltic states or Commonwealth of Independent States (CIS) countries are more likely to be infected with clustered MDR strains and/or Beijing strains. The proportion of clustering is higher among Beijing strains compared to strains of other genotypes. The three largest European clusters are caused by Beijing strains (increased transmission of MDR).

Future molecular surveillance perspective

ECDC's perspective was presented. Proposed actions are: carry out molecular typing of MDR-TB strains, ensure cluster analysis, and share information in a timely manner. Collect and analyse year-round the typing information of circulating MDR-TB strains. Ensure that alerts are made at the European level in case unusual strains or emerging strains with a potential public-health impact are detected. Organise and conduct a regular external quality assurance

programme on the molecular typing of TB strains. Contribute to outbreak investigation in case of MDR-TB or polyresistant TB.

Session 2: Information system operations

TB surveillance in Europe: collaboration between WHO/Europe and ECDC

The agreement between ECDC and WHO/EURO regarding the establishment of a new framework for TB surveillance in the WHO European Region was presented. Participants were informed on the dataflow and the systems to be used. Future developments in surveillance were described, such as the potential need to include new variables when collecting data for improved TB surveillance in Europe; synergetic effects when processing data (TESSy and CISID); better integration of molecular surveillance of MDR in Europe with the epidemiological data; a framework for collaboration with Member States which includes the confirmation or reappointment of national contact points and the new Coordinating Group (designated to replace the old advisory committee); and an agreement on data exchange, access and publication (draft; final version will be signed by Member States). All changes will be described in a Standard Operation Procedures (SOP) document to be distributed among representatives from the Member States.

ECDC–WHO/Europe joint TB information system

A general concept of TB surveillance, control programme monitoring and evaluation was mentioned as background information on the subject. The concept aims to strengthen the TB surveillance system in the Region by technologically supporting the development and harmonisation of the national TB information systems; monitor and communicate epidemiological determinants that impact the evolution of the epidemiological situation for TB in the Region; monitor programme resources available in the country to define the gaps and provide appropriate technical and financial assistance. This allows to define the impact through monitoring of the impact of MDG goal indicators related to tuberculosis.

The functionality of the new joint TB information system was presented. EU countries, reporting mainly case-based surveillance data, will upload data to TESSy. Non-EU countries, reporting mainly aggregated surveillance data, will upload data into CISID. Data on TB control programme management from all countries in the WHO European Region will be uploaded into CISID.

Data are mainly reported by non-EU countries, and data relate to TB control programme management. The content of TB control programme management information was revised from last year. It was shortened, became more comprehensive, more specific and concise, particularly in respect to the questions addressed in the data collection tool. The extreme importance of providing of such information for supranational partners was underlined, since this will allow fundraising to cover the gaps at the country level. It will also help to standardise and harmonise TB control approaches among Member States.

WHO global TB monitoring and evaluation project and its link to the European Region

An overview of TB control worldwide was provided, including the TB epidemiology and programme monitoring. Information on TB control programme management is collected every year by WHO/Europe — previously in collaboration with EuroTB and now with ECDC — and

published in the TB Global Report by WHO/Headquarters. Presented were the process of annual data processing; distribution of data collection forms; submission of data to WHO; data review and follow-up; and dissemination of results. Challenges were described and suggestions on how to improve the data collection process were provided — so that WHO/Europe and ECDC can improve content and format of the data collection form and countries can meet the deadlines and provide accurate and timely data.

Transfer of EuroTB database and feedback from TESSy training

During the last months ECDC, in collaboration with WHO/Europe, has been developing and improving TESSy to allow for TB case-based reporting. Datafile specifications were prepared. The migration of the databases was performed in March 2008 (data from 1995 to 2007). The case definitions for surveillance reporting were approved (Commission Decision of 28/IV/2008), including those for TB case definitions. The training for TESSy users from the EU reporting TB cases (case-based reporting) took place in April 2008. Participants rated the training as useful and most of them feel comfortable using TESSy as a tool for reporting at European level. An online training was scheduled for the 2nd week of June 2008.

Session 3: Workgroups discussion on future surveillance objectives, variable plan and TB report

The background for the workgroups was presented by Csaba Ködmön, ECDC (see Annex 1).

Proposed questions for discussion

- What general and specific TB objectives are relevant and have an added value for future TB surveillance in the EU and WHO European Region?
- Which TB-specific objectives should be changed or formulated differently?
- Which TB-specific objectives are missing and should be included?
- Which risk factors have added value at the international level and should be collected by the ECDC–WHO/Europe Joint TB Information System in Europe?
- Which variables should be included or modified in the data collection?
- Which changes should be made in the format of the TB Surveillance Annual Report?

Session 4: Presentation of workgroups results

Workgroup I: non-EU countries

Objectives: Objectives should be modified so they reflect STOP TB strategy goals, objectives and targets, as well as the framework of M&E (monitoring and evaluating) for TB control programmes, as described in the compendium for M&E of NTP.

List of variables: The discussion on this issue in the workgroup for non-EU countries became a bit muddled as those countries maintain their own data, based on WHO guidelines for TB data reporting and recording. The coding of variables in TESSy (TB-specific section) differs slightly from the coding of variables when conforming to WHO guidelines for TB data reporting and recording. There are, however, possibilities to recode data in order to conform to WHO coding exist and are used.

The overall concept at the supranational level for TB control monitoring and evaluation based on data reporting of (i) TB cases and (ii) programme management data is: a) to collect

aggregated data at the supranational level; and b) to provide technical support and directions to the Member States in order to assure data quality through individualised data management at the country level. Nevertheless, Member States should also be offered the option to submit individualised data sets and the option to submit data offline (via MS Excel files). The latter option is particularly relevant for those countries that do not have online access to system tools (CISID and TESSy).

