



EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

**Annual Report
of the Director: 2006**

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List of acronyms and abbreviations

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
CMO	Chief Medical Officers
CSTE	Council of State and Territorial Epidemiologists
CVO	Chief Veterinary Officers
DG SANCO	Directorate General of Health and Consumer Protection
DG RESEARCH	Directorate General for Research
DIVINE-NET	Network for prevention of emerging (food-borne) enteric viral infections: diagnosis, viability testing, networking and epidemiology
DSN	Dedicated Surveillance Network
ECDC	European Centre for Disease Prevention and Control
ECO	External Communications Function
EEA	European Environment Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EFSA	European Food Safety Authority
EISS	European Influenza Surveillance Scheme
EIWR	Epidemic Intelligence Weekly Report
EMEA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Enter-net	International surveillance network for the enteric infections Salmonella and VTEC o157
ENVI	Committee for Environment, Public Health and Food Safety of the European Parliament
EOC	Emergency Operations Centre
EPIET	European Programme for Intervention Epidemiology Training
ESAC	European Surveillance of Antimicrobial Consumption
ESSTI	European Surveillance of Sexually Transmitted Infections
ESWI	European Scientific Working Group on Influenza
EU	European Union
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS

EuroTB	Network for surveillance of tuberculosis in Europe
EWRS	Early Warning and Response System
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Programmes
FP	EU Framework Programme for Research
HPA	Health Protection Agency
HPV	Human Papilloma Virus
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IHR	International Health Regulations
ISRM	Influenza Surveillance and Risk Monitoring
JRC	Joint Research Centre
OIE	World Organisation for Animal Health
STI	Sexually Transmitted Infections
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network Inc
TTT	Threat Tracking Tool
UNAIDS	Joint United Nations Programme on HIV/AIDS
VPD	Vaccine-Preventable Diseases
WHO	World Health Organization
WHO-EURO	Regional Office for Europe of the World Health Organization
WHO-HQ	Geneva Head Quarters of the World Health Organization
XDR-TB	Extensively Drug Resistant Tuberculosis

Foreword by Markos Kyprianou, European Commissioner for Health



The European Centre for Disease Prevention and Control (ECDC) is still a young EU agency, but it is growing up fast. In 2006 – only its second year of operation – it achieved a remarkable level of activity, and produced some very valuable outputs.

2006, like 2005, was dominated by influenza. During the course of the year teams led by the ECDC visited 12 Member States to help them review their pandemic preparedness. In addition, the ECDC hosted the 3rd EU /WHO Workshop on Pandemic Influenza Preparedness (a meeting of delegates from some 50 European countries), held a series of smaller focused meetings on specific issues such as the interoperability of national plans and conducted a preparedness survey involving all EU and EEA/EFTA Member States. The result of this activity was the first truly authoritative assessment of

EU Member States' level of preparedness. This is exactly the kind of work that the Commission and the Member States need ECDC to do. It enables us to base our health policy decisions on facts and evidence.

In 2006 the ECDC began compiling a report examining trends in all the key infectious diseases in the EU. This is another major piece of work: it will give the first ever EU-wide picture of the threats posed by infectious diseases. When this is published in 2007 it will help guide the ECDC's priorities for several years to come.

The ECDC grew substantially during 2006, and by the end of the year it had projects running covering all 49 of the infectious diseases that are notifiable at EU level. Continuing to strengthen its capabilities to cover the health threats faced by Europe will be a central objective of the ECDC in 2007.

Markos Kyprianou
European Commissioner for Health

Foreword by Miroslav Ouzký MEP, Chairman of the Committee on the Environment, Public Health and Food Safety, European Parliament

The history of the European Centre for Disease Prevention and Control is still very short, but it has already managed to consolidate its position in the protection of health of European citizens. The Centre became operational 'just in time' in spring 2005, when a threat of an avian influenza and even an influenza pandemic outbreak became real for people worldwide. Under the energetic leadership of Zsuzsanna Jakab, the Centre has created the necessary organisation to carry out its mission, which is to identify, assess and communicate current and emerging threats to human health from communicable diseases.

The Annual Report 2006 shows how the Centre has been able to combine the further construction of the basic structures with a rapid development of its operational capacities. The real work has started in all disease areas, like antimicrobial resistance and HIV/AIDS.

The Centre's input in the pandemic preparedness planning in the European Union and its outstanding work in the surveillance of avian influenza have still been the most visible part of its activities. I would like to highlight particularly its role in pooling existing expertise from Member States and international organisations and thus cultivating the know-how in a field which is of high political and human interest. The work of the Centre complements and adds value to the efforts made by Member States. The European Union is now much better prepared for any outbreak of a communicable disease than it was two years ago.

Another aspect in the work of the Centre that I would like to raise relates to communication. We all know how important health is to every human being. People need to have accurate information about health threats that may concern them. In today's world, people are flooded by 'information'—big headlines, details taken out of context and new inaccurate vocabulary which easily confuses people. Getting the correct message through at the right time is a major challenge. In the field of risk-communication, the Centre, again, complements the work done by the Member States and the Commission. It has already invested in the development of its external communication facilities, which I warmly welcome. Clear communication combined with a solid expertise will be beneficial both for the Centre and European citizens.

This year, 2007, will be another important year for the Centre. In accordance with its Founding Regulation, the Centre will commission an independent external

evaluation of its achievements and of the need to extend the scope of its mission to other activities in the field of public health. I look forward to the results of this evaluation and subsequently, the possible review of the Founding Regulation.

I would like to conclude by thanking the Centre for an excellent cooperation in 2006. The Committee on the Environment, Public Health and Food Safety continued to develop working relations with the Centre in various forms. The Committee sent its first delegation to visit ECDC in Solna in June 2006, and Director Zsuzsanna Jakab presented the work of the Centre to the full Committee in October 2006. These meetings, together with regular informal contacts with the ECDC Director and her staff as well as with the representatives of the European Parliament on the ECDC Management Board, have kept us well-informed of the work of the Centre and the key developments in the prevention and control of communicable diseases. ECDC has also provided valuable support to the Committee's work on specific reports.

A lot has happened in the Centre in only two years. I have no doubt about its ability to keep up the excellent work also in the future.



*Mr. Miroslav Ouzký
Chairman of the Committee on the Environment,
Public Health and Food Safety
European Parliament*

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



In 2006 ECDC maintained the truly remarkable momentum it achieved in 2005. The year started with ECDC sending experts to Turkey to help the authorities there investigate and respond to a cluster of human cases of H5N1 “bird flu”. It is a matter of some pride to me that ECDC officials were in the vanguard of the in-

ternational response to this incident in January 2006, less than a year after the Centre started its activities. I was therefore more than happy to accept a second two-year mandate as Chairman when ECDC’s Management Board voted on this matter in June.

Other highlights of 2006 for me were ECDC hosting its first major international conference – the EU / WHO Workshop on Pandemic Influenza Preparedness, held in Uppsala, Sweden in May 2006 – and the meeting of national HIV/AIDS coordinators hosted by ECDC in October. This latter event was a clear signal to the outside

world of ECDC’s determination to focus on all the major infectious diseases in Europe.

Work continued in ECDC on less visible, but no less crucial, priorities. For example, considerable progress was made in defining ECDC’s strategic priorities up to 2013, developing a more coherent and integrated disease surveillance system for the EU and creating a state of the art Emergency Operations Centre. Recruitment of staff, and the build up of ECDC’s infrastructure also continued apace.

I would like to end by paying tribute, once again, to the energy and vision of ECDC’s Director and her staff. 2006 was another remarkable year in the story of ECDC. I look forward to 2007 with relish.

Dr. Marc Sprenger
*Chairman of the Management Board
Director-General of the Dutch National Institute for
Public Health and the Environment*

Introduction by the ECDC Director

2006 was a very dynamic year for the European Centre for Disease Prevention and Control (ECDC). While still being in the start-up phase (the first two years), the Centre had to put all the necessary infrastructure in place and at the same time gradually take on its scientific and technical work in all areas of its remit under the Founding Regulation.

In the first weeks of the year, the human cases of avian influenza A/H5N1 in Eastern Turkey called for immediate ECDC action. Staff members from ECDC were rapidly on site, assisting the Turkish Government as part of the mission led by the World Health Organization (WHO). They were also leading a similar mission to Iraq and contributed to the WHO mission in Azerbaijan. The dramatic developments in Turkey emphasised the need for pandemic preparedness in Europe. Throughout the year, ECDC worked very actively in this area, both by carrying out country visits to 15 EU countries to assess influenza pandemic preparedness, and organising meetings, notably the third joint Commission-ECDC-WHO Pandemic Preparedness meeting in Uppsala in mid-May, as well as four regional and specialist EU meetings during September and December. The scientific basis for this work was a comprehensive portfolio of guidance on avian influenza, which was completed during the year. With the necessary actions on avian influenza covered and the work with pandemic preparedness well under way, the influenza focus has now shifted towards seasonal influenza where much work is still needed in Europe in order to meet the WHO recommended uptake of annual vaccinations in the risk groups.

Although influenza was the number one priority at the beginning of 2006, active work in other important areas, such as antimicrobial resistance and HIV/AIDS, carried on throughout the year. By October, altogether seven horizontal disease projects were in place, covering all 49 diseases and health topics under EU-wide coverage. With these projects in place, and with the further staff recruitment planned for 2007, ECDC now stands ready to assume the leading role in EU-level surveillance, risk assessment preparedness and other scientific work on these diseases, as well as on any other emerging, or re-emerging, communicable disease of European importance.

Being still a small agency, ECDC activities rest on the expertise in the Member States. At the same time ECDC needs to bring a clear added value beyond that which is available at national levels. This could only be

achieved by extensive networking. Thus ECDC, throughout the year, has organised a number of meetings, large and small, bringing together experts from the Member States and ECDC to discuss common issues such as epidemic intelligence; training; surveillance issues; and laboratory cooperation, as well as disease-specific issues such as HIV strategies and measures to



Zsuzsanna Jakab
Director ECDC

counter the spread of virulent *Clostridium difficile* bacteria in health care settings. In many of these meetings experts from WHO also participated. In addition, the Centre has actively worked to develop the cooperation with academic institutions throughout Europe.

Special attention has been given to the dedicated surveillance networks (DSNs). For five of the DSNs, the contracts with the European Commission ended in 2006 and several more will end in 2007. Pending the results of independent, external evaluations of each of the DSNs, ECDC has extended the five contracts that ended in 2006 by one year by analogy. Another task involving both the DSNs and other expertise in the Member States has been the update of all the case definitions for EU-wide surveillance.

With more scientific output from the Centre, there has been a need to boost the external communications activities. A new External Communications (ECO) function has therefore been established, the ECDC website has undergone a needed re-organisation to have a structure in place for content in all disease areas, and a 'shadow' editorial office for the scientific journal *Euro-surveillance* has been established, ready to take over responsibility for the journal in March 2007.

All this work was done in close collaboration with the European Commission. Through weekly video conferences we have discussed all issues (big and small) to ensure that all ECDC actions are complementary to those of the Commission – with neither overlaps nor gaps. Our work has also been thoroughly discussed with the European Parliament (there was a delegation visit to ECDC in June and a hearing of the Director in October), and the influenza issues presented at the in-



Press conference at ECDC's Management Board Seventh Meeting held in Athens, 20 and 21 June 2006.

formal Council meeting in February in Vienna. As the mandate of ECDC borders those of several other EU agencies, several meetings have taken place to discuss joint issues with the European Food Safety Authority (EFSA), the European Agency for the Evaluation of Medicinal Products (EMA), the European Environmental Agency (EEA) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

At the end of the second year of ECDC, we need to look forward. We are now preparing a 7-year strategy for the years 2007–2013. This strategy will take as its starting point a baseline epidemiological report on the

present and past disease situation in Europe, but also build on an in-depth discussion on those challenges that may be ahead of us. I intend to have the broadest possible discussions on this strategy in the coming months in order to ensure a consensus among all our main stakeholders. This will give us a clear direction for the coming years.

Zsuzsanna Jakab
Director ECDC

Executive summary

Management and strategic planning

ECDC's overall management structure in 2006 was based on the Director's Cabinet and four units: Scientific Advice, Surveillance and Communication, Preparedness and Response, and Administrative Services, with seven horizontal disease projects running across all units. All important administrative and technical issues were discussed in different internal fora. ECDC is working in the results-based management mode, with full accountability and transparency in the work. A key issue during the autumn was to develop the draft work programme and budget for 2007, integrating the work of the units and projects, at the same time as developing the strategic planning. In a simultaneous process ECDC initiated an extensive work to develop a long-term strategic multi-annual plan with a 7-year planning cycle aligned to the European Community's 7-year Financial Perspective. This strategy will be completed in 2007 after broad discussions with all stakeholders.

Governance

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. The ECDC Management Board met three times in 2006 to approve and endorse a number of strategic documents. During four meetings, the Advisory Forum discussed all aspects of ECDC's technical work in depth and advised the Director accordingly.

External relations

ECDC has built up and maintains effective relationships with its key stakeholders: the European Commission, European Parliament, the Member States' Health Ministers and Health Departments and other European Agencies. Key activities in 2006 were to communicate ECDC policy widely and forge strategic partnerships. Weekly videoconferences with the Commission ensured full synergy with no duplication of activities. A delegation from the European Parliament came to visit ECDC, followed by a hearing of the Director in the European Parliament. A strengthened partnership with WHO at the political, strategic and operational levels brought immediate and visible results in 2006.

Scientific support

As funding and resources for major research projects are not available within ECDC, the Centre, in 2006, established close contacts with the Directorate General for Research (DG RESEARCH). Collaboration with the European scientific community has further developed, and a number of eminent scientists have served on the various scientific panels and expert groups set up by ECDC during 2006. A strategy for ECDC collaboration with microbiological laboratories was developed. Its main principle was to cater to all the different laboratory requirements of ECDC while finding a balance between the need to work with the best laboratories and the obligation to strengthen capacity in all Member States. ECDC has, during the year, produced a number of guidelines and risk assessments. Several of these guidelines and recommendations have been implemented in the Member States, as witnessed during the pandemic planning assessment visits during the year. To answer scientific questions, there have been two formal *ad hoc* scientific panels set up during 2006 and a number of questions have been answered, whether by the experts in the Centre, by experts in one of the DSNS, or by other experts on the ECDC roster.

Surveillance

An external evaluation and assessment of all the surveillance networks has been initiated to aid future decisions on the network activities. Four such evaluations were started in 2006, and one of these networks (Basic Surveillance Network) was integrated into ECDC at the end of 2006. In parallel, the work to develop a long-term surveillance strategy was initiated in 2006. In order to host the data in future, an ECDC database for routine surveillance was developed in anticipation of the future addition of more disease-specific data. ECDC has been leading an extensive project to revise existing surveillance case definitions, and handed over the document to the Commission in September 2006 for adoption through the comitology procedure. The first Annual Epidemiological Report of ECDC combines data, analyses and conclusions from surveillance data with the results and implications of the monitored health threats. A draft of this report was presented to the Management Board in December. The report included a description and analysis of the baseline for the years up to 2004. These baseline data will form the basis of ECDC's multi-annual planning and help to set the pri-



Markos Kyprianou, European Commissioner for Health and Consumer Protection, at ECDC, 31 October 2006.

orities for the coming years. Another important surveillance output during the year was the ECDC contribution to the EU Zoonoses Report, published by EFSA in December 2006.

Preparedness and response

Epidemic intelligence activities are aimed at detecting, assessing and investigating public health threats of multi-country scope in the EU and EEA/EFTA countries. As a daily activity, ECDC monitored health threats across the Union, sharing the results with stakeholders through a weekly Communicable Disease Threat Report as well as an Epidemic Intelligence Weekly Report for the Commission policy makers. The software tool used internally by ECDC was further developed in 2006 to allow a better interaction with Member States for a joint assessment of threats and to provide easy access by Member States to the database and reports. Contact was also established with all the Commission-operated advance warning systems. These were put to good use during two large mass gathering events: the Winter Olympic Games in Italy and the World Soccer Cup in Germany. All incoming Early Warning and Response System (EWRS) messages originating in the Member States were monitored by ECDC, and during the year ECDC has agreed with the European Commission how the Centre will take over the operations of the EWRS. A further development of the technical system was initiated in November 2006. Functional and technical specifications of the new ECDC Emergency Operation Centre (EOC) have been developed and procurement of the equipment is under way. ECDC has during the year provided outbreak assistance in a num-

ber of international outbreaks as reported on the ECDC website and quickly communicated to public health stakeholders through *Eurosurveillance* articles.

External communications

The Centre's external communications activities developed considerably in 2006, and the Director decided in October to create an External Communication Function (ECO), organisationally placed within the Director's Cabinet. The Management Board approved the media communication procedures for ECDC, and meetings have been held with communication officers from the Member States and the Commission, to discuss joint communication strategies, with emphasis on influenza. Version 2 of the ECDC website was launched in October, and will now be the interim website until a fully-fledged webportal is in place in 2008. All necessary preparations for a full transfer of the independent scientific journal *Eurosurveillance* from its present editorial offices in Paris and London to ECDC in early 2007 have been made, and by the end of 2006 a new editorial office had been established within ECDC with all the necessary preparations for the handover prepared. The ECDC presence in the media has been substantial in 2006, not least in relation to the dramatic developments of avian influenza in the first half of the year. However, there was also significant reporting in relation to ECDC's work on other diseases. Another main activity in the first part of the year was to develop the ECDC's visual identity with a new logo and a consistent graphical profile, now being used on the website and in all ECDC publications.

