CAPACITY/CAPABILITY ASSESSMENT

ECDC review of communicable disease surveillance in Ukraine

ECDC Accession Support

Introduction and background

ECDC cooperates with countries under the EU enlargement policy to improve their infectious disease prevention and control systems and public health workforce and prepare them for their future participation in ECDC's work.

Under this policy, ECDC has undertaken technical cooperation activities with EU candidate countries and potential candidate countries, i.e. the Western Balkans and Türkiye [1] aiming, *inter alia*, to support future compliance with EU legislation on communicable diseases.

Upon request by Ukraine, as a new EU candidate country, ECDC conducted a technical meeting with representatives of the country's national public health authorities on 15-16 October 2025. The scope, objectives, and methodology were similar to previous meetings on communicable disease surveillance with the Western Balkans and Türkiye. The meeting agenda was developed jointly with the Public Health Centre of the Ministry of Health of Ukraine. During the meeting, findings for all surveillance areas were discussed and the assessment tool [2] was filled out in collaboration with colleagues from the country.

The ECDC country meeting with Ukraine was part of the EU Initiative on Health Security work package on progressive integration of the partner countries in the work of ECDC.

Specific objectives and assessment tool

The specific objectives of meetings to discuss surveillance of communicable diseases with EU candidate and potential candidate countries are:

- to better understand the existing structures, systems, tools and processes involved in the national surveillance of communicable diseases, as well as any planned changes;
- to identify and document needs, vulnerabilities, strengths and areas for improvement related to the surveillance of communicable diseases, including aspects that might benefit from ECDC's technical support;
- to discuss and potentially agree on next steps, as well as setting priorities for further surveillance activities that ECDC could support with technical guidance and assistance.

To help ECDC ensure consistency across country visits and support the follow-up of progress, the same assessment tool for national communicable disease surveillance systems has been used throughout [2]. The tool includes eight core areas for successful communicable disease surveillance and control and serves to guide discussions and identify areas where surveillance operations could be further strengthened including areas that would benefit from ECDC's technical support or guidance.

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1. Surveillance systems in Ukraine

The operational basis for surveillance of infectious diseases in Ukraine, including objectives and responsibilities of institutions at each administrative level (national, regional, and local) is provided by Order No. 1726 of the Ministry of Health dated 30 July, 2020 [3] and the Law of Ukraine on the Public Health System [4]. The list of infectious diseases subject to mandatory registration is also regulated by Order No. 1726 [3] and comprises three disease categories:

(1) infectious diseases that have international significance and require immediate response;

(2) infectious diseases that may cause significant morbidity or mortality;

(3) infectious diseases or conditions for which there are no effective methods of epidemiological surveillance.

The list of notifiable diseases is revised every two years, based on the results of epidemiological surveillance, and is harmonised following the Commission Implementing Decision (EU) 2018/945 of 22 June 2018 on communicable diseases and related special health issues to be covered by epidemiological surveillance [5]. In addition, diseases or outbreaks that may affect public health are also subject to mandatory notification, even if not included in the aforementioned list.

Surveillance of notifiable infectious diseases in Ukraine is comprehensive: it covers the entire territory, and both private and public sector healthcare providers at all levels are mandated to report. However, due to the Russian war of aggression against Ukraine, disease surveillance in temporarily occupied territories of Ukraine is compromised.

Sentinel surveillance of respiratory infections is in place to monitor influenza-like illness (ILI) and acute respiratory infection (ARI) in 15 sentinel sites, and severe respiratory infection (SARI) in 20 sentinel sites. Of note, sentinel surveillance of respiratory infections in Ukraine was primarily designed to monitor influenza and is currently being extended to include COVID-19, respiratory syncytial virus and human metapneumovirus.

However, it is challenging to estimate the population under surveillance as, since March 2022, it is not possible to obtain official statistical information on the natural population movement for each administrative territorial unit. Thus, population data as of 1 January 2022 are used for computation of incidence rates. In addition, sentinel surveillance of antimicrobial resistance (AMR) is conducted at selected 91 microbiological laboratories, particularly focusing on key pathogens such as *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, and *Acinetobacter baumannii*. While sentinel AMR sites do not report based on population catchment areas, they provide data on the denominator of tested isolates, enabling trend analysis and burden estimation.