In the future, data flow from non-EU Member States will be reappraised according to country preferences and the structure of a country's individualised data bases (former EuroTB structure or WHO structure). From this perspective, those non-EU countries that prefer to submit individualised data sets either to TESSy or CISID are welcome to do so after an official note to both institutions. It should also be mentioned that in order to provide equal opportunity for those non-EU Member States that prefer to submit individualised data sets to the system via CISID, CISID will adapt data entry modules in order to accommodate individualised data. Such modules are used for other communicable diseases. The structure of the database will ideally follow the structure of the TB section in the TESSy database and adhere to standards of WHO TB reporting and reporting standards mentioned in the respective guideline.

Annual Report: The structure of the report suggested in the workgroup was well received and accepted.

- Frequency of publication: Annually, in mid-March, before World TB day.
- Content: Narrative, text presents an overview of TB epidemiological situation, main achievements on TB control in the Region. Also included:
  - a short summary of TB control/eradication;
  - more detailed chapter about the regional burden of TB; monitoring of targets and strategies for TB control; and implementing the Stop TB Strategy in the Region
- Tables: Compiled from the most appropriate tables for the Region; content taken from the EuroTB annual report and the global TB report tables.
- Country profiles should be based on WHO country profiles template; profiles should include additional figures on challenges to TB control specific to the European region. Country profiles should list the population size to improve user-friendliness.
- Addendum: Content will reflect specific topics and will change every year, according to the Region's needs, such as MDR, HIV, prison, migration of other challenges on TB control in the Region. The topics for the specific addendum will be proposed by Member States during annual meetings.
- E-mail addresses of contact persons at the beginning of the report. Alternatively: web site's e-mail addresses updated regularly.

Few additional comments were made by Member States:

- Inclusion of population size in the country profiles and in the tables.
- Contacts of country correspondents listed at the beginning of the report.

Workgroup II: EU Member States

General TB objectives

- Monitor notification rates and trends of TB disease. (New objective, basic principle of surveillance).
- Monitor characteristics of TB cases including vulnerable populations and geographical areas. This objective has been amended: vulnerable groups are not specifically mentioned. See Annex 4.
- Contribute to the evaluation of TB prevention and control activities using surveillance data. The objective has been amended to make it more specific and accurate. See Annex 4.
- Detect and monitor the emergence and spread of resistance to anti-TB drugs. (Objective unchanged.)
- Monitor TB cases with respect to disease outcomes. (This objective has been amended in order to simplify it.) See Annex 4.
- Collect and interpret TB data to detect and monitor the spread of clusters of international public health relevance. This objective has been amended — as shown in Annex 4 — since molecular typing was considered to be too narrow, MDR-TB too narrow, other issues, cases — too broad, too ambitious).

Specific TB objectives

Improvement of analytical methods and quality assurance:

- The definition of a TB event was deferred due to its complexity. The workgroup voiced reservations regarding the proposed definition. (Further discussion needed.)
- Promote the agreed definition of a case of foreign origin (since 1994).
- The proposed mortality objective was deemed not feasible for European-level surveillance. The group thought that this was a national objective.

Strengthening surveillance capacity of countries:

- Surveillance at the EU level should contribute to the national systems.
- Promote the development of a TB laboratory network including QA and training.
- Promote molecular typing of MDR-TB and polyresistant TB.
- Support surveillance of TB throughout the WHO European Region (changed).

Strengthening outbreak detection and monitoring:

- Strengthen European capacity to detect and monitor the outbreaks of international interest. (The definition of the terms 'TB outbreak' and 'TB event' need further discussion.)

New variables to be added (or old ones amended) to data collection

- PrevTreatmentCompletion (completion of previous antituberculosis drug treatment). The data completion of this variable has generally been of poor quality in many countries, and the utility of collection was questioned. The final agreement on this variable was that it needed further discussion. In the interim, it was agreed to use the outcome categories for any case of TB.

- DOT (treatment received under direct observation) of a case/patient. Redefine as DOT, not DOTS. Clarity of the definition is important (difference between measurement at the beginning and/or at the completion of treatment). Surveys are more accurate (Norwegian experience; practice should be encouraged). Overall consensus was that these data should be collected. Monitoring of DOT is important but should be confined to the national level rather than extended to the European level.
- Prison status at the time of notification was agreed for collection in 2009.
- HIV (HIV status of the patient). Agreed to be collected because it is an information of public health importance. The collection may pose problems for some countries due to confidentiality issues. It was agreed that aggregate data are acceptable but case-based data are preferable.
- CPT (receiving co-trimoxazole preventive therapy). Agreed to be collected it in HIV surveillance, not TB surveillance.
- ARV (receiving of antiretroviral therapy). Agreed to be collected it in HIV surveillance, not TB surveillance.
- OUTCOME variables: Outcome12Months (treatment outcome after 12 months); Outcome24Months (first observed treatment outcome between 13–24 months)
  Proposed coding values:
  1 = cured
  2 = completed
  3 = died because of TB
  4 = died because of other cause
  5 = cause of death unknown
  0 = unknown outcome
  6 = failed
  7 = defaulted
  8 = transferred
  9 = still on treatment
- Outcome36Months (first observed treatment outcome between 25-36 months).
  No '9 = still on treatment' in case of OUT36.
- Data on cause of death should be included in TB surveillance data. Data from general mortality statistics may differ. Most people want to include 5 (cause of death unknown) in the coding, but some felt that 3 (died because of TB) and 4 (died because of other cause) were sufficient because the main objective is to determine whether TB was the direct cause of death or not. The definition will have to be reviewed for the European context, further discussion is needed.
- Outcome variables were agreed by the workgroup. The workgroup wants to retain the Still-on-treatment variable.
- 2nd line anti-TB DST. DST of 2nd line anti-TB drugs is important for detection and confirmation of XDR-TB; already included in variable plan.
- Amikacin, Kanamycin, Capreomycin, Ofloxacin and Ciprofloxacin. The workgroup agreed to include variables Am, Ka, Ca, Of and Ciprof to confirm XDR-TB. QA issues need to be considered and need to be discussed with the lab and MDR experts.
- MiruCode variable: definition needs to be more specific, it is not clear in the current format.