Country cooperation

In its daily work, ECDC relies on good and close contact with the Member States and, as ECDC's work also includes the three European Economic Area/European Free Trade Association (EEA/EFTA) countries, Norway, Iceland and Liechtenstein. Being a small agency, ECDC heavily depends on the expertise in the Member States, but this pooled expertise could also be put to use to support single Member States on specific issues. The ECDC country work will soon be based on contacts with the national competent bodies, i.e. those institutions and bodies in the Member States having responsibilities similar to ECDC at a national level that are recognised partners of ECDC in the respective countries. (The list of competent bodies is being finalised by the Management Board). Other elements of the country work are country cooperation and assessment visits and supporting regional networks, e.g. the EpiNorth network.

Training

2006 was a transition year for the European Programme for Intervention Epidemiology Training (EPIET). In the process of gradually integrating into ECDC, to be completed by October 2007, eight EPIET fellows were recruited with ECDC funding for the 12th cohort, while the Member States provided salaries for an additional five fellows. After the 2006 introductory course and scientific seminar in Menorca, fellows are now deployed to their hosting sites. In 2006, a review of documents on core competencies for intervention epidemiologists was conducted, taking into account previous international experience. In addition to the EPIET, a one-week course on managerial skills for outbreak investigation coordinators was organised in October, and a framework contract for the organisation of one-week modular short courses on technical aspects of outbreak investigation were finalised with an outlook for several regional courses for 2007.

Disease-specific activities

The disease-specific activities of ECDC have been carried out within seven horizontal projects, covering all diseases under EU-wide surveillance and action. The basis for all disease-specific work is to provide risk assessment, guidance documents, and toolkits. This work has been done in close liaison with the Member States, the Commission, individual experts, the disease-specific networks and international organisations (WHO, OIE, FAO). An extensive set of documents to be used by the Member States in the event of human cases of avian influenza has been compiled in a compre-

hensive toolkit, but scientific guidance and background documents have also been prepared on pandemic influenza, seasonal influenza, norovirus, antibiotic resistant *Clostridium difficile* 0127, HIV/AIDS, XDR tuberculosis, Chikungunya fever and vaccine issues. Regular web updates have been provided on influenza (weekly) and vaccine issues (biweekly), including news, public health advances, and comments on important scientific developments. Disease experts from ECDC have been actively participating in the investigation and assessment of a number of various disease outbreaks. Active country work has mainly been carried out through assessment visits: twelve EU countries were visited to assess pandemic influenza preparedness and four countries were visited to assess the work against antimicrobial resistance. Country work has also been done through ECDC-organised meetings and workshops, e.g. the 'Uppsala Meeting' in May and four smaller regional meetings reviewing pandemic preparedness, as well as meetings on HIV Prevention, *Clostridium difficile* infections, norovirus infections on cruise ships, and Chikungunya fever. ECDC experts have also participated in a large number of meetings with other organisers.

Administrative services

The ECDC budget grew from € 4,530,000 in 2005 to € 17,500,000 in 2006, which resulted in a considerable expansion of the financial operations. Strong emphasis has been on public procurement, and specifically on establishing framework contracts with providers to procure goods and services to support the operational activities of the Centre. The financial system was consolidated in 2006. During the year, the ECDC staff increased from 43 staff members at 1 January to 85 staff members (temporary agents, contract agents, seconded national experts) by 31 December, making recruitment of new staff and their integration in ECDC and installation in Stockholm a priority. The ICT function developed further with a focus on providing the basic information technology and communication services to staff while on the other side investing in building the back-end computer systems. The premises of the Centre were renovated with works finished in December. A missions and meetings group was established in the second half of 2006 to support the travel requirements of ECDC staff and interviewees; to organise and support meetings with invited experts; and to settle mission and meeting reimbursements. Other key tasks in 2006 were to define and follow-up on internal control standards; to give legal advice in different areas, and to link up to the audit functions and coordinate action plans.

Governance

Tasks in 2005–06 work programmes

- The Director with her staff has to ensure that the bodies of the Centre have adequate technical and logistic support.

Indicators for 2005–06

- Support provided to Management Board and Advisory Forum

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 three times in 2006 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 An-

nex 2). The first and third meetings were held in Stockholm, and the second in Athens at the invitation of Greece. The full minutes of each meeting are (after adoption) made available on the ECDC website.

During the year, the Management Board:

- approved the first Director's Annual Report of the Centre's activities in 2005;
- endorsed the risk communication procedures;
- approved the terms of reference and rules of procedure for ad hoc scientific panels;
- re-elected its chair and deputy-chair for a new 2-year term of office which will expire on 27 September 2008;
- endorsed the Centre's annual accounts for 2005 and recommended the Director's discharge by the Parliament;
- endorsed new rules of reimbursement for experts and interviewees invited for meetings in Stockholm;
- approved a total budget for ECDC in 2007 of € 27.05 million and the proposed establishment plan for 2007, subject to final approval by the budgetary authorities;



ECDC Management Board.



ECDC Advisory Forum.

- approved the dates of its meetings in 2007;
- reviewed the ECDC programme of work 2007 (formal approval January 2007).

The Management Board also considered a number of issues such as the multi-annual strategic planning for ECDC, the list of competent authorities, the external evaluation of the Centre, the first epidemiological report, and the language regime for the Centre; all subjects that it will further review in the course of 2007. A newsletter to the Management Board was initiated in September 2006 to keep the Board informed between meetings of the main activities of the Centre.

In order to review its procedures and increase the efficiency of its proceedings, the Management Board established an ad hoc Working Group composed of representatives chosen from among its members. The Working Group had its first meeting on 17 November 2006 at which it reviewed the Board's working processes, the information exchange with the Advisory Forum and the Management Board and the communication channels between ECDC and the Member States. The Working Group presented its preliminary report and recommendations to the Board at its meeting in December and will submit its final report to the Board in June 2007. This will also include recommendations for the revision of the Rules of Procedure of the Board.

In view of the external evaluation of ECDC, as requested under Article 31 of the Founding Regulation,

the Board decided to establish a Steering Committee to oversee the external evaluation of ECDC. It is composed of representatives chosen from among the Board's members and will meet early in 2007 with the responsibility for drafting the terms of reference and the tender specification for the external evaluation.

Advisory Forum

The Director of ECDC convened four meetings of the Advisory Forum, in February, May, September, and November 2006. For membership of the Advisory Forum, see Annex 3. Minutes of the meetings are made available on the ECDC website after adoption.

The Advisory Forum was called upon to comment and advise on many important issues in 2006, in particular the revision of the case definitions for reporting to the Community network; the evaluation of the surveillance networks, including the composition of the evaluation teams; the transfer of the operation of the Early Warning and Response System (EWRS) from the Directorate General of Health and Consumer Protection (DG SANCO) to ECDC; the International Health Regulations (IHR); the annual epidemiological report; the transfer of *Eurosurveillance* to ECDC; the surveillance database and data collection; and the ECDC Emergency Operations Centre (EOC). The Advisory Forum considered a first draft of the strategy for ECDC's work with EU

laboratories, and regularly reviewed ECDC work on influenza and other specific diseases.

At its first meeting in 2006, the Advisory Forum participated in a scientific seminar organised with the Karolinska Institute on 'frontlines in infection biology'. In its third meeting Finland presented to the Advisory Forum its work towards providing a human vaccine against influenza A/H5N1 to the Finnish population,

and in the fourth meeting scientists from the Netherlands presented a concept for measuring the burden of communicable diseases. Overall, a fruitful interaction between ECDC and the Advisory Forum regularly took place on all the main technical and scientific issues dealt with by the ECDC, and throughout the year the members participated in working group meetings.

Management and strategic planning

Tasks in 2005–06 work programmes

- In addition to the provision of planning and direction for the activities of the Centre during the set-up phase, the management of the Centre will focus on forming the administrative structures (organigramme, mission of its services, job descriptions, recruitment, systems design, contracting, etc) needed to have within short timelines an independent and operational Centre.

Indicators for 2005–06

- Quality and timeliness of the budget and work programme documents.
- Organisational structure and mission of the services.
- All legal documents needed for the first phase of the Centre are submitted to the Management Board.

Management

ECDC's overall management structure in 2006 was based on the Director's Cabinet and four units: Scientific Advice, Surveillance and Communication, Preparedness and Response, and Administrative Services, with seven horizontal disease projects running across all units. All important administrative and technical issues were discussed in weekly meetings with the Executive Management Committee, which is the main internal forum for advising the Director. The discussions from the Executive Management Committee were fed back to all staff members in weekly meetings in all units and the Cabinet. The staff members were also updated on all major events in monthly staff meetings, and a new forum was established in which the Executive Management Committee regularly meets with the scientific staff for discussions on technical issues. Budgetary authority has been delegated to the unit heads, and budget execution was a monthly item in the Executive Management Committee meetings.

ECDC is working in the results-based management mode, with full accountability and transparency in the work. A key issue in ECDC's overall internal management control system was the adoption of the Commission's Internal Control Standards. In 2006, routines were gradually put in place to adopt these standards and they are now followed systematically.

A major task during the autumn was to develop the draft work programme and budget for 2007, integrating the work of the units and projects, while simultaneously developing the strategic planning. The budget and work programme documents were submitted to the eighth Management Board meeting in December 2006.

Strategic planning

ECDC's founding regulation (Regulation (EC) No 851/2004) outlines its mandate and provides the legal basis for all its operations. However, Europe is in constant development and so are the problems that ECDC must deal with. Thus the major priorities for ECDC's work and the strategies needed to achieve the expected results will change as the spectrum of diseases and the scientific basis for dealing with them develop. In 2006, ECDC initiated the extensive work of developing a long-term strategic multi-annual plan with a 7-year planning cycle aligned to the European Community's 7-year Financial Perspective. This strategy will be completed in 2007 after broad discussions with all stakeholders. The strategic multi-annual plan will rest on:

- a baseline public health report on the epidemiological situation in Europe with trend analysis;
- discussions on likely future development of the disease spectrum (and its determinants) that ECDC deals with;
- assessments of major scientific progress in prevention and control of those diseases; and
- an understanding of the capacities and resources within Europe to deal with disease threats and the consequences for ECDC initiatives.

The strategic planning has been an internal horizontal task led by the Director, but involving the whole Centre. The strategy will be finally adopted by the Management Board mid-2007.

External relations

Tasks in 2005–06 work programmes

- The Centre will liaise with the Commission services in charge of the implementation of Decision 2119/98/EC and grants related to surveillance, training and publication in the area of communicable disease surveillance and control and the grant beneficiaries to ensure continuity and minimise disruption during and following the transfer of responsibilities.
- Reporting and informing on legal developments and outcomes of discussions and negotiations on legal and procedural issues and ensuring coordination with other relevant bodies, in particular Commission services.

The Director of ECDC has overall responsibility of the external relations of the Centre, and the Cabinet of the Director is the main focal point of all external relations. Whenever possible the Director will personally participate in the main strategic meetings with external partners. When necessary, she may be represented at such meetings by members of the ECDC Executive Management Team, acting on her behalf.

ECDC has built and maintains effective relationships with key stakeholders. These key partners include the European Commission, European Parliament, the Member States' Health Ministers and Health Departments and other European Agencies. Key activities

in 2006 were to communicate ECDC policy widely and forge strategic partnerships with relevant agencies at national, international and global levels. One of the key events in 2006 was the visit of the European Parliament delegation to ECDC to review the work and collaboration which was then followed by the hearing of the Director in the European Parliament later in the year. The day-to-day contacts with the Commission were strengthened. Through weekly video conferences and regular strategic meetings, information could be shared at an early stage. This has ensured full synergy with no duplication of activities, as well as a smooth transfer of those tasks previously the responsibility of the Commission.

ECDC continued to build upon the foundations laid in 2005 to maximise the synergies from close working relationships between all bodies involved in disease prevention and control. In particular the strengthened partnership with WHO (both the Regional Office for Europe (WHO-EURO) in Copenhagen and the WHO Headquarters (WHO-HQ) in Geneva) at the political, strategic and operational levels (following a memorandum of understanding signed in 2005) brought immediate and visible results in 2006. Some examples are the joint response to avian influenza A/H5N1 among humans in Turkey, the third joint Commission-ECDC-WHO Pandemic Preparedness Workshop in Uppsala, and several joint technical activities. Described in greater detail later in this report, they covered technical areas such as case definitions, tuberculosis (including the 'Stop TB partnership' for Europe), HIV, vaccine-preventable diseases, epidemic intelligence, measles, avian influenza, pandemic preparedness, IHR, antimicrobial resistance (AMR), risk communication, training modules and laboratories.

With the taking up of duty of the external relations officer in the autumn, ECDC will be further exploring the development of a partnership approach and strategic alliances with relevant agencies.



Dr. Anders Nordström, Acting Director-General of WHO, and ECDC Director Zsuzsanna Jakab, October 2006

Scientific support

Tasks in 2006 work programme

- Identification of available scientific experts, including the signing of declarations of conflicts of interest.
- Start processing the scientific questions.

Indicators 2006

- List of experts published, building on the Commission's work.
- Report on the handling of scientific questions.

Scientific forum

In its scientific and technical work ECDC identifies important gaps where the evidence base for public health action is lacking. Once such a gap is identified, most often by one of the horizontal, disease-specific projects, the Centre fills this gap by outsourcing the task to institutions that have the competence to perform research on this issue. One task of the Centre is therefore to develop close contact and collaboration with public health and research institutions in the EU in order to have an overview of the entire field, from basic microbiology to economics and social sciences. ECDC then tries to marry the research needs thus identified with centres and institutes where such work could be carried out.

This 'marriage' of course also needs funding, and resources for major research projects will not be available within the ECDC. Instead, the Centre needs to try to influence the priorities of important funders at EU and national level. During 2006, close contacts were established both with the Infectious Diseases Unit and the Medical and Public Health Research Unit of the Directorate-General for Research (DG RESEARCH), and ECDC had already been invited to comment on the first call on communicable diseases under the Seventh EU Framework Programme for Research (FP7). The ECDC Director was also invited to sit on the Advisory Board for health-related research proposals under FP7. Notably, the views of ECDC were taken into account in calls for proposals on influenza and antimicrobial resistance.

Building contacts with the EU 'scientific community'

The contacts and collaboration with the scientific community in Europe have been developed by participation of the ECDC staff in major meetings and conferences, at meetings with other EU bodies, by participation in various project advisory boards, and through the project on laboratory cooperation.

Meetings

The major scientific conferences and meetings during 2006, in which ECDC scientific staff from all units have actively participated with presentations, were:

- European Technical Advisory Group of Experts (on vaccines), Copenhagen, Denmark, 2 February;
- Fourth Meeting on Strategic Studies on Bioterrorism, Stockholm, Sweden, 6–10 February;
- MedVetNet-WHO-Global SalmSurv Workshop, Warsaw, Poland, 20–21 February;
- Avian Influenza Conference, Reykjavik, Iceland, 27 March;
- 16th European Congress on Clinical Microbiology and Infectious Diseases (ECCMID), Nice, France, 1–4 April;
- Strategic Advisory Group of Experts on Vaccine Issues, Geneva, Switzerland, 10 April;
- 24th Annual Meeting of the European Society for Paediatric Infectious Diseases (ESPID), Basel, Switzerland, 3 May;
- Workshop on Ethics and Globalization, Brussels, Belgium, 22–23 May;
- Third meeting of the French National Reference Laboratories (CNR), Paris, France, 23 May;
- Northern European Conference on Travel Medicine (NECTM), Edinburgh, Scotland, 8–10 June;
- International Society for Infectious Diseases (ISID), Lisbon, Portugal, 15–18 June;
- Foresight Report Launch – Section on Foresight in China, London, UK, 26 June;
- Inequalities in Europe Meeting – UK Parliament and New Statesman, London, UK, 20 July;
- International Public Health Dialogue: the Hidden Epidemic and HIV Testing, Toronto, Canada, 17 August;
- 'Life science group' of the European Parliament, Brussels, Belgium, 12 September;
- Seventh Nordic Baltic Congress on Infectious Diseases, Riga, Latvia, 17–19 September;

- Forum of the EU National Ethics Committees, Helsinki, Finland, 21–22 September;
- Review of WHO/GOARN Avian Influenza Response Operations 2006, Geneva, Switzerland, 26 September;
- Health Protection Scotland Open Day, Edinburgh, Scotland, 3 October;
- Meeting of the Hungarian Infectious Diseases Society, Pecs, Hungary, 5–6 October;
- 11th EPIET Scientific Conference, Menorca, Spain, 12–14 October;
- Strategic Studies on Bioterrorism, Stockholm, Sweden, 18 October;
- 22nd IUSTI-Europe Conference on Sexually Transmitted Infections, Versailles, France, 19–21 October;
- Meeting of all the Chairs of the SANCO Scientific Panels, Brussels, Belgium, 24–25 October;
- Eighth European Congress of Chemotherapy and Infection (ECC-8), Budapest, Hungary, 25 October;
- Fourth European Conference on Viral Diseases, Budapest, Hungary, 26 October;
- Biological Crisis Management in Human and Veterinary Medicine (BCM 2006), Lyon, France, 5–8 November;
- Meeting of the Brighton Collaboration, Brussels, Belgium, 9 November;
- Scottish Faculty of Public Health Annual Meeting, Peebles, UK, 16 November.