Surveillance systems are periodically evaluated internally and externally, focusing on specific diseases (HIV, tuberculosis, ILI/ARI) or broader public health functions. Some examples include an in-depth comprehensive assessment of the HIV surveillance system in 2018, an evaluation of influenza and ARI sentinel surveillance in 2023, or a joint external evaluation of Ukraine's capacities under the International Health Regulations (IHR) framework (including assessment of the surveillance component) conducted by WHO in 2021 [6, 7]. Such periodic evaluations led to national surveillance and outbreak investigation protocols, new types of surveillance (e.g. syndromic surveillance, AMR surveillance), and improved surveillance systems (progressive digitalisation, staff training, strengthened laboratory capacity and intersectoral collaboration).

2. Data collection

For each suspected case of a notifiable infectious disease, staff of educational, recreational, healthcare and forensic institutions who obtain health information in the course of their duties, must submit a report to the local branch of the regional Centre for Disease Control and Prevention (CDC) within 18 hours, using a standardised dedicated form (Form No. 058/o - Urgent Notification of an Infectious Disease or Food Poisoning), in accordance with Order No. 1 of the Ministry of Health of Ukraine of January 10, 2006 [8]. For a predefined list of priority infectious diseases, immediate notification via telephone is required no later than two hours after detection, followed by a paper copy of Form No. 058/o within 18 hours. The list of these diseases is defined by Order No. 1726 of the Ministry of Health of Ukraine [3]. Local CDCs transmit data to regional CDCs, which, in turn, submit aggregated data in the form of monthly/annual reports, or in some cases, individual data, to the National Public Health Centre (PHC) and the Ministry of Health. Separate reporting forms for case-based surveillance are used for HIV, tuberculosis, sexually transmitted infections, outbreaks or individual cases of measles, rubella, and acute flaccid paralysis.

In addition to a set of diseases reported on a regular basis to international agencies (WHO - Measles/rubella, poliomyelitis/AFP, leprosy; ECDC – HIV/AIDS, influenza, COVID-19), the PHC reports on the presence of an infectious disease of international concern to WHO within 24 hours. The European Surveillance System (TESSy) data reporting is facilitated for some diseases, as reporting forms for national surveillance include all variables required for reporting at the EU/EEA level (influenza, COVID-19, HIV), while for others, a minimum data set is available.

Ukraine applies the EU 2018 case definitions reporting communicable diseases [5]. Criteria for case definitions, reporting forms, and guidance documents on how to report cases of communicable diseases are available on the Ministry of Health website and through the Verkhovna Rada of Ukraine (Ukrainian Parliament) [9]. For most infectious diseases, reporting has been implemented using aggregated data, however, mixed reporting (aggregated and individual) options are available for measles/rubella, HIV and tuberculosis, tetanus, polio/AFP, diphtheria.

Surveillance data are collected primarily through paper-based forms and are subsequently registered in the Electronic Surveillance System (ESS) by CDC staff at local and regional levels. ESS is a web-based system with a central database designed to create a data repository for infectious and occupational diseases, and to monitor syndromes, symptoms, laboratory results, and pathogens that have an impact on the population's health. Currently operating in pilot mode, ESS is designed as a modular system comprising three surveillance modules that may ultimately support a complete epidemiological investigation: (1) infectious diseases, (2) occupational diseases, and (3) sentinel surveillance.

Three additional modules are under development (syndromic surveillance, antimicrobial resistance and environmental surveillance), along with the development of a mobile version of the system. In parallel, two separate information systems operate for specific disease areas: the Information System for Monitoring Socially Significant Diseases (IS MSSD), which supports surveillance of selected priority conditions and relies on direct data entry by healthcare workers, and eHealth, a national central health database that consolidates information on diseases from all medical information systems and is managed and operated by the National Health Service of Ukraine (NHSU), rather than by PHC. At present, ESS, IS MSSD, and eHealth are not interoperable, resulting in fragmented data flows, duplication of reporting, and increased administrative burden.

3. Data quality

No population groups are systematically excluded from communicable disease surveillance, apart from those in occupied Ukrainian regions. The proportion of underreported cases is estimated through comparing official surveillance data with results from special representative surveys and seroepidemiological studies (e.g. on HIV, hepatitis, COVID-19).