There are some TESSy variables that are not applicable for TB, and there should be a clear SOP stating that they are not relevant/specific for TB (the outcome, epilinked, imported case). Clarity (general SOP) is required in this regard and in relation to training materials.

Case definition: It was suggested that ECDC work on the classification of the terms 'possible, probable and confirmed case' once data from each country have been received.

Frequent changes of surveillance data requirements have resource implications at the national level.

Annual report

Size, format, content: unchanged; additional content on the basis of new information that is collected.

Country profiles: there was a suggestion to include a section on policy development. The group agreed that this was a good idea, but for the time being the annual reports should be kept as they are since the workload due to the transfer is very high.

Website: The practice of using slides, presentations and literature provided by EuroTb should be continued. The workgroup found these materials very useful.

Standardise and adopt the definition of a TB event. Proposed definition:

- an event that requires an immediate public health intervention upon detection, at a multinational level (e.g. large MDR-TB cluster, TB transmission in airplanes);
- an event of public health importance (either national or international) with serious consequences (excluding TB transmission in airplanes).

Needs further discussion, clarification, a lot of unspecified terms need to be discussed.

Session 5: Final session

Report of the Chair, EuroTB Advisory Committee

The chair introduced the current members of the Advisory Committee:

- John Watson (UK), chair
- Elmira Ibraim (Romania)
- Jean-Paul Klein (Austria)
- Maria Korzeniewska-Kosela (Poland)
- Vincent Kuyvenhoven (Netherlands and KNCV)
- Francis Drobniewski (UK)
- Petri Ruutu (Finland), not present at the meeting
- Richard Zaleskis, representing WHO Euro
- Karoline Fernandez de la Hoz, representing ECDC

Two places on the Advisory Committee are currently vacant due to the departure of Luke Clancy (Ireland) and Michael Forssbohm (Germany).

The chair summarised the purpose, the member-selection process and the meeting arrangements of the EuroTB Advisory Committee:

- The EuroTB Advisory Committee provides technical, scientific and political advice to the professional staff of EuroTB and represents the views of the network of national correspondents.
- Members are selected by EuroTB staff to be broadly representative of the network.
- Meetings of the committee occurre approximately twice a year.

The previous meeting of the Advisory Committee took place in Stockholm on 19 September 2007. The main items discussed were:

- the evaluation report on EuroTB;
- the transition plan for EuroTB to ECDC;
- preliminary plans for the next Wolfheze meeting; and
- the initial discussion on the future advisory structure for EuroTB within ECDC.

It was agreed that the Advisory Committee should remain in existence until the new advisory structure was in place.

The Advisory Committee met again on 3 June 2008 in the Hague. The key issues discussed were:

- progress report on the transition of EuroTB to ECDC;
- progress in the development of a reference laboratory network for TB (summary by Francis Drobniewski);
- proposed maintenance of the name 'EuroTB' after the move to ECDC in collaboration with WHO;
- terms of reference for the proposed new Steering Group for EuroTB. This was discussed in detail, and agreed on, following a presentation by Vahur Hollo (ECDC);
- agreement that the current Advisory Committee should remain in place until the new Steering Committee is created;
- confirmation of John Watson as Chair of the Committee.

Additionally, ECDC and WHO/Europe will invite two new members to the Advisory Committee to fill the two vacant places – ideally with colleagues from Eastern European countries. WHO/Europe will propose candidates.

Discussion on the terms of reference for the European TB Surveillance Coordinating Group

ECDC's, WHO/Europe's and the Member States' efforts to develop pan-national surveillance of tuberculosis for the European Region need to be augmented by a network of national surveillance contact points and a Coordinating Group for tuberculosis (TB). The draft terms of reference for the establishment of such a group were discussed during the EuroTB Advisory Committee meeting, and the Advisory Committee's proposals were presented and discussed (see Annex 3).

Closing remarks

During his closing remarks, Vincent Houdry (EU Commission) informed participants that the 'Framework Action Plan to fight tuberculosis in the European Union' prepared by ECDC in collaboration with Member States experts and other partners at the request of the Commission will be presented to the EPSCO Council on 10 June 2008 in Luxembourg.

Note: The documents reproduced here are working documents and have only been lightly edited for rapid publication.

ANNEX 1: BACKGROUND DOCUMENT FOR WORKGROUPS

Introduction

The annual meeting is a unique opportunity to exchange ideas, views and comments on the main aspects of TB surveillance. In order to facilitate the discussion and to give everyone the opportunity to express their views, participants have been assigned to two smaller groups where they will discuss the topics shown below. Translation into Russian will be available for Group 1. The aims of the workgroups, main questions for discussion, and background documents are described herein.

The workgroup session will take place 3 June 2008, 14:00-17.30.

Discussion on the future surveillance objectives, variable plan and TB report

There will be four parts to this discussion. For all parts, some recommendations and proposals are expected. The topics for discussion are the same for both workgroups. The groups are organised regarding the technical reasons of data submission to the ECDC–WHO/Europe Joint TB Information System.

Group 1. Non-EU member states
Chair: Ulgen Gullu, Turkey.
Rapporteur: Radmila Curcic, Serbia.
Working languages: Russian and English.

Group 2. EU Member States and EEA/EFTA countries
Chair: Joan O'Donnell, Ireland.
Rapporteur: Damjan Erzen, Slovenia.
Working language: English.

Before the annual meeting: some preparatory 'homework'

Each group will have a chair and a rapporteur. To guide the discussion and to facilitate the preparation of the participants, each group has been provided with some background information on the topic to be discussed and some suggested questions for discussion.

At the annual meeting: structure of the workgroup sessions

An assigned expert will do a short introduction to focus the discussion. The chair will guide the discussion on the suggested questions and other proposals of the group. At the end of the discussion the group will provide some recommendations. The rapporteur will prepare a 5-10 slides power point presentation summarising the main discussion points. The last slide should include the recommendations of the group. Each group will have 15 minutes to present its outcome at the plenary session the 4th June (see agenda).