Other contacts

Furthermore, contacts were established with EEA (a joint seminar to be arranged in March 2007), and with the EU Joint Research Centre (JRC) at Ispra. ECDC is now always invited to the Vaccines Working Party of the EMEA, and to the meetings of the DG SANCO Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR).

ECDC is represented on the Advisory Boards of a number of FP6 and SANCO projects, such as Biosafety Europe, EPISARS, BIOSAFE, Flusecure, Insight, VENICE, etc.

In the area of knowledge management, ECDC visited the US Centers for Disease Control and Prevention (CDC) in June to discuss the CDC information systems with their experts and managers. Working relations were established and will continue with several of these experts serving on the ECDC Working Party developing our own knowledge management system.

WHO China and the Chinese Centre for Disease Control (CCDC) were visited formally by ECDC staff as part of the evaluation of a SARS project undertaken for the World Bank in China. Counterparts were established and preparations were then made for establish-

ing a Memorandum of Understanding between ECDC and CCDC. On the same mission the Hong Kong Health Protection Centre was visited and counterparts established.

Besides these external contacts, a number of eminent scientists have served on the various Scientific Panels and Expert Groups set up by ECDC during 2006, who thus became familiar with the ECDC environment.

Collaboration with laboratories

An important part of the ECDC remit is to build up collaboration between the Centre and the microbiological laboratories of the EU. The ECDC will probably never have laboratory capacity of its own, but instead will establish contracts with external laboratories or laboratory networks. The strategy for ECDC collaboration with microbiological laboratories was developed during 2006 in a number of Working Groups, consultations, and internal discussions, as well as in the Advisory Forum. The main principles behind the strategy were, firstly, that all the different laboratory needs of ECDC must be catered for, and, secondly, that there must 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 almost all diseases under EU surveillance in accordance with Commission Decision 2119/98 are diagnosed in local laboratories, not in the major central reference or research institutes.

Promoting evidence-based public health research

During 2006, certain areas were identified as benefiting from further research, such as the effects on the communicable disease panorama of environmental change, the socioeconomic determinants of infection and the communicable disease problems of migrant populations. These issues will be pursued in 2007. DG Research invited the ECDC Director to sit on their Advisory Group, providing ECDC with the opportunity to influence their research priorities.

Producing guidelines, risk assessments and scientific answers

Guidelines

The majority of guidelines produced during 2006 have been on influenza, and in particular avian influenza. The following are available on the ECDC website:

- health advice for people living in or travelling to countries where the A/H5N1 has been detected;

- guidelines on how to minimise the risk of humans acquiring highly pathogenic avian influenza from exposure to infected birds or animals;
- regarding avian influenza in cats, advice for avoiding exposure of humans;
- guidance for national authorities on producing messages for the public concerning the protection of vulnerable groups;
- advice on the use of oseltamivir prophylaxis following suspected exposure of humans to Highly Pathogenic Avian Influenza (HPAI) with particular reference to HPAI type A/H5N1.

Several of these guidelines and recommendations have been implemented in the Member States, as we saw during our pandemic planning assessment visits during the year. Besides these, a set of guidelines on hospital-acquired infection with *Clostridium difficile* 027, was published in the journal *Clinical Microbiology and Infection*, as well as one on the emergence of extensively drug resistant tuberculosis (XDR-TB) published in *Eurosurveillance* in October. During 2006 a working group was also set up to provide guidance to the Member States on the introduction of rotavirus vaccine in the national childhood immunisation scheme.

Risk assessments

The risk assessments performed also mainly concerned influenza and, like the guidelines, can be found on the ECDC website. They are:

- The public health risk from highly pathogenic avian influenza viruses emerging in Europe with specific reference to type A/H5N1;
- Who is at risk of getting 'bird flu' – highly pathogenic H5N1 avian influenza – in Europe?
- Avian influenza A/H5N1 in bathing and drinking water and risks to human health;
- What is the risk for Europe for the establishment of Chikungunya transmission?;
- Risk of unexpected sudden death following routine influenza vaccination in the elderly and those at higher risk.

Scientific answers

There have been two formal *ad hoc* scientific panels set up during 2006. One was to answer a number of questions from various Member States on avian influenza, and the other to answer a set of questions from the Netherlands and Italy on seasonal influenza vaccine and on pneumococcal vaccine.

Both these panels were composed of scientific experts who had added their names to the roster of experts after a call for interest in October 2005. This call for experts is still open.

The first panel, chaired by Professor Vittorio Silano from Italy, delivered its opinion in May, and this can be found on the ECDC website.

The second one, chaired by Professor Patrick Olin from Sweden, delivered its opinion towards the end of 2006.

Besides these, a number of questions have been answered by the experts in the Centre, by experts in one of the DSNs, or by other experts on the ECDC roster. Some examples concerned:

- the risk of spread of *Legionella* from nuclear power plant cooling towers (from the European Parliament);
- the risk of importation of dengue to tropical countries through trade in used car tyres (from the European Parliament);
- an assessment of the connection between influenza vaccination and sudden death in Israel (from the Commission);
- the pros and cons of BCG vaccination (from the Czech Republic).

A leading centre for scientific knowledge

The function as a leading centre for scientific knowledge is of course built up by all the contacts with the scientific community described above, but also concretely by building up a database of information – a knowledge base – within the Centre. This work gets a stable foundation from the ontology project of the SAU, in which all terms used, and their relations, are clearly defined. The terminology server of this project will contain several thousands of terms and their translation into all the official EU languages. This will make it possible for everyone to search the database in his or her own language, even if the documents retrieved are written in other languages. In addition to the more formal recommendations, assessments and answers described above, ECDC has contributed a large number of articles to the weekly edition of *Eurosurveillance*.

Surveillance

Networking and surveillance

Tasks in 2006 work programme

- Prioritisation according to the planning document and an assessment of the diseases covered

Indicators for 2006

- New Member States are integrated into existing surveillance structures

In 2006, all new Member States contributed to the existing surveillance structures and were active partners in the Dedicated Surveillance Networks (DSNs). For the future European Surveillance System they are an integral part of the preparation and development.

Evaluation and assessment of the surveillance networks

The short-term surveillance strategy of ECDC was approved by the Management Board in October 2005. One of the key components of its implementation is the evaluation and assessment of the existing EU-wide surveillance networks on communicable diseases.

An evaluation and assessment of all the surveillance networks by independent, external experts ensures that objective, valid and reliable information is available as a basis for decisions on which surveillance activities and functions should be continued, omitted, added or modified, and where these activities, or functions, should take place (within ECDC or contracted out).

The evaluation covers three main areas, namely usefulness, technical performance and fulfilment of grant objectives according to a standardised evaluation protocol. A separate tool to assess the compatibility of the current network activities with the future ECDC surveillance objectives has been prepared. A steering group with representatives from the European Parliament, the Commission and the CDC has been formed to oversee the evaluation and assessment process.

By the end of 2006, evaluations had been conducted for the following networks: European Surveillance of An-

timicrobial Consumption (ESAC), the Basic Surveillance Network (BSN), the European Committee on Antimicrobial Susceptibility Testing (EUCAST) and the Network for prevention of emerging (food-borne) enteric viral infections (diagnosis, viability testing, networking and epidemiology, DIVINE-Net). The BSN was integrated into ECDC at the end of 2006, and surveillance of antimicrobial consumption will be outsourced since the capacity at ECDC is currently not available to establish it.

Long-term surveillance strategy

While starting to implement the steps outlined in the short-term surveillance strategy, it became clear that a long-term vision was needed for the development of the European surveillance system. The development of this long-term strategy was initiated in 2006, and will be ready mid-2007 as part of the ECDC multi-annual plan.

Collection and analysis of data

Tasks in 2006 work programme

- Establish the technical means to make relevant collected information available to the appropriate stakeholders in an objective, reliable and easily accessible way.
- Establish an informal rapid information exchange mechanism for epidemiological information not warranting formal notification via the Early Warning and Response System in close collaboration with the Commission, Member States and the Advisory Forum.
- Develop databases for storing and retrieving information, especially via web-based solutions derived from existing and future surveillance projects, in order to prepare for the Centre's role as central focal point for all surveillance data.

Indicators in 2006

- Procedures adopted for informal rapid information exchanges.

Revision of the EU case definitions

Since case definitions are one of the prerequisites for standardised reporting, the current EU case definitions have been discussed with a working group of experts from Member States and the Advisory Forum. Through this first revision it became clear that the general structure of the case definitions had to be revised. For some diseases, reporting requirements differed between the national and European levels, and there was also a lack of consistency between definitions for similar conditions.

During the year, ECDC has therefore been leading an extensive work to revise the existing case definitions. With the help of the DSNs and working groups for the writing process, and an extensive consultation process involving the Advisory Forum, the Member States, the DSNs, and WHO, the document was delivered to the Commission in September 2006 for adoption through the comitology procedure. The document includes: 1) a definition for a possible, probable and confirmed case for each disease included in the list; 2) categorisation of cases according to clinical, epidemiological and laboratory criteria; and 3) a glossary defining uniform wording for symptoms, signs and laboratory procedures.

Development of surveillance database

According to the founding regulation (Regulation (EC) No 851/2004), ECDC shall maintain the databases for epidemiological surveillance. It was a priority in 2006 to develop the database for routine surveillance with a core set of variables for all diseases set down for surveillance at European level (Commission Decisions 2002/253/EC and 2003/534/EC). At the same time, the concept for the database anticipates the future addition of more disease-specific data. ECDC initiated the surveillance database project by specifying the functional requirements, and subsequently established a development team of external consultants who started to implement the database in October 2006. The variables for the routine surveillance and the Zoonoses Report published by EFSA (see below) have been discussed with the Advisory Forum and relevant DSNs.

Dissemination of data

Tasks in 2006 work programme

- Continue the production and dissemination of the weekly epidemiological report.
- Produce an annual epidemiological report that summarises the trends in communicable diseases and the outcome of investigations for outbreaks of EU concern

Indicators in 2006

- Annual epidemiological report
- Online and user specific access to relevant data through a website

Weekly epidemiological report

Following a decision by the Management Board in 2005, the weekly edition of the journal *Eurosurveillance* has been used for disseminating weekly epidemiological information from ECDC (see below under External Communications Programme). Disease-specific epidemiological newsletters on influenza (weekly) and vaccines & immunisations (bi-weekly) have been published on the ECDC website.

Annual epidemiological report

The first annual epidemiological report from ECDC combines data, analyses and conclusions from surveillance data with the results and implications of the monitored health threats. A draft of this report was presented to the Management Board at its December meeting. Since the 2006 report was the first ever comprehensive epidemiological report in the EU, a description and analysis of the baseline for the years up to 2004 was included. These baseline data will form the basis for ECDC's multi-annual planning and the setting of priorities for the coming years.

As the ECDC does not yet have its own surveillance databases, the data in the report was compiled from various existing sources, namely the European Commission (Eurostat and DG SANCO), the annual surveillance reports of the Member States, the annual reports of the DSNs, and the EU Zoonoses Reports. Other data sources providing information to the ECDC epidemic intelligence work (outlined below under Early Warning and Response) include articles from the two EU-funded

scientific journals *Eurosurveillance* and *EpiNorth*, and the WHO burden of diseases study.

The aim of the Annual Epidemiological Report is to provide data for action. As such it has to contain not just the data and analyses, but conclusions, risk assessments and projections as far as the data allow. This function will have to be developed over the coming years. Subsequently, the 2006 report highlights where data are already available in the desired quality, but also demonstrates current gaps that should be further worked on.

EU Zoonoses Report

An important surveillance output during the year was the ECDC contribution to the EU Zoonoses Report. Details on this are given under disease-specific activities below (Food- and water-borne diseases).

Directive 2003/99/EC on the Monitoring of Zoonoses and Zoonotic Agents (the 'Zoonoses Directive') lays down detailed procedures and obligations for the monitoring and reporting of zoonoses. EFSA is responsible for the EU Zoonoses Report, which provides data on certain zoonoses (brucellosis, campylobacteriosis, echinococcosis, listeriosis, salmonellosis, trichinellosis, tuberculosis due to *Mycobacterium bovis*, verotoxinogenic *Escherichia coli*) from humans, animals, food and feed. In accordance with the procedure laid down in a Commission working document the data on human illness from zoonoses were compiled by ECDC for the first time. The data were provided by the Member States and channelled through the relevant surveillance networks (BSN, the international surveillance network for the enteric infections *Salmonella* and VTEC o157 (Enter-net) and the network for surveillance of tuberculosis in Europe (EuroTB)) and the data providers (Member States and networks) also took part in the analysis and interpretation of the data. ECDC delivered the final version of the analyses to EFSA at the beginning of August and was involved in the joint analysis of data from human cases, animals and foodstuff. Member States were consulted before delivering the final version in October.

Article 8 of the Zoonoses Directive refers to the investigation of food-borne outbreaks. The Directive states that Member States shall investigate outbreaks and send annual summary reports on the results of those investigations to the Commission to be forwarded to EFSA. Given ECDC's broad surveillance mandate, the Centre has agreed with its Advisory Forum to include outbreak reporting in its database development (on all diseases including food-borne), and work closely with EFSA and the EFSA contractors to make reporting to ECDC and EFSA as compatible and simple as possible for Member States.

Early warning and response

Epidemic intelligence

Tasks in 2006 work programme

- Establish a link with the Commission-operated advance warning system and with similar national and international systems and complete verification procedures.
- Create capacity to deal with surveillance activities for emerging diseases (e.g. of the SARS kind) including for investigation assistance and infection control expertise.

Indicators for 2006

- Advance warning and verification procedures established, tested and operational.
- Number of pieces of advice and warnings issued over the period.
- Number of assessments made over the period.

Epidemic intelligence activities are aimed at detecting, assessing and investigating public health threats of multi-country scope within the EU and EEA/EFTA countries.

ECDC continued its constant monitoring of health threats across the Union throughout 2006. As of 31 December, 163 threats of European scope had been monitored, 115 of which directly involved EU and EEA/EFTA countries. Active follow-up by ECDC was required for 76 of the threats (Table 1). The majority of threats were initially reported by Member States through the EWRS (Figure 1) and were related to gastroenteritis (Figure 2).

The Communicable Disease Threat Report (CDTR) is now available weekly to Member States on a restricted access website. Joint preparation of an Epidemic Intelligence Weekly Report (EIWR) for European Commission policy makers is routinely taking place through weekly video conferences with the Commission.

The Threat Tracking Tool (TTT) used internally by ECDC to monitor threats was developed in 2006 to improve interaction with Member States for joint assessments of threats and provide easy access for Member States to the database and reports produced.

Extensive consultation with Member States took place in 2006 through two EU-wide meetings and two technical meetings. This resulted in the adoption of a common framework to define epidemic intelligence

across the EU (Figure 3) and a shared terminology for defining the processes involved in detecting, assessing and investigating public health threats. Contact was established with all the Commission-operated advance warning systems.

Guidelines to strengthen epidemic intelligence in Member States was outlined and agreed upon with the Member States and will be finalised in 2007. It includes issues related to the implementation of the revised International Health Regulations (IHR).

Two large mass gathering events took place in the Member States in 2006: the Winter Olympic Games in Torino, Italy, in February; and the World Soccer Cup in Germany, in the summer. On these occasions, ECDC prepared daily reports tailored to the monitoring of international threats in these specific contexts, as well as holding daily teleconference meetings for threat assessments. The lessons learnt during these, and earlier, events (Athens 2004 Olympic Games, France World Soccer Cup in 1998, G8 summit in Scotland in 2005) were reviewed during a meeting in November 2006 and will be translated into guidance for the Member States in 2007.

Early warning and response system (EWRS)

Tasks in 2006 work programme

- Assume the full support role by the end of this year in gathering and analysing data and information on outbreaks notified or communicated and on public health emergencies, and assist the Commission in drawing up the reports on the operation of the EWRS,
- Assist the Member States in developing and maintaining the capacity to react promptly, e.g. the capacity to set up and deploy investigation teams on short notice.
- Assist the Commission with the review and improvement of SOPs of the EWRS.

Indicators for 2006

- Report on the number of outbreaks analysed
- Number of pieces of advice issued over the period

In application of Article 8 of the ECDC founding regulation (Regulation (EC) No 851/2004) and following an agreement between ECDC and DG SANCO, ECDC planned the takeover of the EWRS. The terms of this transfer were presented to both the Management Board and Advisory Forum in May 2006 for comments and guidance.

Even though the transfer implies that the ECDC will be operating the EWRS, the roles and functions of Member State authorities and the European Commission remain as defined in Decision No 2119/98 concerning the responsibilities related to the coordination of public health measures in the EU and definition of standard operating procedures and criteria.

The development of the ECDC-operated EWRS was initiated in November 2006. The transfer will be completed by April 2007 when the EWRS will be fully operational at ECDC. Complementing this transfer, a working group of the EWRS members met in November 2006 to assist the Commission and ECDC in further developing the system, augmenting it with robust tools for crisis communication and designing a communication platform integrating risk assessment, risk management and risk communication requirements.