Even though there is no standard operating procedure for monitoring the quality of surveillance data, the reported information is validated regularly, upon receipt of reporting forms (CDC epidemiologists verify the clinical diagnosis, identify duplicates and check for inconsistencies) and within the ESS. The ESS includes some automated functionalities, such as generation of tables, plots and summary reports which can be used to assess data quality. In addition, the platform enforces using standardised case reporting forms with mandatory fields and automated coding, contributing to consistent data entry. Completeness of a minimum set of essential data is not being assessed but envisioned for the future. Timeliness of reporting is not monitored within the ESS, but it is ensured by regional CDCs and data providers are contacted when delays are noticed. Currently, the proportion of laboratory-confirmed cases is only monitored for certain diseases (measles and rubella). The ESS allows tracking of all disease cases and thereby establishing and monitoring performance indicators. Regular feedback on data quality in the ESS is provided to data providers through a dedicated WhatsApp group and during webinars.

4. Data management

Cases of infectious diseases registered in the ESS are assigned a unique identifier, where data can be tracked within the system and clinical information reconciled with laboratory results. However, access to case-level data within the ESS is strictly role-based and territorially restricted: each system user is granted access exclusively to data falling within their assigned administrative level and territorial area of responsibility, in accordance with defined access rights. To view personal data related to cases of infectious diseases, additional authorisation is required within each ESS module. To guarantee data privacy and protection, the system employs restricted access controls that ensure only authorised users can view or modify sensitive information. All data transmission and storage are secured using modern encryption algorithms, providing protection against unauthorised access or interception. Furthermore, two-factor authentication is implemented across all user accounts to strengthen identity verification and prevent breaches caused by compromised credentials. The ESS system is hosted in a secure data centre. Regular backups are performed to prevent data loss and to allow rapid recovery in case of system failure. Uninterrupted user access is ensured through zero-downtime deployment techniques. Regular audits are conducted to ensure compliance with national laws and regulatory frameworks. In addition, in line with European privacy requirements, the system also integrates General Data Protection Regulation (GDPR)-compliant data handling practices, giving users transparency and control over their personal information. Of note, the main data protection law in Ukraine is the Law on Protection of Personal Data, which is being reformed to align more closely with the EU GDPR [10, 11].

5. Data analysis

Surveillance data are routinely used for descriptive epidemiological analyses, including case counts and temporal trend calculations. Given the displacement of Ukrainian citizens over the past years due to the war, population figures are constantly changing and official population statistics are challenging to estimate. Therefore, incidence rate indicators do not allow for an objective comparison with EU/EEA rates. However, using 2022 population data, incidence rates for some infectious diseases were forecasted for 2026 and anticipated an increase for pertussis, chickenpox, measles, hepatitis A, Lyme disease, scarlet fever and syphilis.

Studies on individual risk factors for various infectious diseases are conducted, but their frequency and depth depend on the disease and resource availability. Some examples include studies identifying populations at risk for acquiring HIV [12, 13], examining the effect of war-related risk factors on HIV, hepatitis B and C, COVID-19, tuberculosis, and STIs [14], or key demographic groups at risk of acquiring hepatitis B and C [15].

If required, public health actions following the analysis of surveillance data are implemented by regional CDCs. Actions may involve targeted guidance to health facilities and schools, efforts to enhance vaccination coverage, or further case investigations and related contact tracing efforts. Other actions may consist of implementing or reinforcing medical, sanitary, and proportionate restrictive anti-epidemic measures, such as isolating cases, quarantining contacts, enhancing infection prevention and control measures, and implementing temporary restrictions in affected settings, in accordance with national regulations.

6. Dissemination of surveillance data

Monthly and annual reports on infectious diseases are prepared by the PHC and shared with the Ministry of Health and regional CDCs to inform public health actions. In addition, public-facing information is available on the PHC website, albeit with limited availability due to the ongoing Russian war of aggression against Ukraine. Some examples of electronically available surveillance outputs include weekly situation reports on respiratory virus circulation [16], ad-hoc reports on individual infections and parasitic diseases [17], and weekly reports on public health risks [18].

The PHC website hosts the National Strategic Information Portal (npsi.phc.org.ua), which displays dashboards on HIV, tuberculosis, and viral hepatitis. The portal was designed as a repository of standardised quantitative indicators relating to population health, access to care, and other health-relevant metrics across Ukraine. The purpose is to enable monitoring, analysis of health indicators and guided public health action (e.g. targeted vaccination, disease mitigation), allowing comparisons of trends over time and across different administrative regions of Ukraine. In addition to the National Strategic Information Portal, surveillance dashboards focusing on disease trends, outbreaks, and wastewater testing results are being developed for pathogens such as influenza or SARS-CoV-2. These dashboards are to be used internally by PHC staff and regional CDCs and will not be publicly available.