After the annual meeting

A report with main outcomes is foreseen to be produced after the annual meeting. The rapporteurs are asked to prepare a 2-page summary of the main outcomes in their workgroups.

Aims of the workgroup session

Part 1: The future surveillance objectives: to discuss the relevance and added value at European level of general and TB specific surveillance objectives formulated in Annex 2. Suggestions and formulation of other objectives considered important for further improvement of TB surveillance at European level are welcome.

Part 2: New variables to incorporate in the joint TB surveillance system: to discuss the potential introduction of new variables into the data collection taking into account the added value for surveillance at European level.

Part 3: TB report: to discuss and make a proposal on the form and content of the TB report.

Part 4: Agreed proposal on the definition of TB event: to discuss and make a proposal on the definition of TB event.

Part 1. Future surveillance objectives

ECDC and WHO/EURO agreed on the joint coordination and development of TB surveillance in the WHO European Region from 1 January 2008 and onwards. In order to further develop TB surveillance in Europe a vision on what should be achieved in the future is needed. To fulfil this need ECDC has been working in the development of a long-term vision for the surveillance of communicable diseases (CD) which is described in the document: 'Surveillance of communicable diseases in the European Union — A long-term strategy (2008–2013)', MB11/14 Rev. 1. A main element in the further development of surveillance will be the wider application of the newly approved EU case definitions and to continue working on strengthening and developing the European framework for surveillance, to better harmonise the reporting methods, systems and practices in use.

As a next step, more detailed objectives should be defined. Surveillance objectives will be subject to changes over time and therefore, they will need to be revisited on a regular basis. A draft document on general surveillance objectives and specific objectives for TB is provided as Annex 2 for discussion and input.

Suggested questions to the group

- Which TB general and specific objectives (described in Annex 2) are relevant and have an added value for future TB surveillance in EU and WHO European Region?
- Which TB-specific objectives should be changed or formulated in another way?
- Which TB-specific objectives are missing and should be included?

Background documents

- Annex 2. Surveillance objectives for specific communicable diseases in the European Union: Tuberculosis; draft 2008-05-23.

Part 2. New variables to incorporate in the joint TB surveillance system

After a joint work between ECDC, WHO/EURO and the EuroTB Advisory Committee the variable plan for the case-based data collection of TB cases notified in 2007 is ready. During the discussions to adapt EuroTB variable plan to the new case-based database, comments and suggestions for future improvements in TB surveillance at European level were done. These reflect different views, and no consensus was reached for some variables. Since the commitment with Member States was to discuss any relevant change at the annual meeting of national correspondents it was decided to bring the topics on discussion to the meeting in The Hague on 3-4 June 2008. The description on the proposed variables for discussion can be found in Annex 2. Any proposed changes will be only applicable for the data collection to be done in 2008.

Suggested questions to the group

- Which variables should be included and what coding values should be used for data collection?

Part 3. TB report

The EuroTB evaluation team recommended shortening the EuroTB Annual Report and producing an additional thematic chapter on a particular topic of public health importance in relation to TB in Europe. During the Annual Meeting in 2007 this recommendation was discussed in one of the workgroups (workgroup 4) and some members did not agree with shortening the report as they felt it is the main reference document available in relation to the epidemiology of TB in Europe. It was also felt that having a paper copy of the report was more user-friendly. Other participants agreed to the recommendation of shortening the report. It was noted that the EuroTB interactive database is available for those who wish to obtain more detailed information on TB; however this database is currently under-utilised and it was stated that problems can arise interpreting these data as they need to be interpreted in the national context. In that workgroup it was also stated that the slide sets summarising the Annual TB Report that EuroTB provided yearly were very useful. This good practice should be continued in the future.

Suggested questions to the group

- Should the content of the report be reduced?
- If yes, what should the content of the shortened TB report be?
- Which tables are most useful in the Annual Report?
- How often should the complete 'long' report be produced?
- Other suggestions.

Background documents

- Annex 3. Report of Workgroup No. 4, EuroTB Meeting, September 2007.

Part 4. Definition of TB event: agreed proposal

During the previous annual meeting, workgroup 4 agreed that the development of this definition is important. However, this needs further discussion including examination of the evidence, best practice and individual countries' experiences. It was suggested that a TB event should be defined as an event of public health importance (either national or international) with serious consequences. The need for timely reporting should be emphasised. Definitions for national and international TB events will be required. It was agreed that routine contact tracing following the identification of a sputum smear positive pulmonary TB case on a plane would not constitute such an event. The UK experience shows very few of these lead to an international event.

Suggested questions to the group

- Is there a need to define TB event?
- What kind of events will be included in the definition?

ANNEX 2: SURVEILLANCE OBJECTIVES FOR COMMUNICABLE DISEASES IN THE EUROPEAN UNION: TUBERCULOSIS

Draft 23 May 2008

Summary

ECDC is proposing long-term objectives for the surveillance of communicable diseases in Europe to serve as a more detailed guide to the 'Surveillance of communicable diseases in the European Union — A long-term strategy (2008–2013)' for Europe recently finalised. These objectives should contribute to the roadmap for the implementation of this strategy (work in progress). They should contribute to achieving the overall goal of providing more relevant and accurate public health information for decision makers, professionals and healthcare workers in Member States and providing better validated and more comparable data on the occurrence of communicable diseases.

Action

Draft for discussion at the EuroTB annual meeting in the Netherlands.

Part 1. General objectives for surveillance at EU level

Surveillance at the European level shall add value to Member States by directly strengthening and supporting the national surveillance systems and by coordinating the standardisation of EU-wide surveillance activities to ensure better availability of more comparable data between countries. It shall strive to reduce the complexity of surveillance systems across Europe and enhance insight into communicable disease epidemiology in Europe. To be able to achieve these broad goals, the following general objectives are needed:

- collect and disseminate validated and comparable information on communicable diseases;
- improve and update methodologies and quality assurance;
- strengthen the laboratory surveillance in EU Member States;
- consolidate outbreak detection and monitoring in EU Member States and at the EU level;
- develop surveillance of antimicrobial resistance and health care associated infections by promoting the standardisation of these specific surveillance systems; and
- strengthen national capacities for surveillance and contributing to the evaluation of prevention and control programmes.