All incoming messages originating from the Member States have been monitored. Several of these reports involved specific ECDC action (see section on outbreak assistance). ECDC contributed to the annual report of EWRS operation prepared by the health threat unit of the European Commission.

Emergency operations

Following an extensive consultation of partners (the Commission, Member States, WHO, CDC), ECDC designed the functional and technical specifications for its Emergency Operation Centre (EOC) in 2006. Procurement of the equipment will be completed early in 2007. The EOC should then be fully operational in the spring of 2007.

ECDC signed a framework contract in 2006 for the organisation of EU-wide simulation exercises. These exercises will start in 2007 with an ECDC-internal exercise to test the EOC equipment, a tabletop exercise to test standard operating procedures for public health emergencies, followed by a command-post exercise to test communications in such crises.

Outbreak assistance

Among the threats detected and monitored, the following required specific ECDC outbreak assistance:

- **Human cases of avian influenza A/H5N1 in Turkey, Iraq and Azerbaijan:** ECDC, through WHO, sent experts to Turkey (3), Iraq (1) and Azerbaijan (2) to support national authorities facing clusters of human cases. The experience acquired by ECDC in supporting these missions contributed to the development of a toolkit for investigating clusters of human cases as well as a training module field tested in Russia with WHO.

Table 1: Summary of threats monitored, 1 January – 31 December 2006

Indicator	Number
Threats processed	163
Number of countries involved*	254
Threat follow-up events	1632
ECDC actions resulting from threats	76
Threats by countries involved:	
• EU 25 Member States	109
• EEA/EFTA countries	6
• Russia	4
• WHO European Region except EU, EEA/EFTA and Russia	17
• Asia (outside WHO European Region)	18
• Africa	26
• Americas	6
• Oceania	2

* One threat may involve several countries and one country could have been involved in several threats

Figure 1: Distribution of threats monitored in 2006, by source of detection

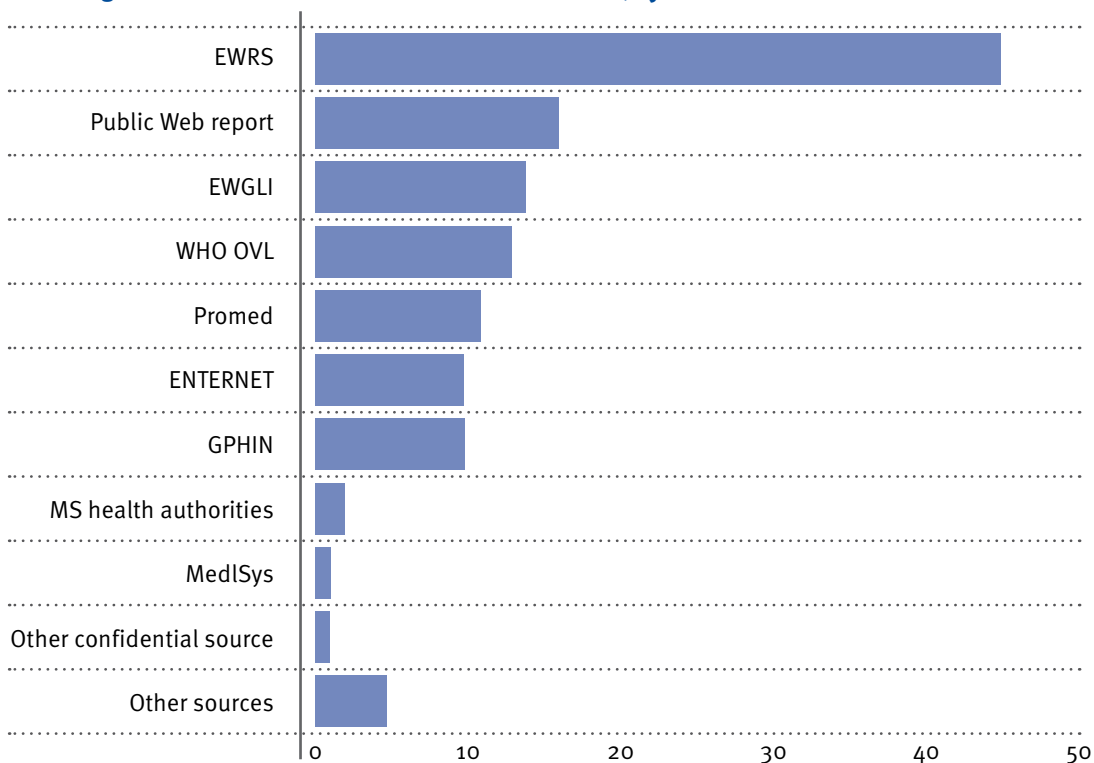


Figure 2: Distribution of threats monitored in 2006, by disease/syndrome

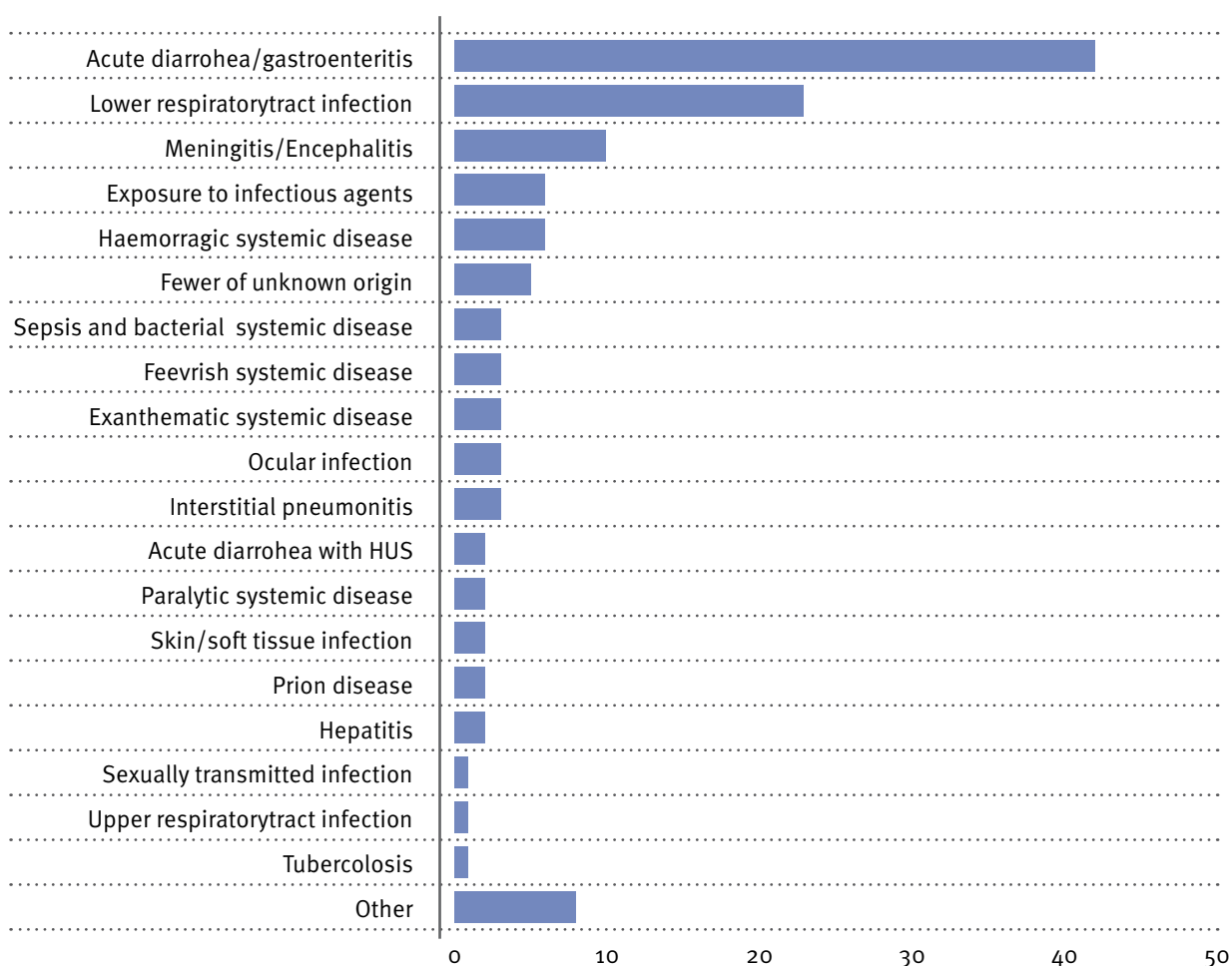
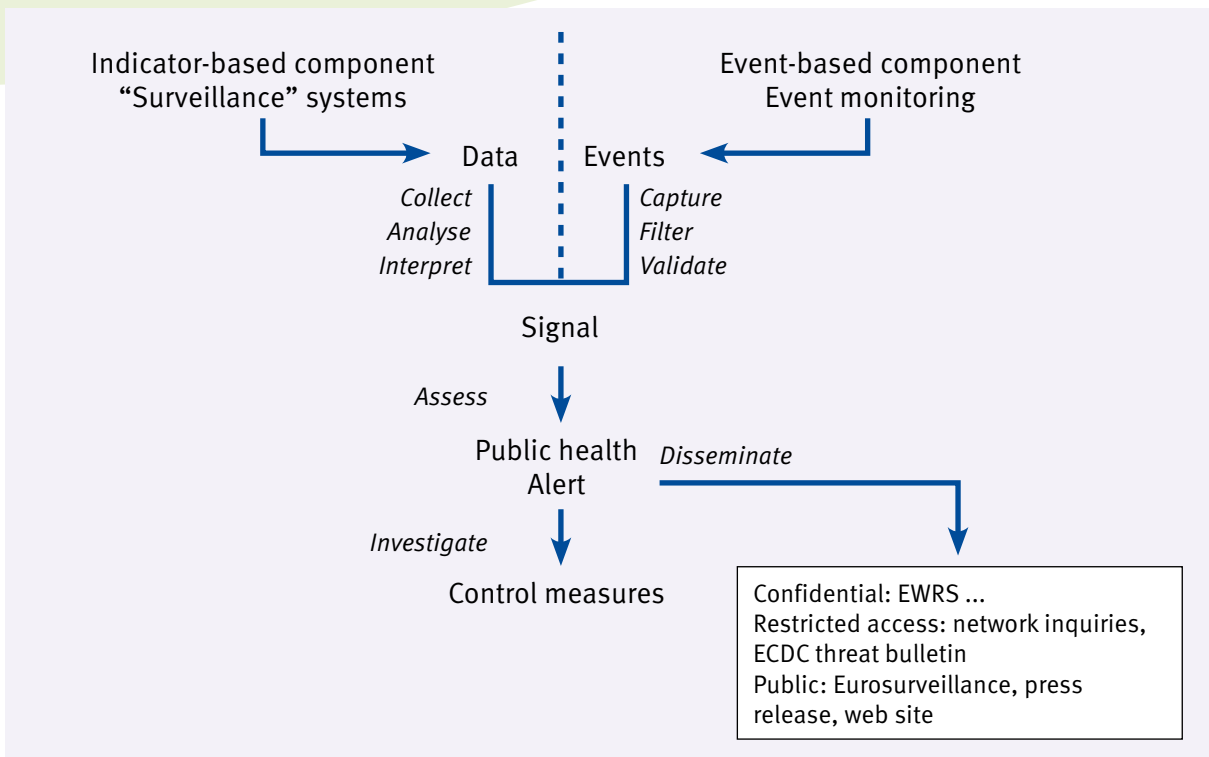


Figure 3: Epidemic intelligence framework



- **Chikungunya fever in the Indian Ocean:** Following a notification by France through the EWRS, ECDC conducted an expert meeting to assess the risk of introduction and transmission of Chikungunya fever to Europe (see more details below under disease-specific activities);
- **Increase of notification of measles in the EU:** Following increases of measles notification in the EU through EWRS, ECDC conducted a risk assessment and provided experts to WHO to support national health authorities in Ukraine and Romania in investigating and responding to these events. This resulted in investigation reports and recommendations to affected countries.
- **Increase of norovirus outbreaks in cruise ships:** In June 2006, an increase of outbreaks affecting cruise ships was reported by the DIVINE network and further investigated with support from ECDC (see more details below under disease-specific activities);
- **Lassa fever:** In July, Germany issued an EWRS message to report that a passenger travelling from Sierra Leone potentially exposed co-travellers to Lassa virus. This resulted in a large tracing of contact persons among co-travellers and airline staff across the EU as well as several non-EU countries (USA, Lebanon, Turkey, Ivory Coast, Sierra Leone). No secondary cases were identified. Lessons learnt

in the coordination of this large contact-tracing exercise are being translated into EU standard operating procedures through a working group of the Health Security Committee.

- **Cluster of deaths associated with Lisipronil in Panama, and Vaxigrip flu vaccine in Israel:** These two threats involved pharmaceutical products manufactured in the EU that were suspected of being associated with fatal adverse events in non-EU countries. While the association between the product and the adverse events were rapidly ruled out through a risk assessment, these events showed the benefit of having established good communication with the EMEA and WHO and the importance of a prompt risk communication from ECDC.

All the above-mentioned threats resulted in ECDC updates to the website as well as timely communication to public health stakeholders through *Eurosurveillance* articles.

External communications

Tasks in 2006 work programme

- Start taking over the responsibility for the regular publication of Eurosurveillance.
- Organise feedback meetings with EU institutions and other stakeholders to customise the communication strategy in the area of communicable disease threats.

Indicators for 2006

- The number of bulletins issued over the period.
- The epidemiological report published.

The Centre's external communications activities developed considerably in 2006, as the Centre started up its publication programme, made preparations for the transition of *Eurosurveillance* into ECDC, redesigned its website, introduced a visual identity and ran an open tender for external communication support services, while continuing to field a large number of media enquiries.

With continued expansion of the external communication function foreseen in 2007, in line with the growth of ECDC's scientific output, and with the need to ensure good coordination between ECDC's various communication channels (paper publications, website, *Eurosurveillance*, media), the Director decided in October to create an External Communication Function (ECO), organisationally placed under the Director's Cabinet.

Development of ECDC's visual identity began in January, following an open tender in November 2005 and the appointment of a contractor in December 2005. A new logo for the Centre was launched at the March meeting of the Management Board. A brochure and an information stand incorporating key elements of ECDC's new corporate design were produced in April, in time for use at the European Conference on Clinical Microbiology and Infectious Diseases. A full design manual for ECDC was published in August.

Communication strategy and language policy

In March, the Management Board approved media communication procedures for ECDC. These have been

incorporated into ECDC's internal procedures and steps have been taken to ensure they are rigorously implemented. Two plenary meetings were held with communication officers from the Member States and the Commission to discuss joint communication strategies, with emphasis on influenza. The ECDC Director adopted a publications programme for the Centre in April and this was presented to the Management Board in June along with some initial thoughts on language policy. The December meeting of the Management Board held a further discussion on language policy, including the future development of a multilingual ECDC website. This discussion will continue in 2007.

Website

ECDC's website saw a continued expansion in both content and traffic. During the summer and autumn ECDC developed version 2 of its website, redesigning the menu structure for easier navigation and refreshing the look of the site in line with ECDC's new design manual. The new site was launched in October. This will now be the interim website until a fully-fledged web-portal is in place in 2008.

Eurosurveillance

In 2005, the *Eurosurveillance* project formed a partnership with ECDC, in which it was agreed that the journal *Eurosurveillance* would be the main scientific voice of ECDC, and that its weekly release would be used as the weekly epidemiological bulletin required by the ECDC work plan. This has been managed in such a way as to ensure the maintenance of the professional integrity of the editorial team. The partnership has been endorsed by the European Commission and the ECDC Management Board. In 2006, a shadow editorial organisation with a Managing Editor, an Editor-in-Chief, and the first of three Assistant Editors was put in place, and all technical issues were addressed in order to assume full responsibility for the journal at the time the present contract with the Commission ends on 1 March 2007. Since late 2005, one of the Assistant Editors of the weekly release of *Eurosurveillance* has been seconded from the editorial office in London to ECDC, and the larger part of the weekly *Eurosurveillance* issues in 2006 have been published from Stockholm. ECDC has authored 29 articles in the *Eurosurveillance* weekly release in 2006 (not including the editorial team papers).

From March 2007 the independent peer-reviewed journal *Eurosurveillance* will be fully set up at ECDC.

Media relations

During the first quarter of 2006, ECDC was the focus of considerable media interest, with reports of human cases of influenza A/H5N1 in Turkey and ECDC's participation in the outbreak assistance team to that country in January, followed by the finding of birds infected with H5N1 in several EU Member States in February and March. Stories relating to H5N1 and pandemic influenza continued to account for the majority of ECDC's media coverage throughout 2006. However, there was also significant reporting in relation to ECDC's work on other diseases, notably Chikungunya, Clostridium difficile, HIV/AIDS and tuberculosis. A number of feature articles introducing ECDC and its role were also published, including pieces in national media.

Publications

The Director adopted a publications programme in April. That same month ECDC published the first version of its corporate brochure. The Director's First Annual Report was published in June and distributed to the EU Institutions, the Management Board and other key stakeholders. ECDC also published an Executive Summary of the Director's First Annual Report, ten Technical Reports and four Meeting Reports.



Meeting of Management Board at ECDC.