7. Outbreak detection

There are guidelines and standard operating procedures in place for detecting, investigating and reporting outbreaks. Upon receiving notifications of infectious-disease cases, the regional CDCs evaluate the situation, determine whether it meets the criteria for an outbreak, and, if affirmative, prepare an emergency report for the national level. This activates the rapid response, surveillance, and control teams. Article 9 of the Law of Ukraine on the Public Health System envisions the establishment of 24/7 operational dispatch units at the PHC and regional CDCs [4]. These units are intended to support urgent reporting, rapid verification of alerts, and early response to outbreaks or other public health emergencies. The development and operationalisation of the 24/7 duty system is ongoing, with regional variations in progress and capacity.

Molecular surveillance for detecting clusters and outbreaks of disease is implemented by Ukraine's national reference laboratory, accredited according to the ISO 15189:2022 [19], for viruses such as influenza, SARS-CoV-2, adenovirus, parainfluenza, and respiratory syncytial virus, TB and other pathogens. Automated detection of outbreaks has been initiated through the ESS, and work in this area is ongoing. In 2024, several infectious disease outbreaks were recorded through routine surveillance, including measles, salmonellosis, hepatitis A, rotavirus enteritis, whooping cough, or shigellosis.

8. Capacity

Healthcare professionals receive regular training on how to conduct epidemiological investigations of infectious disease outbreaks. Continuous professional development and the certification process based on training outcomes are regulated by the Ministry of Health [20]. According to national legislation, healthcare professionals (regardless of their specialisation) are required to undergo training in the field of infection control at least once during their certification period. Recent instances of trainings include a course on 'Public Health Surveillance and Analysis for Outbreaks and Crises' conducted in June 2025, or training sessions on 'Key Aspects of Epidemiological Investigation of Outbreaks of Vaccine-Preventable Infections, Primarily Those with Airborne or Droplet Transmission' held in July 2025. In addition, since September 2024, monthly webinars on infectious disease surveillance have been organised for regional CDC staff.

The national reference laboratory has the capacity to conduct diagnostic confirmatory testing and pathogen identification for all notifiable infectious diseases. Microbiology capacity at district level, and bioinformatics at regional level, are scarce, while other infrastructural aspects (computers, statistical software, high speed internet access) are acceptable at these levels. Nonetheless, an aging workforce poses challenges for communicable disease surveillance and English-language proficiency barriers might hinder cooperation with other national and international public health agencies.

Conclusions and recommendations

Ukraine's infectious disease surveillance system has undergone significant improvements with the implementation of the ESS system, modernising data collection and analysis. The modular structure allows for future expansion while maintaining a common underlying surveillance logic in the electronic platform. Furthermore, the integration of clinical information with laboratory results within the system strengthens surveillance data, outbreak detection, monitoring of pathogen characteristics and, ultimately, public health response.

However, despite these advancements, several surveillance challenges persist. The ESS system still relies substantially on non-automated data collection and is not integrated with other disease surveillance platforms. An ageing workforce might increase the risk of losing critical institutional knowledge as experienced staff retire, reducing workforce capacity and limiting preparedness and response to public health threats. It may also slow the adoption of new technologies and innovative surveillance approaches, particularly those requiring digital, analytical, or bioinformatics expertise.

In summary, while Ukraine's surveillance system boasts a comprehensive legislative foundation, structured data collection, and a growing suite of analytical tools, ECDC recommends the following improvements:

Transition to digital reporting

- Continue transitioning toward standardised electronic reporting from healthcare facilities to the ESS, thereby reducing reliance on paper forms and improving timeliness.
- Define a phased national roadmap for the gradual decommissioning of paper-based reporting, aligned with ESS scale-up and staff training.

Interoperability of systems

- Integrate the ESS with IS MSSD and eHealth to eliminate fragmented data flows and reduce administrative burden.

Expand monitoring of laboratory confirmation

- Track the proportion of laboratory-confirmed cases for priority diseases with a considerable public health impact, such as measles, tuberculosis, or salmonellosis to strengthen data validity.