Objective 1. Collect and disseminate validated, comparable and timely data on communicable diseases

Europe will benefit from having surveillance systems and data collection methods in Member States better harmonised over time. This should also reduce the complexity of obtaining data on a European level and improve the comparability of the data collected. This may require careful reviewing of existing surveillance systems and practices in collaboration with Member

States. The epidemiological data collection needs to be better integrated with molecular laboratory data for example to enhance insights in the spatial and temporal distribution of disease and to determine links and risk factors not apparent from the more general data among others.

In the case of certain diseases more information may be needed on environmental and social determinants and other behavioural risk factors. These will enable better interpretation of the trends over time and possibly enable modelling of future trends, as the incidence of many diseases depends on the specific interaction of these determinants (e.g. health care related parameters, vaccination coverage, behavioural parameters, age and gender, etc.) as well as the inherent characteristics of the disease (e.g. transmissibility, adaptability, reservoirs, mutability, etc).

Objective 1.1. Standardise and improve the frameworks for surveillance.

The improvement of the technical frameworks for surveillance is a first step in establishing and ensuring the future comparability of data. This activity is supported by:

- implementing the new case definitions at the European level;
- promoting the use of standardised sets for variables for basic and enhanced surveillance;
- providing a standard format for the data transfer;
- promoting the harmonisation of objectives for surveillance with the Member States;
- implementing a system for quality assurance and control of surveillance data management.

Objective 1.2. Supporting the integration and linkage between laboratory data (including molecular typing data), epidemiological data and other sources of data at the national level to better monitor the spatial and temporal distribution and trends of communicable diseases in Europe.

Integration of data from epidemiological and laboratory systems will improve the insight in the distribution of disease and the potential spread across Member States. This needs to be carried out at the national level.

Objective 1.3. Supporting the integration of various population characteristics, behavioural parameters, environmental, and epidemiological data over time.

Integration of data from different sources at the national level shall be used to identify and monitor potential risk factors for disease in the general population and in sub-populations and also to identify new groups at risk for disease. This activity is supported by:

- promoting the use of a standardised set of variables for enhanced surveillance;
- promoting the use (and evaluation) of enhanced surveillance programmes;
- promoting the use of databases with repeated prevalence data surveys and serosurveys;
- developing systems to improve data collection on behavioural and other risk factors;
- harmonising criteria and indicators for enhanced (and behavioural) surveillance.

Objective 1.4. Analyze and disseminate the information to Member States and all key stakeholders

The feed-back of periodic reports and detailed analysis of the current status of communicable diseases in EU to data-providers, policy makers and other key stakeholders should provide the rationale for public health action on CDs. They also must include rapid information for timely action to other relevant stakeholders. The information will be disseminated through regular surveillance reports, publications, alerts and an updated interactive web portal. This activity is supported by:

- analysing surveillance data, in a time-window that is appropriate for the respective disease;
- reporting routinely and periodically on surveillance data as well as publishing enhanced reports;
- using sophisticated methods for the analysis of surveillance data to point out areas and issues for action;
- using web portals, efficient publication systems and other modern means of communication to ensure that the information reaches the target audience in a timely, effective and appropriate manner.

Objective 2. Strengthen methodology and quality assurance of epidemiological data

In collaboration with the Member States, consensus on the appropriate standards for national surveillance systems for communicable diseases to improve the quality and comparability of data, the effectiveness of surveillance systems and the analytical tools for surveillance will be sought. To achieve this, the following activities are needed:

Objective 2.1. Evaluate and support efforts to strengthen national surveillance systems where appropriate

This evaluation should focus on the sensitivity and specificity, the completeness and timeliness of data collection, the choice of variables and methodologies and the effectiveness of information dissemination modes. The evaluation also involves the assessment of under-reporting and under-ascertainment of disease. This activity is supported by:

- promoting the use of (direct or indirect) standardisation for age and gender to adjust for potential differences in population distributions across Member States;
- standardising (and further developing) the methodology for sentinel and enhanced surveillance systems;
- standardising (and further developing) the methodology for estimating appropriate denominators for surveillance systems;
- advising on the use of appropriate electronic tools for surveillance where necessary.

Objective 2.2. Promote the use of new analytical tools and advanced methods in the analysis of surveillance data

New tools and methods shall be introduced to better understand the distribution and spread of diseases, e.g. geographical information system (GIS) methodology, methods that assess the 'true' incidence of diseases, and state-of-the-art models of the spread of disease as well as the potential impact of interventions.

Objective 3. Strengthen laboratory surveillance in Europe

A broader strategy on collaboration with laboratory networks on groups of pathogens (mainly those with a reference-level function) has been developed at ECDC, including the establishment of National Microbiological Focal Points. Strengthening the essential laboratory component of surveillance is part of this and the general ECDC laboratory strategy is itself complementary to a broader strategy on the future work of laboratory networks in the EU being developed by Commission. These networks should support the integration of public health microbiological and epidemiological data. The networks should provide support and guidance on laboratory methods and practices.

Objective 3.1. Promote the standardisation of diagnostic methods and coordinate the laboratory network activities on the surveillance of specific pathogen(s)

The standardisation and quality assurance of laboratory diagnostic and strain characterisation methods can be supported by:

- developing standardised laboratory diagnostic methods in collaboration with EU laboratory networks and the professional societies;
- coordinating the appropriate laboratory networks for various communicable diseases including QA and training.

Objective 3.2. Support the evaluation of new diagnostics tests to be used in public health surveillance

This activity is supported by:

- introducing new laboratory diagnostic methods and techniques, such as rapid tests for the early diagnosis of disease and molecular characterisation of pathogens, may need to be supported with feasibility studies on the usefulness of these new diagnostic tests and molecular typing methods for surveillance;
- developing and strengthening sufficient capacity in the Member States for using rapid and reliable diagnostics for rare, emerging or imported infectious diseases.