Country cooperation

Tasks in 2005–06 work programmes

- The Centre will analyse and propose to the Management Board strategies for the cooperation of the Centre with Member States and its international partners.
- Update the existing inventory on Member States assets and expertise.

Indicators for 2006

- Updated Inventory on Member States assets and expertise published.

In its daily work, ECDC relies on good and close contacts with the Member States and, as ECDC's work also includes the three EEA/EFTA countries, Norway, Iceland and Liechtenstein. Being a small agency, ECDC heavily depends on the expertise in the Member States, but this pooled expertise could also be put to use to support single Member States on specific issues. In accordance with the ECDC founding regulation (Regulation (EC) No 851/2004), in 2006 the Management Board compiled a list of competent bodies, i.e. those institutions and bodies in the Member States having responsibilities similar to ECDC at a national level that are recognised partners of ECDC in the respective countries.

Country inventory and country cooperation visits

The organisation of public health and the organisation of health expertise differ considerably between the Member States. ECDC needs detailed knowledge of the structure and expertise in each country in order to work efficiently with the Member States. Two EU-funded inventories have previously been compiled with such detailed country information. Information from the latest inventory is available on the internet, although some information is now out of date.

In 2006, ECDC internally updated this already available information by supplementing it with information obtained during different visits to the countries. Such information includes contact points in the countries, information on the public health structure, etc. Information on the national surveillance systems have also been obtained as part of the preparation of the first An-

nual Epidemiological Report. Discussions are ongoing as to how to transfer the information in the existing inventory databases to ECDC.

To further develop the country work, five countries (Austria, Cyprus, Estonia, The Netherlands and Poland) were, after agreement with the Management Board, selected for country cooperation visits. These visits are to give ECDC a better overview of the specific conditions, organisation and infrastructure for communicable disease control in that country and to identify areas for closer collaboration where expertise (whether within ECDC or in other countries, channelled through ECDC) could improve the country's capacity to give an added European value. A main focus is to facilitate the sharing of best practice across Europe. The experience from these first visits will be used to more systematically cover all the other Member States in the coming years. In November 2006, the first such visit took place in Austria, back-to-back with the ECDC pandemic preparedness mission, and visits to the remaining four countries will take place in the first half of 2007.

The Director of ECDC is also systematically visiting countries to build up collaboration, discuss ways of interacting, and agree on priorities.

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 has been funded by the European Commission's Public Health Programme during the period 2004–06. As the funding runs out at the end of 2006, ECDC has negotiated an extension by analogy of the contract for 2007.

Training

Tasks in 2006 work programme

- Start to set up and test training tools.
- Take responsibility for the implementation of a follow up to the existing training course under the European Programme for Intervention Epidemiology (EPIET).
- Start supporting and coordinating training courses.

Indicators for 2006

- Member States participating in these courses.
- Missions carried out with contributions from the Centre in providing technical expertise.

Following the priorities identified by the Member States during a consultation in December 2005, one short one-week course on managerial skills for outbreak investigation coordinators was held in October 2006 and a second one has been scheduled for January 2007. At least two modules per year are planned.

A framework contract for the organisation of one-week modular short courses on the technical aspects of outbreak investigation is being finalised with two contractors selected. The courses will each have 25 participants: five epidemiologists from five different EU countries, arranged as regional activities. Most EU Member States will be covered in 2007 through this framework contract.

EPIET

2006 was a transition year for the EPIET programme, being in the process of integrating into ECDC. ECDC extended the grant agreement with the Swedish Institute for Infectious Disease Control to cover the first year of Cohort 12. Eight EPIET fellows were recruited through ECDC funding for Cohort 12 and Member States provided salaries for an additional five fellows. Following the 2006 introductory course and scientific seminar in Menorca, fellows are now deployed to their hosting sites.

Other training activities

In 2006, a review of documents on core competencies for intervention epidemiologists was conducted, taking into account the US experience, a collaborative effort between the Council of State and Territorial Epidemiologists (CSTE) and CDC, and the Field Epidemiology Training Programs (FETP) curriculum. At the same time, contacts were made with the European Association of Public Health Schools (ASPHER), as the competencies for public health practitioners will provide the necessary framework for our core competencies. To ensure consistency, contacts have been established with the Training Programmes in Epidemiology and Public Health Interventions Network (TEPHINET) and WHO. A draft paper on core competencies for intervention epidemiologists has been submitted for an expert review. The document will be finalised in 2007 through workshops.

Disease-specific activities

The ECDC disease-specific activities are carried out within seven horizontal projects, drawing their activities from all the Units and the Cabinet.

Influenza

The year 2006 was as busy as 2005 with a mixture of planned activities and a need to respond to some unexpected events. A major change of strategy was seen mid-year when it was agreed that most of the work on avian influenza A/H5N1 had been done, and more effort should now go into tackling seasonal influenza and pandemic preparedness.

Routine outputs

ECDC maintained a number of routine outputs throughout the year including the weekly Influenza Surveillance and Risk Monitoring (ISRM) on the ECDC website with multiple sections. In October this arrangement became simplified on the new interim ECDC website with a shorter Influenza Newsletter replacing the ISRM and the country summaries moving to more permanent part of the website, though still regularly updated. On a regular basis an ECDC influenza deliverables report, 'Deliverables', is made to the European Commission. Prepared weekly in 2005, this has now settled down to a monthly cycle and complements other routine communications with the Commission.

Scientific advice and publications

The ten pieces of scientific advice concerning avian influenza (H5N1) were consolidated in June in an influenza A/H5N1 portfolio published on the ECDC website. This included a review and update of the ECDC risk assessment for human health. In the autumn, after extensive internal and external review, scientific guidance was published setting out the evidence on the effectiveness of personal measures (hand washing, masks, etc.) against influenza. An editorial in *Eurosurveillance* monthly edition pointed out how little was known about the epidemiology of human influenza A/H5N1. Other documents published during the year were background papers on antivirals and community public health measures, expatriates in a pandemic, closing schools and other public health measures, as well as regular contributions to *Eurosurveillance Weekly* with the in-house team. Through the presence of the Director on the Research Advisory Group of the EU some spe-

cific research priorities in this area have been accepted by DG Research.

External liaison

External liaison was maintained through representation on a number of committees and working parties and through meeting and teleconferences. These include involvement in the rapid response and containment package produced by WHO HQ, representational meetings (European Council, Friends of Presidency Group, joint meetings with Chief Medical Officers (CMOs) and Chief Veterinary Officers (CVOs), Health Security Committee (HSC)) and monthly teleconferences on avian influenza with the Commission and EFSA.

Liaison and collaboration was maintained with other partners, mainly the European Influenza Surveillance Scheme (EISS), DG Research, WHO EURO, the European Scientific Working Group on Influenza (ESWI), and EMEA. The ECDC communications team arranged two meetings with the media and communication officers from the Member States and the Commission. ECDC is also represented in the boards of two scientific networks, Flusecure and Euromodelling (Inftrans).

Avian influenza A/H5N1

In 2006 contributions were made to GOARN missions concerning influenza A/H5N1 in birds to Cyprus and Romania, and avian influenza A/H5N1 in humans to Turkey and Iraq.

ECDC guidance on the 'Initial evaluation of potential human highly pathogenic avian influenza (including A/H5N1) cases in Europe' was developed and an 'Avian influenza tool kit' (for Member States who have human cases) was developed. ECDC has also maintained its partnership with WHO HQ in producing the specifications for an international intervention to stamp out the initial transmission of a pandemic strain at source if it was detected in time. It was established this year that the intervention would be applied if needed both in the EU or a neighbourhood country and would include deployment of the WHO stockpile of antivirals.

On training issues, two meetings were held in Geneva to design and create a package of training materials for influenza under the initiative of WHO HQ and in collaboration with WHO EURO. Existing training materials have been reviewed, updated and collected in a website area with restricted access. More training materials have been developed, including a case scenario,

or 'table top exercise', on an outbreak of avian influenza. Several teleconferences were held before and after this workshop. The main groups of materials are on: pandemic preparedness, rapid containment, animal health and food safety issues and rapid response to outbreaks of avian influenza, communication and public awareness. Necessary links with the official guidelines and expert panels are in place.

Seasonal influenza

Throughout the influenza season, the EISS network maintained its weekly surveillance through primary care and microbiological laboratories. The latter contributed to the selection of recommended influenza vaccines. The EISS reports appeared weekly on the EISS website and in summary in the Influenza Newsletter. For the first time, and in recognition of the threat from influenza A/H5N1, EISS ran its laboratory surveillance through the summer on a two weekly basis.

A survey undertaken through the Advisory Forum members found that for the largest at risk group (the elderly), only nine of the 27 EU and EEA countries had achieved the WHO target to have 50 per cent of the

high-risk population vaccinated during 2006, and that vaccine uptake varied 40-fold across the EU (range 2% to 80%). Nine of the countries could not supply data. This led in part to the appreciation that routinely getting uptake data and enhancing vaccine uptake should be an EU priority.

Pandemic preparedness

Fifteen EU countries had been assessed by the end of 2006 (Austria, Belgium, the Czech Republic, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, Slovakia, Spain and the United Kingdom), and in addition ECDC has worked with WHO on the assessment of another three neighbourhood countries (Kazakhstan, Turkey and Ukraine). Twelve of these country missions took place in 2006. The assessments drew on staff from across ECDC as well as increasingly from the Member States that had participated in previous assessments. The assessment tool and procedure were considerably improved for the autumn assessments following a mid-year review. Greater emphasis was put on the joint nature of the assessments between ECDC and the Member State being assessed, with more



Third EU/WHO Workshop on Pandemic Influenza Preparedness, Uppsala, Sweden, 15–17 May 2006

attention being given to previously neglected topics including surveillance of bird flu, local preparedness and preparing hospitals. In the autumn a major report on pandemic preparedness in the EU was requested by the Commission and this was delivered to the Commissioner at the end of October.

ECDC undertook the organisation of a Europe-wide workshop on pandemic influenza preparedness in May. The third in a series, it was co-sponsored by the Commission and WHO EURO and held in Uppsala, Sweden. More than 100 people from almost all countries of the WHO European Region attended the workshop, and various other international organisations also participated: WHO HQ, WHO African Region, World Organisation for Animal Health (OIE), Food and Agriculture Organization (FAO) and the World Bank. Following a recommendation from the Uppsala meeting, four smaller meetings were held in the autumn. At a joint meeting with the Commission, communication officers from across the EU met to share best practice and to finalise an outbreak communication checklist for use in a pandemic. Three regional meetings were held to review preparedness and to specifically work on the use of antivirals, interoperability at a national level, preparation of hospitals and communication with health care workers.

HIV/AIDS and sexually transmitted infections

A series of consultations were held with the European Commission, WHO EURO, WHO HQ, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and other stakeholders including EMCDDA, and the two European networks, European Centre for the Epidemiological Monitoring of AIDS (EuroHIV) and European Surveillance of Sexually Transmitted Infections (ESSTI), to map activities related to HIV and sexually transmitted infections (STI), and identify gaps and needs. These consultations are ongoing.

HIV/AIDS

Surveillance data indicate increasing numbers of HIV diagnoses, outbreaks of other STIs and a rise in risky sexual behaviours across the EU. Although this figure is attached to considerable uncertainty, as many as one third of the HIV-infected population in the EU has not yet been diagnosed with HIV. These worrying trends call for urgent renewing and strengthening of

HIV prevention actions in Europe. An HIV working group of the Advisory Forum recommended that ECDC concentrate on prevention priorities while at the same time preparing for taking over the responsibility of HIV surveillance after 2007. To that end, ECDC organised a workshop on HIV prevention on 2–3 October in Stockholm. National HIV coordinators from the 25 EU Member States plus Iceland, Norway, Switzerland, Bulgaria and Romania, as well as representatives from WHO, UNAIDS, US CDC, and civil societies attended the meeting. Key prevention priorities were identified and included decreasing the size of the undiagnosed fragment of the HIV-infected population, renewing prevention efforts aimed at migrants and men who have sex with men, addressing the HIV epidemic in the Baltic States, and developing indicators to measure the success of HIV prevention efforts. These priorities will be brought forward in the 2007 ECDC workplan.

Regarding high-level ministerial conferences related to HIV, ECDC gave a keynote presentation at the conference on drugs 'Moving forward together' organised by the EU Finnish Presidency in September in Turku, and has participated in preparatory meetings for the conference on HIV prevention to be held in Bremen in March 2007 under the German Presidency. ECDC has also participated in the EC Think Tank on HIV and in various technical meetings (e.g. EuroHIV, EMCDDA).

Sexually transmitted infections

Outbreaks of STI including syphilis, gonorrhoea, and lymphogranuloma venereum have been reported in recent years throughout the EU, primarily among men having sex with men. At the same time, high levels of Chlamydia infection are observed in the general population, in particular among young people. Following a call for tender, ECDC has contracted the University of Bern to do a review of Chlamydia control strategies in the Member States and to develop guidelines for improving the control of Chlamydia infection in Europe.

STI surveillance systems are very heterogeneous across the EU and currently there is no standardised European STI surveillance system in place. A technical consultation was held with ESSTI to agree on methods of collaboration between ESSTI and ECDC, to discuss the framework for data collection, and to identify a set of core variables to be included in the database. ECDC participated actively in ESSTI meetings.

Tuberculosis

In 2006, a modified tuberculosis (TB) case definition was developed to be in place in 2007. The new case definition will accommodate three levels of ascertainment of TB cases (possible, probable and confirmed).

During 2006, a particularly virulent strain of XDR-TB was detected during a study conducted in Kwazulu-Natal, South Africa. A document on risk assessment for XDR-TB was published on the ECDC website and in *Eurosurveillance*. ECDC experts also participated in an XDR-TB meeting organized by WHO in Geneva in October 2006.

ECDC participated actively in the Vilnius meetings, combining the EuroTB annual meeting, the Wolfheze workshop and the WHO EURO Technical Advisory Group meeting, and also contributed to two EuroTB Advisory Committee meetings, where progress on ECDC work on the evaluation of networks, case definitions, development of the future surveillance database and TB horizontal project were presented. Together with the European Commission, ECDC represents the EU in the Stop TB Partnership for Europe, initiated by the Red Cross / Red Crescent and WHO in October.

Vaccine preventable diseases

In 2006, strong links were established with the two surveillance networks, EUVAC and VENICE, in order to maximise the outputs and avoid any duplication. Collaboration with WHO included participation in ETAGE and SAGE meetings, collaboration for organising the European Immunisation Week and reciprocal participation to working groups.

During the year, 13 issues of the vaccine and immunisation electronic newsletter *V&I News* were published on the ECDC website and distributed via email. The main scope of *V&I News* is to share information about best practice on immunisation and to highlight the main news regarding vaccination in EU countries. A large network of experts from Member States has been set up in order to achieve such a scope.

A scientific panel on vaccines and immunisation was set up in order to answer two specific questions on influenza vaccination in children and pneumococcal vaccination in people ≥ 65 years old. The guidance document was issued by the end of November 2006.

An expert group was assembled to provide evidence-based technical guidance to support national authorities in the decision-making process regarding the introduction of rotavirus vaccination in the Member States. The technical guidance document was delivered by the end of 2006.

By the end of the year an Expert Group on human papilloma virus (HPV) vaccination in EU was set up.

A risk assessment of measles in the EU has been initiated, by way of a working group closely collaborating with EUVAC.NET and WHO EURO.

A contract has been signed with the Brighton Collaboration in order to facilitate the delivery of a complete set of case definitions for adverse events following immunisation. An ECDC representative sits in the BC steering committee, alongside US CDC and WHO representatives.

Antimicrobial resistance and nosocomial infections

Clostridium difficile 027

During the last two years a new pathogen has emerged. *Clostridium difficile* is a bacterium that is located in the intestine. Under certain circumstances it gives the carrier severe diarrhoea that may cause death. The most common provocation of the disease is antibiotic usage. The specific strain 027 results in more serious disease with more death than expected with other strains. It is also resistant to a group of antibiotics, quinolones, which are used extensively in hospitals. The strain appeared first in the US and Canada but has now spread widely in England and to a lesser degree in Belgium, Holland and France.

An ECDC working group with participants from some Member States and ESCMID's expert group on *Cl. difficile* has published a background document with a suggested plan of action as well as a suggested case definition. It appeared in the scientific journal *Clinical Microbiology and Infection*.

Country visits

ECDC has worked out some indicators that are used as a basis for discussions with different stakeholders during country visits. There is an emphasis on the need for functional national, regional and local coordination of efforts within this complex field. Feedback of surveillance data on usage and resistance to prescribers is essential. Systems for evaluating adherence to guidelines and prudent use of antibiotics are advocated.

During 2006 four countries, Lithuania, Hungary, the Netherlands and France, were visited. A discussion with the national focal points took place to discuss the findings and decide how to proceed.

Information to the public

The complexity of AMR makes the issue difficult to present to public. A consultancy group is evaluating different European campaigns on AMR and the objec-

tive is to produce material for Member States and journalists to use in communicating with the public on this issue.

Food- and water-borne diseases

Zoonoses Report

The main ECDC work on food- and water-borne diseases during the year was the compilation of human data for the EU Zoonoses Report, and the subsequent work with EFSA to analyse the data (see more above under Surveillance).