Develop quality monitoring procedures

- Continue monitoring data completeness within the ESS.
- Introduce standard operational procedures for completeness, consistency, and timeliness checks across all diseases.
- Implement automated alerts and dashboards within ESS to identify delayed reporting at local or regional levels.

Implement advanced epidemiological analytics in the ESS

- Use the ESS platform for predictive modelling.
- Implement automated early warning systems in the ESS platform to detect unusual clustering in real time.
- Expand analytical capacity to include molecular and genomic data, enabling their integration into routine epidemiological analyses.

Support genomic and molecular surveillance

- Ensure adequate district microbiology capacity through appropriately trained and skilled staff and establish infrastructure to support molecular surveillance. If microbiology capacity cannot be expanded at district level, consider facilitating specimen transfer from peripheral to reference laboratories, especially in areas with limited access.

Address aging workforce

- Recruit and train younger public health professionals to ensure sustainability and modernisation of infectious disease surveillance. This could be achieved by (1) strengthening public health education pathways (expanding university public health programmes, or offering Ministry of Health-sponsored scholarships for students who commit to working in public health after graduation); (2) offering structured career progression, mentorships, and clear promotion pathways; (3) establishing internship and fellowship programmes (e.g. setting up a national field epidemiology fellowship programme modelled on the European Programme for Intervention Epidemiology Training - EPIET); (4) promoting public health as a career (e.g. partner with universities to conduct career fairs, showcase real-world impact of public health actions based on surveillance data); (5) facilitating international cooperation through twinning arrangements with EU/EEA public health institutes and providing English-language training.

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Annex 1. Practical arrangements for the assessment process

Country visit agenda

Day 0, 14 October 2025		
	Arrival of participants	
Day 1, 15 October 2025 – ECDC country review of surveillance of communicable diseases in Ukraine		
08:30	*Registration*	
Time	**Topic**	**Presenters**
09:00 – 09:10	Welcome and introduction to the meeting	Vicky Lefevre, Head of Unit Surveillance, Preparedness and Response, ECDC
09:10 – 09:45	Surveillance of infectious diseases at EU/EEA level and strengthening surveillance in EU candidate countries and potential candidates	Julien Beauté, Gianfranco Spiteri
09:45 – 10:15	Presentation on overview of infectious disease surveillance system in Ukraine (system description, objectives, including event-based surveillance, ESS, recent developments)	Volodymyr Kurpita
10:15 – 10:45	*Coffee/tea break*	
10:45 – 11:30	Data collection; Data quality	Serhiy Bilovodchenko, Liudmyla Polianska
11:30 – 12:00	Attendance at the ECDC Round Table meeting	ECDC EOC
12:00 – 13 00	*Lunch*	
13:00 – 13:30	Data management	Serhiy Bilovodchenko, Liudmyla Polianska
13:30 – 14:30	Data analysis; Dissemination of the communicable disease surveillance data	Serhiy Bilovodchenko, Liudmyla Polianska
14:30 – 15:00	Outbreak detection	Nataliia Bugaienko, Nataliya Ivanchenko
15:00 – 15:30	*Coffee/tea break*	
15:30 – 16:30	Event-based surveillance	Nataliia Bugaienko, Bohdan Krasko, Nataliya Ivanchenko
16:30 – 17:00	Capacity	Volodymyr Kurpita
17:00 – 17:30	Debriefing session: draft conclusions and way forward	ECDC, National team
18:30	*Dinner invited by ECDC*	
Day 2, 16 October 2025 – Collaboration between ECDC and Public Health Centre of Ukraine *Moderator – Antonis Lanaras, Head of Section Governance and International Relations, Director's Office*		
Time	**Topic**	**Presenters**
09:00 – 10:30	The overview of ECDC collaboration with EU enlargement countries and the proposed ECDC Accession Support Action 2026-2029 Overview of the PHC of the Ministry of Health of Ukraine Discussion on future collaboration between ECDC and Public Health Centre of Ukraine	Antonis Lanaras, Head of Section Governance and International Relations, Director's Office Agnė Bajorinienė, International relations officer Volodymyr Kurpita, Director General of the PHC
10:30 – 11:00	*Coffee/tea break*	
11:00 – 12:30	Continued: Priority areas of collaboration for the upcoming future	Continued
12:30	*Lunch and departure of participants*	