Objective 3.3. Monitor the emergence of (and changes in) new variants of pathogen, virulence and antimicrobial resistance in pathogens

This activity is supported by:

- coordinating effectively the relevant disease networks;
- developing an integrated surveillance programme for monitoring the emergence and spread of multiple resistant organisms.

Objective 4. Strengthen outbreak detection and monitoring

The early detection and monitoring of (inter)national outbreaks is essential to controlling communicable diseases in Europe.

Objective 4.1. Detect early (and monitor) international outbreaks of communicable diseases

An on-going system to analyze trends is needed to contribute to mechanisms in place that are able to detect an international cluster/outbreak and to facilitate that appropriate actions

are taken. This assumes that efforts to improve the comparability of the Member States data also have been instituted. This activity is supported by:

- Developing more effective algorithms for outbreak detection and protocols for outbreak reporting at (inter)national level to contribute to the other epidemic intelligence activities and to ensure appropriate action/intervention;
- Ensure complementarities between the ECDC event-based surveillance of emerging threats activities and the indicator-based surveillance of outbreaks;
- Facilitating early detection and investigation of pathogens through the rapid exchange of information, e.g. on strains, pathogens and/or samples, methodological requirements and procedures;
- Monitoring the introduction of rare, emerging and re-emerging infectious diseases into the EU.

Objective 4.2. Improving the quality of (inter)national outbreak investigations by supporting the microbiological and epidemiological investigations in Member States.

This requires supporting the ECDC Response teams and the EC Risk Management mechanisms with all relevant surveillance data and information they may require to better carry out their work.

Objective 4.3. Further developing outbreak surveillance to monitor and analyze the characteristics of outbreaks.

This will again involve ensuring complementarity between the activities of the ECDC event-based surveillance of emerging threats and the indicator-based surveillance of outbreaks where appropriate.

Objective 5. Promote standardisation of the Surveillance of AMR and HCAIs

These are two very important emerging conditions that have not yet achieved the same degree of development of surveillance systems that many of the other diseases have. Therefore special efforts are needed to establish effective and reliable routine surveillance systems for all of the important AMRs and HCAIs throughout Europe. The detailed objectives for these conditions are further elaborated in Part 2.

Objective 6. Strengthen surveillance capacity and the evaluation of prevention and control programmes in Member States

A key aim of these surveillance activities is to collect and provide validated and comparable data across Europe. This requires some standardisation of methods and systems as well as the adoption of best practices. Existing systems and the available resources to maintain the systems differ significantly between Member States. The identification of best practices, standards and knowledge and then transferring this knowledge between public health specialists in Europe should help to reduce this differential as much as is possible. In order to assess the effectiveness of surveillance systems and the Member States prevention and control programmes, it is important that periodical external evaluations are planned and carried out. The ECDC will contribute to facilitating these evaluations and to providing recommendations for the improvement of the systems.

Objective 6.1. Provide recommendations on how to best strengthen national surveillance capacities

This can be supported by:

- providing assistance to the Member States (including standard tools) in a self-evaluation of their current surveillance systems and methods, identifying their strengths and weaknesses, and identifying and disseminating best practices and knowledge;
- facilitating the exchange of best practices, knowledge, experience and methodologies between microbiologists, epidemiologists, public health specialists, information technology experts, and other appropriate stake holders.

Objective 6.2. Provide capacity building in surveillance, epidemiology, laboratory diagnostics, and outbreak detection.

- Contribute to and support as required training in the development, operation and evaluation of surveillance systems from an epidemiological and microbiological perspective;
- support training in response to and the investigation of outbreaks at (inter)national level;
- support training for environmental microbiologists and public health experts;
- support joint training for public health, food and veterinary experts where appropriate.

Objective 6.3. Contribute to the evaluation of the effectiveness of certain prevention and control programmes for communicable diseases, e.g. their impact on the occurrence of disease.

Standard methods and tools for carrying out these programme evaluations in the most appropriate manner will be developed and piloted before being offered to Member States to conduct self-assessments and evaluations.

Objective 6.4. Evaluate the effectiveness of control programmes targeted at reducing antibiotic resistance and health care associated infections.

Tools for evaluating the effectiveness of these very specific programmes will be developed and piloted before being offered to Member States for use on a wider scale.

Part 2. Specific objectives for tuberculosis surveillance

The disease specific objectives listed below will be reviewed on an annual basis at the meeting of the network of national contact points for Tb surveillance. The first round of this will be undertaken during the EuroTB annual meeting in 2008. The first proposed text of these long-term surveillance objectives is presented below and should be viewed together with the proposed roadmap for the implementation of the 'Surveillance of communicable diseases in the European Union — A long-term strategy (2008–2013)'.

General TB objectives

- Develop the monitoring of population characteristics over time to identify potential risk factors for TB in general and in vulnerable groups:
  - HIV co-infected cases;
  - imprisoned cases;

  - cases of foreign origin;
  - geographical areas with high incidence;
  - others (to be identified);
  - evaluate TB prevention and control activities, e.g. direct drug treatment outcome;
- Detect and monitor the emergence and spread of resistance to anti-TB drugs;
- Monitor TB cases with respect to disease outcomes and the completeness of anti-TB drug treatments;
- Collect and interpret molecular sequence data of TB to detect and monitor the spread of international clusters of cases and multi-drug resistant cases.

Specific TB objectives

Objective 5.1.B.1. Standardise and adopt the definition for a case of foreign origin.

Objective 5.1.B.2. Standardise and adopt the definition of a TB event.

Objective 5.1.B.3. Develop the system for linking mortality monitoring in the general population and in notified or reported TB cases (feasibility study).

Objective 5.1.B.4. Strengthen capacity in Member States by promoting the development of a TB laboratory network, including QA and training.