Norovirus outbreaks in cruise ships

In the spring of 2006, a series of gastrointestinal outbreaks occurred in cruise ships sailing in northern European waters. The Health Protection Agency (HPA) in London contacted ECDC about the outbreaks. ECDC then started an active collaboration with a Europe-wide surveillance network for food-borne viral enteric diseases, DIVINE-NET, to investigate and explore possibilities for containment. DIVINE-NET coordinated the investigations. By 5 July, a total of 13 ships had reported 42 outbreaks in which over 1,400 persons fell ill. In the majority of the ships, norovirus was confirmed as a causative agent. The data analysis suggested that two new norovirus lineages had started to circulate in the population in Europe, including on cruise ships, and the conclusion by DIVINE-NET was that the outbreaks on the ships were most likely a reflection of increased norovirus activity in the community. However, the role of contaminated food and water could not be excluded as a potential route of transmission. The exercise highlighted the need for a better cooperation between different parties, i.e. the Member States (food and public health authorities), the Commission, EFSA, the networks, the ship companies, the local health authorities, and scientific experts. Therefore, ECDC organised an expert meeting for different parties to discuss and

agree on further actions to be taken. One of the conclusions of the meeting was that a commonly agreed protocol is needed to decide on the actions to be taken and the responsibilities of different parties in outbreaks situations.

Other diseases of environmental and zoonotic origin

Chikungunya fever

A large outbreak of Chikungunya fever occurred on different islands in the Indian Ocean during the southern summer. In Réunion, an overseas department of France, the epidemic started in October 2005 and reached a peak in February 2006, when the estimated weekly incidence topped 40,000 cases. Chikungunya fever was also reported from Mayotte, Seychelles, Mauritius and Madagascar, as well as being imported into Europe. Considering the magnitude of the epidemic, and the extensive travel between the concerned areas and Europe, ECDC called a consultation of experts to assess the threat this epidemic represented for Europe. The meeting concluded that there was a risk for Chikungunya virus transmission in Europe, but the magnitude of this risk could not be determined due to insufficient information being available at the time. Experts insisted that the risk for Europe was not limited to the current epidemic in the Indian Ocean (e.g. 1.3 million cases reported from India by October 2006). Moreover, experts stressed the fact that the risk also existed for other vector-borne diseases, such as dengue. As a result of this risk assessment, ECDC mapped the capacity and capability of European laboratories for the diagnosis of chikungunya virus. The European Commission advised the Member States with regards to the use of blood and blood components, and considered measures for preventing the introduction of the mosquito *Aedes albopictus* through trade.

Administrative services

Financial services

Tasks in 2006 work programme

- Operate the first full year
- Submit draft budgetary planning for 2007 to Board

Indicators for 2006

- Budget 2006 adopted before 1 January 2006
- Annual accounts and reports according to legal requirements
- Management information system present
- Draft Budgetary planning for 2007 submitted in time to the Board
- Correct and efficient procurement

Key tasks in 2006 were to exercise the accounting function; to manage accounts payable and receivable and the assets; to plan, manage and follow up on the resources of the Centre; to facilitate public procurement and contracting; to integrate and consolidate the financial system; to establish regular management reporting; and to ensure the legality and accountability of ECDC's operations. The budget grew from € 4,530,000 in 2005 to 17,500,000 in 2006, resulting in a considerable expansion of the financial operations. Strong emphasis has been on public procurement, and specifically on establishing framework contracts with providers to procure goods and services to support the operational activities of the Centre. The financial system was consolidated in 2006, with a full integration of the financial system and the accounting software and which constitutes a solid and reliable basis for managing the budgets and the accounts of the Centre.

Human resources management

Tasks in 2005–06 work programmes

- Determine the personnel needs and set the priorities.
- Recruit the personnel.
- Organise secondment of experts from Member States.
- Set up human resources tools, such as implementation of rights and obligations and establishing the relevant bodies in accordance with the Staff Regulations.

Indicators for 2005–06

- Selection and recruitment of personnel.
- Number of detached national experts working at the Centre.

Key tasks in 2006 were to recruit 50 staff members during the year; to facilitate the integration of new staff in the Centre and support their installation in Stockholm; to prepare a policy framework for human resources development and a multi-annual staff policy plan; to maintain the human resources system; and to provide support and information to staff in relation to rights, working at ECDC and living in Sweden.

The recruitment of staff continued to be a high priority for ECDC in order to establish the internal core capacities of the Centre. During 2006 some 900 applications have been screened and almost 200 candidates were interviewed.

The establishment table of 2006 included 50 temporary agent posts which are intended to cover long-term core functions of the Centre. The actual number of temporary agent posts filled and appointed by the end of the year was 48, but the full quota of 50 will be reached in early 2007 since recruitments have been initiated and are on the way. By the end of 2006 the Centre had also appointed 19 contract agents to complement the core staffing with time limited contracts covering project work and technical or support functions. Together with seconded national experts, interim staff and consultants this resulted in some 100 desks in use at the end 2006.

Priority was given to the development of a multi-annual staff policy plan, which provides the long-term basis for the intended staffing in the years to come.

- Temporary agents (filled and appointed): 48
- Contract agents (filled and appointed): 19
- Seconded national experts (filled): 9
- Interim staff and consultants (in place in December): 24
- Number of ECDC trainees (filled): 9

Information and communication technology (ICT)

Tasks in 2006 work programme

- Increase working stations gradually from 35 to 70 by the end of the year

Indicators for 2006

- Core ICT services functioning on a 24/7 basis
- Backup and security policy implemented

Key tasks in 2006 were to implement the IT and communication networks; to operate and administer the front office and provide help desk services to staff; to build up the back office and the technical platforms for operational and corporate applications; and to contribute to operational projects and application developments.

A core ICT group was set up in the second half of 2006 and has focused on providing the basic information technology and communication services to staff while simultaneously investing in building up the back-office computer systems. The back office work includes the implementation of security facilities and policies for the Centre, which was procured in 2006 and will be further developed in 2007. The number of equipped workstations at the end of 2006 amounted to 110, which was required in view of the strong staffing growth during the year. The back-office work is planned to result in early 2007 in a solid basis for hosting the application servers for operational systems like the Early Warning System and the surveillance system, as well as for the corporate system.

Given the specific mandate of the Centre in crisis situations, the ICT environment is considered as a core function of the Centre and hence must develop a strong internal capacity as well as highly secured and resilient systems. The work of the group will be further extended in 2007 and the group consolidated. It was not possible

to implement the 24/7 ICT service in 2006 due to staff limitations, but will be further fostered in 2007.

Building and logistics

Tasks in 2006 work programme

- Increase working stations gradually from 35 to 70 by the end of the year
- Move to new premises
- Equip new premises

Indicators for 2006

- Permanent and independent housing solution found
- Services available on a 24/7 basis

Key tasks in 2006 were to manage the ECDC premises; provide office and meeting facilities; to ensure that the Centre's facilities and assets are well preserved and protected; to guard the physical security of the Centre's staff and its visitors; and to provide logistics services.

During 2006 the premises of the Centre were renovated with works finished in December. During these works, only half of the premises were available to host office and meeting facilities. From December 2006 onwards the full Tomtebodavägen building was at the disposal of the Centre and its staff, and can accommodate up to 170 workstations, has meeting room capacity for a total of 230 people and a cafeteria space with a capacity of 90 seats. The logistics services have gradually been built up during the year and services extended in view of resource availability.

A final housing solution for the Centre, which should accommodate the staff requirements for the years to come (around 350 staff by 2010), is being fostered and prepared along the strategic multi-annual programme for the period 2007–13.

Missions and meetings

Key tasks in 2006 were to support the travel requirements for ECDC staff and interviewees; to organise and support meetings with invited experts; and to settle mission and meeting reimbursements. The missions and meeting group was established in the second half of 2006 and the basic capacities are currently in place. They will be gradually scaled up to follow the further growth of the Centre and the increasing number of meetings. With the refurbishment of the premises

the Centre is gradually building up its capacity to host meetings at the ECDC Tomtebodavägen building. Meetings services are being developed alongside the infrastructure developments.

Horizontal administrative services

Key tasks in 2006 were to define and follow-up on internal control standards; to give legal advice in different areas (procurement and contracting, personnel and operational issues); and to link up to the audit functions and coordinate action plans.

Legal support has been available since the second half of 2007. Though the focus has been on advising on procurement and contracting issues, and the development of a decision framework for the Centre, counselling on other legal issues has also been provided.

A set of 24 internal control standards has been developed during the year and has been approved by the Management Board (Annex 7). These standards will form the basis for further development of the management and control environment and provide the benchmark against which it will be audited.

The audit committee, set up in 2005, continued its supervisory role in 2006. Its mandate is to:

- set up an appropriate framework for the internal audit work in the Centre;
- approve, assess and update the audit work programme;
- monitor the accomplishment of the audit work programme and individual audits;
- monitor the establishment of action plans with regards to the audit recommendations of internal audits performed;
- monitor the implementation of those action plans (follow-up report);

- oversight of the internal control system, the risk assessment and the external control and audits.

The Committee, composed of five members of the Management Board and the ECDC Director, met three times in 2006 in back-to-back meetings with the Management Board. The Committee reported back each time to the plenary Board meetings on its findings and assessments. Its work focused strongly on internal control standards, the financial circuits of the Centre and the action plan following the audits of the Centre.

The Centre was audited in December 2005, January and May 2006 by the Court of Auditors (total of 20 audit days) and by the Internal Audit Service of the Commission in May 2006 (total of 27 audit days). An action plan, defining the follow up in response to the observations and recommendations from the audits, has been defined by Centre's Management and was shared with ECDC's Audit Committee. The main elements of the action plan and management priorities for 2006 were to:

- reinforce planning and resource management, and especially to set the basis for systems in a solid and long-term perspective;
- build up, as a priority, the human resource capacities of the Centre to sustain its growth and development;
- strengthen the internal financial and procurement capacities of the Centre;
- implement an integrated accounting and budgetary system;
- deploy a staff development system, focusing on defining individual objectives for all staff;
- define and adapt workflows and financial circuits to the needs of the evolving and growing organization.



ECDC staff

Annex 1

Organisation of ECDC

Overall structure and organigramme

ECDC has a matrix organisation with three technical units, an administrative unit and seven horizontal disease-specific projects. The whole organisation is lead by the Director and her Cabinet.

The Director and the Director's Cabinet

Strategic focus

The long-term strategic focus of the Director's Cabinet is to ensure ECDC's position and reputation as a major player in the European and the global arena in communicable disease prevention and control and as an unquestioned authority and reference centre for all Member States in the European Union.

Organisation

The Director is responsible for the overall leadership, management, and coordination of ECDC. The Cabinet supports the Director in overseeing the strategic development of the Centre and ensuring coordination. Within the Cabinet there are separate functions for Governance, External Communications, External Relations, and Country Cooperation.

The Governance function is responsible for the meetings and all contacts with the Management Board and Advisory Forum. The External Relations function is responsible for the coordination of the day-to-day contacts with the European institutions, the other EU agencies, and WHO. The Country Coordination function is responsible for the coordination of all contacts with the Member States and for implementing the ECDC country strategy. The External Communications function is responsible for efficient communication with the European public health community, the media, the public, and other stakeholders through the website, active media work, ECDC publications, and the scientific journal *Eurosurveillance*.

Scientific Advice Unit

Strategic focus

The long-term strategic focus of the Scientific Advice Unit (SAU) is to firmly establish ECDC's reputation for scientific excellence among all partners in international health, and to be the prime resource for the European Commission, European Parliament, Member States and public in matters concerning disease control.

Organisation

The Unit has four sections covering the work of the ad hoc scientific panels: the production of guidance documents; advanced analysis; the internal knowledge base; and competence building. It is important to note that the SAU is a rather unique creation in the field of communicable disease surveillance and control. Almost all national surveillance or public health institutes – as well as several international organisations – are divided along diseases or disease groups. The different tasks of those institutes, such as surveillance, microbiological work, and scientific advice or opinions are usually kept within those divisions, so that the salmonella scientists are in the gastro-enteric division, the gonorrhoea experts in the STI division, etc.

This means that there has been no real template on which to model the functions of the SAU, and drawing up a target for the Unit has been a stimulating challenge. During 2006, this strategy has crystallised, and the main strategies of the Unit are now seen to be as follows.

1. To function as a catalyst and forum for public health research and to marry needs to available capacity and funding.
2. To map out and build contacts with 'the scientific and public health community' in the EU.
3. To promote, initiate and coordinate research for evidence-based public health, especially as regards the development of scientific methodology for prevention and control and focused research on future developments and key determinants of communicable diseases in Europe.
4. To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention.
5. To act as a leading centre for scientific knowledge and advice on communicable disease prevention and control.

Surveillance and Communication Unit

Strategic focus

The long-term strategic focus of the Surveillance and Communication Unit is to strengthen European surveillance in order to reinforce detection, prevention and control of communicable diseases in Europe.

Organisation

The unit still covers two major areas, database management and surveillance. During 2006, the surveillance area developed further into more disease-specific expertise. This was required by the disease-specific activities in the networks and the need to have a designated contact point for the each hubs within the Unit. In addition, the establishment of ECDC's horizontal disease-specific projects also made it necessary to provide the relevant expertise. However, it also became clear that there are (and probably also will be in the future) 'generic' surveillance tasks, e.g. evaluation of surveillance, keeping case definitions up to date, coordination of annual and other reports. In 2006, only the STI/HIV project had more than one person available. It is a clear aim to develop a critical mass in the other disease-specific areas to deal with the increasing number of tasks as the responsibility of ECDC grows.

Preparedness and Response Unit

Strategic focus

The strategic focus of the Preparedness and Response Unit is to assist the Member States and the Commission in preventing, detecting, assessing, investigating and responding to communicable disease threats and strengthening EU and Member State capacity in these areas of work through increased preparedness and training.

Organisation

The Preparedness and Response Unit is organised into four sections, namely epidemic intelligence, outbreak response, training, and preparedness. The epidemic intelligence section keeps tracks and assesses emerging threats through scanning various sources of epidemic intelligence information. It prepares a daily briefing 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 coordinates the EPIET programme. The preparedness section coordinates ECDC preparedness activities with currently a special focus on influenza pandemic preparedness.

Administrative Services Unit

Strategic focus

The Administrative Services Unit and its staff are committed to facilitating and supporting the operational activities of the Centre, to ensuring that human and financial resources are properly and well managed, and to making the Centre a good place to work.

Organisation

The Unit comprises five established sections, being human resources, finance, information and communication technology, missions and meetings, and building/logistics services. Besides these five sections a horizontal function was set up to provide support on legal issues and other transverse tasks.

2006 saw the consolidation of the human resources and finance groups, continuing the work of establishing the basic staff capacity for the Centre and increasing the competencies for managing the accounts and budgetary resources.

Additionally in 2006, a strong emphasis has been on establishing the technical capacities of the Centre: to deploy the basic information technology facilities; to renovate and furnish the ECDC premises; and to provide logistics services. To support the missions undertaken by ECDC staff and meetings with invited experts, a separate group was established.

Horizontal disease projects

Organisation

The different disease-specific activities run horizontally across all units, and different aspects of all diseases could be identified in the work of all three Units. Starting with two horizontal projects (on influenza and on antimicrobial resistance) ECDC now has seven horizontal disease projects, covering all diseases and health topics under EU-wide coverage, each with team members from all technical units:

1. **Influenza:** The project covers all aspects of influenza, namely seasonal influenza, pandemic influenza, and avian influenza. The project is hosted by the Scientific Advice Unit, and has been active throughout the year.
2. **Tuberculosis:** The project covers all aspects of tuberculosis. The project is hosted by the Surveillance and Communication Unit, and started its activities in October 2006.

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 and Communication Unit, and started its activities in October 2006.
4. **Other diseases of environmental and zoonotic origin:** The project covers the following diseases: anthrax, borreliosis, cholera, legionellosis, leptospirosis, malaria, plague, Q-fever, SARS, smallpox, tularaemia, viral haemorrhagic fevers, West Nile fever and vector-borne diseases not covered by other projects. The project is hosted by the Preparedness and Response Unit, and started its activities in October 2006.
5. **Vaccine preventable diseases and invasive bacterial infections:** The project covers general issues concerning vaccination and the following diseases: diphtheria, infections with *Haemophilus influenzae* type B, measles, meningococcal disease, mumps, pertussis, pneumococcal infections, poliomyelitis, rabies, rotavirus infection, rubella, tetanus, tick-borne encephalitis. The project is hosted by the Scientific Advice Unit. Activities on vaccine preventable diseases have been ongoing throughout the year, while the other diseases were added in October 2006.
6. **HIV, STI and blood-borne viruses:** The project covers the following diseases: chlamydia infections, gonococcal infections, hepatitis B, hepatitis C, HIV infection and syphilis. The project is hosted by the Scientific Advice Unit, and started its activities in October 2006.
7. **Antimicrobial resistance (AMR) and health care-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, and has been active all through the year.