Objective 5.1.B.5. Strengthen capacity by supporting the surveillance of TB in neighbouring and third countries in the European region.

Objective 5.1.B.6. Strengthen European capacity to detect and monitor TB events and outbreaks of international interest.

ANNEX 3: Draft terms of reference for TB Coordinating Group

Within the process of developing European Regional wide surveillance of tuberculosis in collaboration between ECDC, WHO Regional Office for Europe and Member States (MS), a network of national surveillance contact points and a Coordinating Group for tuberculosis (TB) need to be established.

As described in the long-term surveillance strategy (Surveillance of communicable diseases in the European Union — A long-term strategy (2008–2013), MB11/14 Rev.1.) EU Member States and EEA/EFTA countries are represented in the network by their national contact point/s for surveillance (usually epidemiologists and microbiologists) nominated by the Competent Body for Surveillance and non-EU Member States are usually nominated by the Health Ministry in the country (usually heads of M&E units of NTP or NTP managers). The Coordinating Group will consist of a number of experienced individuals from the network which will support the ECDC and WHO/EURO in the coordination of the surveillance for TB.

Main role

The Coordinating Group shall discuss and make suggestions to the ECDC and WHO/EURO on technical and scientific aspects of TB surveillance.

Terms of reference

Main tasks of the Coordinating group will be the following:

- to serve as continuous forum for discussion linking the national contact points for surveillance of TB and the ECDC, EC and WHO/EURO;
- to review and comment on technical documents on TB surveillance;
- to review and comment on objectives for TB surveillance, in particular at the Regional level;
- to discuss priorities on the future surveillance activities to be included in the ECDC work plan;
- to discuss and make proposals on the items for the agenda of the annual meeting of the network of nominated national contact points working in TB surveillance;
- to discuss and make proposals on strengthening and updating methodologies and quality assurance to improve data collection, the effectiveness of surveillance systems and the analytical tools for surveillance and health information system;
- to discuss and make proposals on how best to strengthen the laboratory surveillance activities and foster the integration with epidemiological surveillance of TB;
- to closely liaise with any ECDC and WHO/EURO Consultation Groups or Workgroups that may be set up to work on strategic or technical issues on surveillance of TB.

Membership

The CG will consist of maximum 10 experienced individuals working on surveillance of TB (either epidemiological and/or laboratory experts) selected from the network of nominated surveillance national contact points. CG members will participate in their capacity as individual

experts. The CG may also agree to include other members should the need arise such as representatives from organisations with a significant role in international surveillance of TB.

The members should be (to be discussed):

- experts involved in national surveillance of TB and officially nominated by Member States as national contact points for the surveillance network of TB in Europe;
- experts from ECDC and WHO/EURO; and
- there should be a balance between epidemiologists and microbiologists, gender, east and western European countries, high and low incidence countries, large and small countries and any other condition relevant for the specific disease.

The composition of the membership should be as follows (to be discussed):

- 1 surveillance expert from ECDC.
- 1 surveillance expert from WHO/EURO.
- 3–4 epidemiologists from the TB network.
- 2–3 laboratory experts from the TB network.
- 1–2 experts from other organisations with a relevant role international surveillance of tuberculosis.

Membership will be for a period of 3 years, with a phased change-over to maintain continuity (not more than half the members changing at once). Members may be re-appointed once (up to a limit of 6 years). The chairman of the CG shall be selected among the members of the CG for the duration of 3 years. The CG may invite observers to take part in its meetings. The secretariat of the CG shall be provided by the ECDC.

Selection procedure

Once the national contact points have been nominated the terms of reference for the CG will be circulated. The national contact points will have the opportunity to apply to be member of the coordination group. The list of applicant members will be circulated for voting during the annual meeting. ECDC in collaboration with WHO/EURO will appoint the Coordinating Group after reviewing the applications and the results of the voting procedure.

DSN in transition

For DSN in transition such as EuroTB the current Advisory Committee may convene after the formal transfer of the activities to ensure continuity. If possible, at the first available opportunity after the transfer, a new Coordinating Group will be chosen according to the above procedure.

Procedures

- The Coordinating Group meets twice yearly, once in secretariat and once during the Annual Meeting of national contact points for TB surveillance.
- The secretariat takes minutes of these meetings which are circulated to members at least three weeks in advance of the following meeting.
- The institution in charge of the secretariat will fund the costs of the meetings of the Coordinating Group.

- The Chair, in consultation with the ECDC and WHO/EURO and supported by the secretariat, drafts the agenda and organises the Coordinating Group meetings.
- Whenever possible decisions are to be achieved by consensus but as a last resort simple majority votes will be the deciding factor.
- In between the physical meetings, communication between the members should be maintained teleconference, email, fax or letter.
- The Coordinating Group in consultation with the ECDC and WHO/EURO may decide to establish workgroups to deal with specific issues. Possible topics suitable for such workgroups include:
  - TB surveillance in EU countries;
  - TB surveillance in non-EU countries;
  - MDR-TB;
  - TB laboratories;
  - TB/HIV co-infection.

ANNEX 4: SPECIFIC OBJECTIVES FOR TUBERCULOSIS SURVEILLANCE (DRAFT 2008-06-23)

(Sections were revised after receiving feedback from workgroups.)

The disease-specific objectives listed below will be reviewed on an annual basis at the meeting of the network of national contact points for TB surveillance. The first round of this will be undertaken during the EuroTB annual meeting in 2008. The first proposed text of these long-term surveillance objectives is presented below and should be viewed together with the proposed roadmap for the implementation of the 'Surveillance of communicable diseases in the European Union — A long-term strategy (2008–2013)'.

General TB objectives

- Monitor notification rates and trends of TB disease.
- Monitoring characteristics of TB cases including vulnerable populations and areas.
- Contribute to the evaluation of TB prevention and control activities using surveillance data.
- Detect and monitor the emergence and spread of resistance to anti-TB drugs;
- Monitor TB cases with respect to disease.
- Collect and interpret TB data to detect and monitor the spread of clusters of international public health relevance.