Annex 2

Members of the Management Board

Austria	Dr Hubert Hrabcik	Member
	Dr Reinhild Strauss ¹	Alternate
Belgium	Dr Daniel Reynders	Member
Cyprus	Dr Chrystalla Hadjianastassiou	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jan Kyncl	Alternate
Denmark	Dr Jens Kristian Gøtrik	Member
	Dr Else Smith ²	Alternate
Estonia	Dr Tiiu Aro	Member
	Dr Inna Sarv	Alternate
Finland	Dr Tapani Melkas	Member
	Dr Merja Saarinen	Alternate
France	Professor Gilles Brücker	Member
	Dr Anne Pinteaux	Alternate
Germany	Mr Franz J. Bindert	Member
	Dr Johannes Blasius	Alternate
Greece	Dr Aristidis Calogeropoulou-Stratis ³	Member
	Mr Athanasois Skoutelis ⁴	Alternate
Hungary	Dr Katalin Rapi ⁵	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 ⁶	Member
	Ms Gunta Rozentale	Alternate
Lithuania	Dr Vytautas Bakasenas	Member
	Dr Romualdas Sabaliaukas	Alternate
Luxembourg	Dr Pierrette Huberty-Krau	Member
	Mr Patrick Hau	Alternate
Malta	Dr Andrew Amato Gauci	Member
	Dr Mario Fava	Alternate
Netherlands	Dr Marc Sprenger (Chair)	Member
	Dr Dirk Ruuward ⁷	Alternate
Poland	Dr Krzysztof Pajaczek	Member
	Dr Pawel Grzesiowski	Alternate
Portugal	Professor Paulo Ferrinho	Member
	Dr Maria da Graça Gregorio de Freitas	Alternate

1 Appointed alternate in replacement of Professor Dr Robert Schlögel as of July 2006.

2 Appointed member in replacement of Dr Jens Kristian Gøtrik as of December 2006.

3 Appointed member in replacement of Dr Olga Adrami as of October 2006.

4 Appointed alternate in replacement of Mr Alkiviadis Aivaliotis as of October 2006.

5 Appointed member in replacement of Dr Gábor Kapócs as of November 2006.

6 Appointed member in replacement of Ms Lelde Vancoviča as of December 2006.

7 Appointed alternate in replacement of Ms Lenie Kootstra as of September 2006.

Slovak Republic	Dr Margareta Sláčiková ⁸	Member
	Mr Ján Mikas ⁹	Alternate
Slovenia	Ms Mojca Gruntar Činč	Member
	Dr Alenka Kraigher	Alternate
Spain	Dr Carmen Amela Heras	Member
	Dr Isabel Saiz Martinez-Acitores	Alternate
Sweden	Ms Iréne Nilsson- Carlsson	Member
	Dr Johan Carlson	Alternate
United Kingdom	Ms Elizabeth Woodeson ¹⁰	Member
	Dr Ailsa Wight	Alternate
European Parliament	Professor Minerva-Melpomeni Malliori (Deputy Chair)	Member
	Professor Dr Jacques Scheres	Member
	Mr Ronald Haigh	Alternate
European Commission	Mr Andrzej Jan Rys ¹¹	Member
	Mr Tapani Piha	Alternate
	Mr Stefan Schreck ¹²	Member
	Mr John F Ryan	Alternate
	Mr Octavio Quintana Trias	Member
	Dr Anna Lönnroth ¹³	Alternate
Observers		
EEA/EFTA		
Iceland	Mr Davíd Á Gunnarsson	Member
	Dr Sveinn Magnússon	Alternate
Lichtenstein	Dr Eva Maria Hiebl	Member
Norway	Mr Jon-Olav Aspås	Member
	Ms Birgit Lunden	Alternate
Bulgaria	Dr Snejana Altankova	Member

⁸ Appointed member in replacement of Professor Maderova as of December 2006.

⁹ Appointed alternate in replacement of Dr Sláčiková as of December 2006.

¹⁰ Appointed member in replacement of Mr Gerard Hetherington as of December 2006.

¹¹ Replaced Mr Fernand Sauer as of July 2006.

¹² Appointed ad interim in replacement of Mr Georgios Gouvras as of June 2006.

¹³ Replaced Mr Timothy Hall as of July 2006.

Annex 3

Members of the Advisory Forum

Austria	Professor Dr Manfred P. Dierich	Member
	Professor Dr Franz Allerberger	Alternate
Belgium	Dr René Snacken	Member
	Dr Carl Suetens	Alternate
Cyprus	Dr Olga Poyiatzi-Kalakouta	Member
	Dr Despo Pieridou-Bagatzouni	Alternate
Czech Republic	Dr Jozef Dlhý	Member
	Dr Pavel Slezak ¹⁴	Alternate
Denmark	Dr Kåre Mølbak	Member
	Dr Steffen Glisman	Alternate
Estonia	Dr Kuulo Kutsar	Member
	Dr Natalia Kerbo	Alternate
Finland	Professor Petri Ruutu	Member
	Professor Pentti Huovinen	Alternate
France	Dr Jean-Claude Desenclos	Member
	Professor François Dabis	Alternate
Germany	Dr Gérard Krause ¹⁵	Member
	Dr Michael Kramer	Alternate
Greece	Dr Angelos Hatzakis ¹⁶	Member
	Dr Helen Giamarellou 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	Dr Jurijs Perevoscikovs	Member
	Dr Irina Lucenko	Alternate
Lithuania	Dr Kestutis Zagminas	Member
	Dr Rolanda Valinteliene	Alternate
Luxembourg	Dr Robert Hemmer	Member
	Dr Danielle Hansen-Koenig	Alternate
Malta	Dr Malcolm Micallef	Member
	Ms Tanya Melillo Fenech	Alternate
Netherlands	Dr Roel Coutinho	Member
	Dr Marina Conyn-van Spaendonck	Alternate
Poland	Professor Andrzej Zielinski	Member
	Dr Malgorzata Sadkowska-Todys	Alternate
Portugal	Dr Maria Teresa Avilez Paixao	Member
	Dr Ana Maria Correia	Alternate

¹⁴ Appointed alternate in replacement of Dr Jiri Wallenfels as of May 2006.

¹⁵ Appointed member in replacement of Professor Dr Reinhard Kurth as of February 2006.

¹⁶ Member until October 2006, new representative to be confirmed by Greece.

¹⁷ Appointed alternate in replacement of Mr Theodoris Papadimitriou as of October 2006.

Slovak Republic	Dr Mária Avdicova	Member
	Professor Henrieta Hudečková	Alternate
Slovenia	Dr Irena Klavs	Member
	Dr Marta Vitek Grgic	Alternate
Spain	Dr Maria Jose Sierra Moros	Member
	Dr Odorina Tello Anchuela	Alternate
Sweden	Professor Ragnar Norrby	Member
	Dr Anders Tegnell	Alternate
United Kingdom	Professor Peter Borriello	Member
Observers		
EEA/EFTA		
Iceland	Dr Haraldur Briem	Member
	Dr Gudrun Sigmundsdottir	Alternate
Lichtenstein	Dr Oskar Ospelt	Member
Norway	Dr Preben Aavitsland	Member
	Dr Hanne Nøkleby	Alternate
Non-governmental organisations (appointed by the European Commission)		
Standing Committee of European Doctors	Dr Bernhard Grewin	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	Member
WHO Regional Office for Europe	Dr Nedret Emiroglu	Member

Annex 4

Staffing of ECDC by End of 2006

Director's Cabinet			
Ms	Jakab	Zsuzsanna	Director (TA)
Dr	Ekdahl	Karl	Strategic Advisor to the Director (TA)
Ms	Banks	Johanna	Assistant in the Director's Office (TA)
Ms	Benichou	Julie	Administrative Office Governance (TA)
Ms	Bumb	Bettina	Secretary in the Director's Office (TA)
Mr	Duncan	Ben	Spokesperson and media relation officer (TA)
Ms	Holland Burman	Helena	Personal Assistant to the Director (TA)
Ms	Hutchings	Kim	Publications Assistant (CA)
Ms	Mikolajczyk	Renata	Assistant Editor of Eurosurveillance (CA)
Mr	Nanda	Arun	WHO Liaison (SNE)
Mr	Lefebvre	Alain	Country relations and Coordination (TA) (APPOINTED)
Mr	O'Toole	John	External Relations Officer (TA)
Ms	Pettifer	Candice	Assistant Editor of Eurosurveillance (SNE)
Dr	Steffens	Ines	Managing Editor of Eurosurveillance (TA)
Mr	Tsourlakis	Nikolaos	Driver (CA)
Ms	Hagmaier	Kathrin	Assistant Editor of Eurosurveillance (CA) (APPOINTED)
Mr	Duns	Jeremy	Assistant Editor of Eurosurveillance (CA) (APPOINTED)
Ms	Dannemann	Stefanie	Web editor (CA) (APPOINTED)
Ms	Würz	Andrea	Publications Assistant (CA)
Preparedness and Response Unit			
Dr	Coulombier	Denis	Head of Unit (TA)
Dr	Ciotti	Massimo	Deputy Head of Unit (TA)
Dr	Baldari	Marco	Senior expert (TA)
Dr	Kreidl	Peter	Senior expert (TA) (APPOINTED)
Dr	Kaiser	Reinhard	Senior expert (AA)
Dr	Bosman	Arnoldus	Chief EPIET Training Coordinator (CA)
Dr	Cohuet	Sandra	EPIET fellow (CA)
Dr	Depoortere	Evelyn	Expert (TA)
Dr	El Omeiri	Nathalie	EPIET fellow (CA)
Ms	Johansson	Katarina	Secretary (TA)
Ms	Wedholm-Alvarez	Rakel	Secretary (TA) (APPOINTED)
Dr	Kissling	Esther	EPIET fellow (CA)
Dr	Lewis	Hannah	EPIET fellow (CA)
Dr	O'Leary	Maureen	EPIET fellow (CA)
Dr	Pezzoli	Lorenzo	EPIET fellow (CA)
Ms	Podhorska	Henrieta	Resource Officer (TA)
Dr	Rantala	Merja	EPIET fellow (CA)
Dr	Seyler	Thomas	EPIET fellow (CA)
Dr	Varela Santos	Carmen	Senior expert (TA)
Dr	Vasconcelos Seelt	Paula	Senior expert (SNE)
Scientific Advice Unit			
Prof.	Giesecke	Johan	Head of Unit (TA)
Dr	Balkányi	László	Knowledge Manager (CA)

Dr	Ciancio	Bruno	Scientific Officer Influenza (CA)
Dr	Hamers	Francoise	Senior expert (TA)
Dr	Tull	Peet	Senior Expert (AA)
Dr	Lopalco	Pietro Luigi	Coordinator Scientific Panels (SNE)
Dr	Manissero	Davide	Senior expert (TA)
Dr	Needman	Howard	Scientific Officer Influenza (CA)
Prof.	Nicoll	Angus	Coordinator Influenza (SNE)
Ms	Nilsson	Monica	Administrative Assistant (TA)
Dr	Ozin Hofsäss	Amanda	Expert (TA)
Ms	Escriva	Ana-belen	Medical Librarian (CA) (APPOINTED)
Mr	Asikainen	Tommi	Mathematical Modeler (CA) (APPOINTED)
Ms	Buksarova	Andrea	Secretary (TA) (APPOINTED)
Dr	Semenza	Jan	Senior expert (TA)
Surveillance and Communication Unit			
Dr	Ammon	Andrea	Head of Unit (TA)
Dr	Amato-Gauci	Andrew	Deputy Head of Unit (TA) (APPOINTED)
Ms	Carlsson	Charin	Secretary (TA)
Dr	De Martin Y Barry	Sarah	EPIET fellow (CA)
Mr	Faensen	Daniel	Database expert (SNE)
Dr	Fernandez de la Hoz	Karoline	Senior expert (TA)
Dr	Gergonne	Bernadette	Senior Expert (TA)
Dr	Herida	Madjid	Senior expert (SNE)
Ms	Sokoni	Pernille	Secretary (TA)
Dr	Takkinen	Johanna	Senior expert (TA)
Dr	van de Laar	Marita	Expert (SNE)
Mr	Van Straten	Edward	ICT Expert (TA)
Ms	Miniotti	Guia	Resource Officer (TA)
Dr	Denny	Justin	Expert (TA) (APPOINTED)
Administrative Services Unit			
Mr	Maes	Jozef	Head of Unit (TA)
Mr	Belzer	Werner	Building and Logistics Manager (CA)
Ms	Espinosa	Ana	Personnel Administrator (TA)
Mr	Fassbender	Stefan	Interim ICT Group Coordinator (TA)
Ms	Hultman	Åsa	Secretary in Human Resources (TA)
Ms	Letterhag	Margaretha	Senior Personnel Administrator (TA)
Ms	Liljestedt	Eva	Travel Assistant (CA)
Mr	Malmgren	Torgny	Logistics Assistant (TA)
Ms	Masoliver	Beatrice	Procurement Officer (TA)
Mr	Orfanos	Theodoros	Accountant and Finance Group Coordinator (TA)
Ms	Hendriksson	Maarit	Financial Assistant (AA)
Ms	Papadimitriou	Lydia	Financial Assistant (CA)
Mr	Raatikainen	Jouko	ICT System administrator (TA)
Mr	Reid	Gavin	ICT Network and Security (TA)
Ms	Robino	Elisabeth	Legal Advisor (SNE)
Ms	Sjöbom	Jessica	Human Resources Manager (TA)
Ms	Terentjeva	Irina	Travel Assistant (CA)
Ms	Widlund	Clemencia	Missions and Meeting Group Coordinator (TA)
Ms	Wickström	Lotta	Financial Assistant (CA) (APPOINTED)
Ms	Borbely	Katalin	Financial Assistant (CA) (APPOINTED)

Annex 5

Chronological listing of key events 2006

January	Confirmation of human cases of influenza A/H5N1 in Eastern Turkey and Iraq. ECDC staff members on site supporting the Turkish and Iraqi Governments.
23–25 January	Follow-up visit to Athens on pandemic preparedness.
February	ECDC expert part of mission to support Cyprus Government after reports of suspected A/H5N1 avian influenza in birds.
6–10 February	Influenza assessment visit to France.
10 February	Visit by European Scientific Working Group on Influenza (ESWI).
14 February	Director addresses the Swedish Parliament Committee on Health and Welfare.
15 February	Visit by Pat Troop, Head of UK Health Protection Agency.
18 February	ECDC publishes messages for Member States awareness-raising to people who may be at risk from avian influenza.
21–22 February	Fifth meeting of the Advisory Forum.
22 February	Follow-up visit to Warsaw on pandemic preparedness.
24 February	Director attends informal meeting of Health Ministers, Vienna.
27 February–3 March	Influenza assessment visit to Italy.
6 March	First meeting of network of EU and Member States communication officers working on avian and pandemic influenza (Brussels).
13 March	Director addresses Conference of National School of Public Health, Athens.
14–16 March	Influenza assessment visit to Lithuania.
14 March	Director visits Greek National public Health Institute (HCDCP), Athens
20–21 March	Sixth meeting of the Management Board.
20 March	New ECDC logo launched by Dr Marc Sprenger and Director.
23 March	Director addresses WHO Fifth European Conference on Travel Medicines, Venice.
31 March	Director addresses World Health Care Congress, Chantilly, France.
1 April	First ECDC corporate brochure published.
4–6 April	Influenza assessment visit to Slovakia.
6 April	Director adopts ECDC publication programme.
19–21 April	Influenza assessment visit to Portugal.
24–27 April	Influenza assessment visit to Germany.
May	ECDC survey of coverage of seasonal influenza vaccination in the EU (through the Advisory Forum).
2 May	Visit by German Presidency.
10–11 May	Sixth meeting of the Advisory Forum.
15–17 May	Joint ECDC-Commission-WHO Influenza Conference, Uppsala, Sweden.
31 May	EU network of communication officers holds workshop on best practice in communicating about avian influenza and pandemic influenza (Stockholm).
1–2 June	'Polio Free Europe' Conference, ECDC.
9 June	Publication of ECDC portfolio on influenza A/H5N1.
12 June	Visit by the EU Office of the Swedish Parliament.
20–21 June	Seventh meeting of the Management Board, Athens, Greece.
20 June	Publication of Director's Annual Report for 2005.
27 June	Visit by EMCDDA.

29 June	Visit by Committee for Environment, Public Health and Food Safety of the European Parliament (ENVI).
3 July	Director opens the Summer School of Public Health, Debrecen, Hungary.
7 July	Director and Director General Robert Madelin (DG SANCO) speak at European Commission press briefing on pandemic preparedness, Brussels.
14 July	Visit by the Finnish Presidency.
10 August	ECDC corporate design manual published, completing the visual identity project.
4–7 September	Director visits Department of Health and Human Services, Washington, USA.
4–8 September	AMR assessment visit to Lithuania.
11–12 September	Director addresses WHO Regional Committee Meeting.
14–15 September	Seventh meeting of the Advisory Forum.
18–20 September	First Regional Public Health Workshop on Influenza, Stockholm, Sweden.
20–22 September	Second Regional Public Health Workshop on Influenza, Stockholm, Sweden.
28–29 September	Second plenary meeting of network of EU and Member State communication officers on avian and pandemic influenza.
2–3 October	HIV Prevention Workshop, Sollentuna, Sweden.
4–6 October	Director addresses European Health Forum and chairs pandemic preparedness session, Gastein, Austria.
9 October	New ECDC External Communications function (ECO) established.
10 October	ECDC participates in meeting to create a Stop TB Partnership for Europe (Geneva).
11 October	Visit by the Stockholm representations of the European Commission and European Parliament.
12 October	Publication of ECDC evidence-based guidance on personal protection against influenza.
16–19 October	Influenza assessment visit to Spain.
16–20 October	AMR assessment visit to Hungary.
17 October	Launch of redesigned ECDC website.
17 October	ECDC participates in DG SANCO media seminar on pandemic preparedness (Brussels).
23 October	Visit by Acting Director General of the WHO, Dr Anders Nordström.
30 October	Visit by UK Chief Scientist, Sir David King.
31 October	Director addresses ENVI of the European Parliament.
31 October	Visit by Public Health Commissioner Markos Kyprianou.
6–9 November	AMR assessment visit to Netherlands.
6–10 November	Influenza assessment visit to Czech Republic.
13–16 November	Influenza assessment visit to Belgium.
20–24 November	AMR assessment visit to France.
21 November	Visit by Maria Larsson, Swedish Minister of Public Health.
22–23 November	Eighth meeting of the Advisory Forum.
23–24 November	Meeting of Directors of EU National Public Health Institutes, Helsinki, Finland.
27–30 November	Influenza assessment and country cooperation visit to Austria.
27–30 November	Influenza assessment visit to Hungary.
29 November	First meeting of Steering Evaluation Group, Stockholm.
1 December	Director inaugurates the Public Health Department of the Debrecen Medical University, Hungary.
11–14 December	Influenza assessment visit to Latvia.
12–13 December	Seventh meeting of the Management Board.

Annex 6

ECDC Budget Summary 2006

Including contributions from EEA/EFTA Member States (€ 545,900 for 2006).

Millions (three decimals)	2006
Staff	1.418
Missions/interpretations/recruitment/interim assistance	4.922
Title 1: staffing and administrative expenditures	6.340
Rent and associated costs	1.500
ICT and equipment	1.950
Other administrative costs	443
Title 2: building, ICT and logistics expenditures	3.893
Networking, surveillance and data collection on communicable diseases	1.581
Preparedness, response and emerging health threats	226
Scientific opinions and studies	473
Technical assistance and training	1.150
Publication and communication	450
Information and communication technology to support projects	378
Build up and maintain the crisis centre	1.500
Translations of scientific and technical reports and documents	100
Meetings to implement the work programme	1.055
Title 3: operating expenditure	6.913
Total budget	17.146

Annex 7 Internal Control Standards

Control Standard	How are staff and management concerned?
<p>1. Ethics and Integrity: ECDC shall ensure that staff are fully aware of the rules governing staff conduct and prevention and reporting of fraud and irregularities</p>	<p>Management:</p> <ul style="list-style-type: none"> • Communicate relevant rules and documents to all staff • Raise awareness by organising workshops, etc • Be aware of and adhere to applicable rules <p>Staff</p> <ul style="list-style-type: none"> • Be aware of and comply with applicable rules
<p>2. Mission, Roles and Tasks: ECDC shall communicate to all staff on an up-to-date and written basis:</p> <ul style="list-style-type: none"> • the mission statement of ECDC and of the unit; • their role in their unit/service (job description); • their tasks assignment (individual objective) and expected results 	<p>Management:</p> <ul style="list-style-type: none"> • Communicate mission statements, roles and tasks <p>Staff</p> <ul style="list-style-type: none"> • Be aware of mission statements • Carry out work in line with job-descriptions and individual objectives
<p>3. Staff Competence: ECDC shall ensure on a permanent basis the adequacy between staff competence and their tasks.</p>	<p>Management:</p> <ul style="list-style-type: none"> • Define the knowledge and skills required by each job • Define development and training requirements in development dialogues with staff • Assure training and development possibilities for staff • Create harmonized recruitment and candidate assessment procedures • To further promote staff competence an internal mobility policy will be drawn up in 2007 <p>HR Unit:</p> <ul style="list-style-type: none"> • Keep records of interviews and potential candidates • Review training needs with management and staff • Develop training policy and capacity • Develop the rules of the internal mobility <p>Staff</p> <ul style="list-style-type: none"> • Manage your development: draw up a career plan and consider where you want to be 5 years from now. Choose relevant training based on current and future needs. • Annually review training needs with line manager, at a minimum on the occasion of the development dialogue, and at other career milestones (new post, new tasks, etc.). • Enrol for Training Map courses and ensure that you complete your Training Map within the deadlines • Once enrolled, ensure that you participate fully in training courses. • Apply new learning in the workplace. • Make the most of other learning opportunities (conferences, lunchtime and evening video sessions, lunchtime debates, language learning materials, etc.)
<p>4. Staff Performance: ECDC shall review the performance of its entire staff at least annually. All staff shall have the opportunity to discuss their individual performance with their reporting officer at least once a year. Where specific performance issues are identified these shall be addressed by managers as early as possible.</p>	<p>Management</p> <ul style="list-style-type: none"> • Discuss and agree with staff on how to measure the individual performance (performance should be measured against the individual objectives) • Review and discuss the performance of all staff once a year • Ensure the possibility for all staff to discuss his/her performance and update objectives when necessary <p>Staff</p> <ul style="list-style-type: none"> • Discuss and agree with management on how to measure the performance (performance should be measured against the individual objectives) • Discuss the performance with management at least once a year

Control Standard	How are staff and management concerned?
<p>5. Sensitive tasks: ECDC shall draw up an inventory of sensitive tasks in its service and consider, on a case by case basis, the means to deal with it. (As the Centre grows, broader functions will be defined)</p>	<p>Management</p> <ul style="list-style-type: none"> • a definition of sensitive tasks will be set • Draw up inventory of sensitive tasks • Draw up an inventory of functions involved in the sensitive tasks, taking into account mitigating controls • Draft general principles of rotating the sensitive tasks, including a related monitoring system • When not possible to ensure task rotation, define case by case other means of ensuring objectivity. <p>Staff</p> <ul style="list-style-type: none"> • Understand the concept of sensitive tasks and responsibilities related to them
Control Standard	How are staff and management concerned?
<p>6. Delegation: Responsibilities and authority limits shall be clearly defined, assigned and communicated in writing. Delegation shall be appropriate to the importance of the decisions to be taken and the risks involved;</p>	<p>Management</p> <ul style="list-style-type: none"> • Define responsibilities and authority limits in function of the decisions to be taken and the risks involved • Ensure the delegations meet formal requirements <p>Staff</p> <ul style="list-style-type: none"> • Act within the limits of assigned delegations (+ check that formal requirements are met) • Inform management of any issues related to delegated responsibility levels and authority limits (too high, too low, other issues?)
Control Standard	How are staff and management concerned?
<p>7. Objective Setting: ECDC shall communicate to its staff general objectives and expected results established by the multi annual and annual work plan. The targets/ general objectives shall be transposed into specific objectives and expected results for each activity, and ECDC shall communicate them to its staff. Specific objectives shall be verifiable and include meaningful and practical measurement criteria</p>	<p>See ICS 8 and 9 (Multiannual and annual Management Plan)</p>
Control Standard	How are staff and management concerned?
<p>8. Multiannual Programming: As foreseen in the ECDC Founding Regulation, the Centre will develop a multiannual programme and which establishes the targets/general objectives its wants to achieve by the end of the period of the Financial perspectives, as well as the strategies and 'road-maps' as to achieve them.</p>	<p>Management :</p> <ul style="list-style-type: none"> • Multiannual programme for approval by the Management Board as required by the Financial Regulation and with focus on the intended targets/general objectives and the strategies/road maps to implement them • Develop appropriate road-maps for ongoing multiannual activities and which include critical path critical milestones for publication of invitation to tender, assessment of bids, selection, drawing up of contracts, consultation of Committees etc., for the activities that need to be taken before the budget appropriations can be implemented. <p>Staff:</p> <ul style="list-style-type: none"> • Will contribute to the development of the multi annual plan and together with the management ensure its full implementation through annual work plans..
Control Standard	How are staff and management concerned?
<p>9. Annual Management Plan: Using the multi-annual work programme as the point of departure, the ECDC shall prepare an annual management plan which incorporates appropriate outcomes, expected results/objectives, products, activities together with indicators and the resources (financial and human) necessary to achieve them</p>	<p>Management</p> <ul style="list-style-type: none"> • Establish annual output/impact objectives and indicators, and assign necessary resources to achieve the objectives • In a process involving both top-down steer and bottom-up feedback, objectives and indicators of the management plan must be discussed and validated. Once adopted, the management plan should be communicated to all staff • Explain how the overall objectives are broken down to a unit level/sub-unit level/ individual level <p>Staff</p> <ul style="list-style-type: none"> • In the process (top-down, bottom-up), staff have an active role in the objective setting process • Be aware of the objectives and understand how the Unit's objectives and the individual objectives fit with the overall ECDC objectives

Control Standard	How are staff and management concerned?
<p>10. Monitoring Against Objectives and Indicators: Key performance indicators, including indicators for economy, efficiency and effectiveness, shall be established and monitored. Management should regularly receive reports on each Activity which compare the output and impact achieved with the objectives set. Management shall take action to address any identified shortfall against objectives.</p>	<p>Management</p> <ul style="list-style-type: none"> • Establish suitable performance indicators • Review and take action on regular reports on performance <p>Staff</p> <ul style="list-style-type: none"> • Support management in the identification of suitable performance indicators • Participate in the performance monitoring • Be aware of performance indicators and the performance evolution for activities linked to unit/individual responsibilities
<p>11. Risk Analysis and Management: ECDC shall systematically analyse risks in relation to its main activities every 3 years develop appropriate action plans to address them and assign staff responsible for implementing those plans.</p>	<p>Management</p> <ul style="list-style-type: none"> • Perform a strategic (high-level) risk assessment for key activities and establish a suitable risk management plan (to be done once a year + whenever there is an important change to the activities or control environment). • Perform process risk assessments (detailed risk assessments) together with relevant staff • Perform on-going risk management by acting on risks identified by staff and management in the day-to-day work <p>Staff</p> <ul style="list-style-type: none"> • Depending on the risk management model, staff are more or less involved in the strategic risk management exercise • Support management by performing detailed risk assessments of key processes (for example financial processes or operational processes) • Be aware of key risks associated with the day-to-day work. Report on any identified risks to management. Help management to reduce/control identified risks.
<p>12. Adequate Management Information: Managers and other staff shall receive regular, reliable and easily accessible management information on budget execution, use of resources and progress of their management plan.</p>	<p>Management</p> <ul style="list-style-type: none"> • Establish adequate systems for collecting and analysing relevant management information • Perform ongoing/regular reviews of management information. Take actions to address any issues identified. <p>Staff</p> <ul style="list-style-type: none"> • Perform ongoing/regular reviews of management information related to individual job-assignments. Take action/inform management of any issues identified.
<p>13. Mail Registration and Filing Systems: ECDC shall systematically register incoming and outgoing mail to enable efficient monitoring of deadlines and maintain a comprehensive and up to date filing system which is accessible to all appropriate staff.</p>	<p>Management</p> <ul style="list-style-type: none"> • Ensure that there are systems in place that adequately support mail registration and filing • Ensure staff and management are aware of mail registration and filing requirements <p>Staff</p> <ul style="list-style-type: none"> • Be aware of and adhere to mail registration and filing policy
<p>14. Reporting Improprieties: Appropriate procedures, in addition to reporting to the direct superior, shall be established and communicated to staff covering the reporting of suspected improprieties. Persons complying with the above obligations must not suffer inequitable or discriminatory treatment as a result of communicating such information.</p>	<p>Management</p> <ul style="list-style-type: none"> • Ensure that there are procedures in place to cover reporting of suspected improprieties • Ensure staff is regularly made aware of and fully understand the policy and procedures <p>Staff</p> <ul style="list-style-type: none"> • Be aware of and adhere to policy and procedures for reporting of suspected improprieties

Control Standard	How are staff and management concerned?
<p>15. Documentation of Procedures: The procedures used at ECDC for its main processes shall be fully documented, kept up to date and available to all relevant staff and shall be compliant with the Financial Regulation and all relevant decisions.</p>	<p>Management</p> <ul style="list-style-type: none"> • Overall responsibility for ensuring that main processes are adequately documented and updated • Ensure that staff has necessary time and resources to document the procedures. <p>Provide training/guidance/methods for documenting procedures</p> <ul style="list-style-type: none"> • Ensure that updated documented procedures for the main processes are easily available (via intranet ,etc) <p>Staff</p> <ul style="list-style-type: none"> • Prepare the documentation of procedures? • Ensure any updates are documented and communicated to management? • Be aware of and comply with existing procedures
<p>16. Segregation of Duties: The operational and financial aspects of each transaction shall be checked by two people who are independent of each other [i.e. not subordinate to each other]. The functions of initiation and verification of each transaction shall be kept separate.</p>	<p>Management</p> <ul style="list-style-type: none"> • Ensure that the rules regarding segregation of duties are complied with • Inform staff about applicable rules and the reasons behind them <p>Staff</p> <ul style="list-style-type: none"> • Be aware of and adhere to applicable rules
<p>17. Supervision: ECDC shall establish appropriate supervision arrangements including, where appropriate, ex post control of a sample of transactions to ensure that the procedures set up by management are carried out effectively.</p>	<p>Management</p> <ul style="list-style-type: none"> • Establish a supervisory structure, guidelines and checklists (by activity, or by entity) • Carry out supervisory activities • Be able to demonstrate that supervisory activities have been carried out (supervisory activities should be documented), that the results are analysed, and that any issues identified are escalated to the appropriate management level <p>Staff</p> <ul style="list-style-type: none"> • Supervision is mainly a management responsibility, but staff might also be responsible for supervisory activities
<p>18. Recording Exceptions: ECDC shall establish appropriate arrangements to ensure that all instances of overriding of controls or deviations from established policies and procedures under exceptional circumstances are documented, justified and approved at an appropriate level before action is taken.</p>	<p>Management</p> <ul style="list-style-type: none"> • Ensure that adequate systems and procedures for recording exceptions are in place • Inform staff of applicable policy and procedures • Regularly analyse exception reporting in order to identify recurrent issues. Take actions to address any issues identified. <p>Staff</p> <ul style="list-style-type: none"> • Be aware of and comply with applicable policy and procedures for accepting and recording exceptions. Understand the rationale for this policy.
<p>19. Continuity of Operations: ECDC shall establish appropriate arrangements to ensure the continuity of operations at any moment [i.e. absence of an official, substitution of an official, migration to new information systems, change of procedures, mobility, retirement, etc.]</p>	<p>Management</p> <ul style="list-style-type: none"> • Establish appropriate arrangements to ensure the continuity of operations at any moment (for example handover files, disaster scenarios) • Regularly test that the arrangement work in practice (notably as regards system recovery plans, etc) • Ensure staff is aware of applicable policy and procedures. <p>Staff</p> <ul style="list-style-type: none"> • Be aware of and adhere to applicable policy and procedures

Control Standard	How are staff and management concerned?
<p>20. Recording and Correction of Internal Control Weaknesses: A clearly defined procedure shall be established for the proper reporting and subsequent correction of internal control weaknesses and for any related updating of procedures.</p>	<p>Management</p> <ul style="list-style-type: none"> Define clear procedures for reporting and correction of internal control weaknesses Ensure staff is aware of applicable procedures. Encourage staff to report on important internal control weaknesses <p>Staff</p> <ul style="list-style-type: none"> Be aware of and comply with applicable procedures
<p>21. Audit Reports: The Audit Committee of the ECDC shall review annually the recommendations made and action taken in response to audit reports by the Commissions audit service, its own internal audit capability and the European Court of Auditors. Management will define appropriate action plans to remedy weaknesses while the internal auditor can assume a role in monitoring the implementation of those plans. The Audit Committee will add its opinions of progress made to its annual report to the Management Board</p>	<p>Management</p> <ul style="list-style-type: none"> Review (at least) annually the recommendations made by auditors and define appropriate action plans to address the issues (for example establishing a risk based summary of audit recommendations and related action plans) Inform staff of audit recommendations and action plans <p>Staff</p> <ul style="list-style-type: none"> Be aware of audit recommendations and action plans concerning areas related to the individual job responsibilities Support management in identifying and establishing adequate and realistic action plans
<p>22. Internal Audit Capability: ECDC shall establish or have access to a competent and properly staffed internal audit capability with an annual work programme based on risk assessment.</p>	<p>Management</p> <ul style="list-style-type: none"> Ensure that ECDC has a competent and properly staffed internal audit capability with an annual and risk based work programme Inform staff about the role and functions of the IAC Provide support to IAC <p>Staff</p> <ul style="list-style-type: none"> Understand the role and function of the Internal Audit Capability Provide support to IAC
<p>23. Evaluation: The Centre shall ensure that it has capacity to carry out the internal programmatic evaluation of its activities. It shall prepare an evaluation plan which sets out the timing of the planned evaluations and against which progress is reviewed. External evaluations will be carried out along with the requirements of regulation 851/2004.</p>	<p>The evaluations are carried out in accordance with the evaluation standards as applied by the Commission.</p>
<p>24. Annual Review of Internal Control: ECDC Management shall conduct an annual review of its internal control arrangements to act as a basis for the Director's statement on internal control in the annual activity report.</p>	<p>Management</p> <ul style="list-style-type: none"> Conduct an annual review of the Centre's internal control arrangements (for example carry out self-assessments; review audit reports; review results of supervisory activities, ex-ante and ex-post controls, etc) <p>Staff</p> <ul style="list-style-type: none"> Support management in its evaluation of the IC arrangements (provide information, etc)

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