Specific TB objectives

- Improvement of Analytical Methods and Quality Assurance: Promote the agreed definition of a case of foreign origin (since 1994).
- When linkage between TB reporting system and mortality database is possible in a EU member State, the data should be reported at EU level. If linkage is not possible, other methods (e.g. surveys) can be conducted among TB patients to monitor mortality.

Strengthening surveillance capacity of countries:

- Surveillance at the EU level should contribute to the national systems.
- Promote the development of a TB laboratory network including QA and training.
- Promote molecular typing of MDR-TB and polyresistant TB.
- Support surveillance of TB throughout the WHO European Region (changed).

Strengthening outbreak detection and monitoring:

- Strengthen European capacity to detect and monitor the outbreaks of international interest. (The definition of the terms 'TB outbreak' and 'TB event' need further discussion.)

ANNEX 5: LIST OF PARTICIPANTS

Albania	
Donika Bardhi	University Lung Diseases Hospital
Armenia	
Narine Mejliumean	TB Institute
Austria	
Jean-Paul Klein	Federal Ministry of Health, Family and Youth
Azerbaijan	
Natavan Alikhanova	Scientific Research Institute of Lung Diseases
Belgium	
Maryse Wanlin	FARES (Fondation contre les Affections Respiratoires et pour l'Education à la Santé)
Croatia	
Aleksandar Simunovic	Croatian National Institute of Public Health
Czech Republic	
Jiři Wallenfells	University Hospital Bulovka, Prague
Denmark	
Peter Andersen	Statens Serum Institut
Vibeke Thomsen	Statens Serum Institut
Estonia	
Piret Viiklepp	Medical Centre, Pulmonology Centre
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Joonas Iivonen	National Public Health Institute
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Delphine Antoine	Institut de Veille Sanitaire
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Walter Haas	Robert Koch-Institute
Hungary	
Maria Dudas	National Centre for Epidemiology, Budapest
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Eleni Triantafillou	Hellenic Center for Disease Control and Prevention
Rengina Vorou	Hellenic Center for Disease Control and Prevention
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Bakyt Myrzaliev	National Tuberculosis & Lung Diseases Centre
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Portugal	
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Romania	
Domnica Ioana Chiotan	Head of TB Data Management Department
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Vahur Hollo	Davide Manissero
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World Health Organization (WHO HQ)

Mehran Seyed Hosseini

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Andrei Dadu
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EuroTB Advisory Committee Members

Francis Drobniewski	Health Protection Agency, UK
Elmira Ibraim	Romania
Maria Korzeniewska-Kosela	Poland
Jan Vincent Kuyvenhoven	KNCV Tuberculosis Foundation
John Watson	United Kingdom

ANNEX 6: AGENDA

Tuesday, 3 June 2008	
09.00 – 09:15	Opening remarks Karoline Fernandez de la Hoz (ECDC) Davide Manissero (ECDC) Andrei Dadu (WHO) Vincent Kuyvenhoven (KNCV)
09.15 – 11:00	Session 1: Overview on the epidemiological situation Chair: John Watson (Advisory Committee) Overview of epidemiological situation in Europe 2006 Karoline Fernandez de la Hoz (ECDC) Country profile, Latvia Vija Riekstina (Latvia) Country profile, Spain Elena Rodriguez Valin (Spain) Country profile, Uzbekistan Nilufar Abdieva (Uzbekistan) Report on anti-TB drug resistance surveillance Isabelle Devaux (ECDC) Future molecular surveillance perspective Csaba Ködmön (ECDC) Reimbursement processes to the Surveillance Meeting attendees Teresita Herrera-Viklund (ECDC)
11:00 – 11:30	Coffee break
11:30 – 13:00	Session 2: Information system operations Chair: Daniel Chemtob (Israel) ECDC/WHO joint TB information system Karoline Fernandez de la Hoz (ECDC) Operations on the ECDC/WHO joint TB information system Andrei Dadu (WHO) WHO global TB monitoring and evaluation project and its link to the European Region Mehran Seyed Hosseini (WHO) Transfer of EuroTB database and feedback from the TESSy training Vahur Hollo (ECDC)

13:00 – 14:00	Lunch break	
14:00 – 17:30	Session 3: Workgroups discussion	
	Non-EU member states Chair: Ulgen Gullu (Turkey) Rapporteur: Radmila Curcic (Serbia) Presentation on discussion contents Andrei Dadu (WHO/EURO) Workgroups discussion: a) Surveillance objectives b) New variables to incorporate in the joint TB surveillance system c) Annual report	EU Member States and EEA/EFTA countries Chair: Joan O'Donnell (Ireland) Rapporteur: Damjan Erzen (Slovenia) Presentation on discussion contents Csaba Kodmon (ECDC) Workgroups discussion: a) Surveillance objectives b) New variables to incorporate in the joint TB surveillance system c) Annual report
18:00 – 19:30	EuroTB Advisory Committee Meeting (Saturnus Meeting Room)	

Wednesday, 4 June	
09.00 – 09:15	Summary of previous day Karoline Fernandez de la Hoz (ECDC)
09.15 – 10:00	Session 4 : Presentation of workgroups results Chairs: Joan O'Donnell (Ireland), Ulgen Gullu (Turkey) Presentation of workgroup results Damjan Erzen (Slovenia) Rapporteur: Radmila Curcic (Serbia) Discussion
10:00 – 10:30	Coffee break
10:30 – 11:30	Session 5: Final session Chair: Vincent Houdry (EU Commission) Report of the Chair EuroTB Advisory Committee John Watson (Advisory Committee) Terms of reference of the European TB Surveillance Coordination Group Vahur Hollo (ECDC) Discussion
11:30 – 12:00	Closing remarks John Watson (Advisory Committee) Vincent Houdry (Commission) Andrei Dadu (WHO) Karoline Fernandez de la Hoz (ECDC) Masoud Dara (KNCV)
12:00 – 13:00	Lunch