

RAPID SCIENTIFIC ADVICE

Rapid ECDC advice on the designation of future European Reference Laboratories for public health

2026 edition

1. Summary

- ECDC proposes to issue the 2026 call for application for EURLs for public health in the area of
 - *Clostridioides difficile* infection;
 - Bacterial Sexually Transmitted Infections;
 - Mycobacteria; and
 - Invasive Bacterial Diseasesto ensure continued laboratory support and capacity-building activities for Europe on these high importance/high impact pathogens.
- The areas are suggested to be covered in four individual EURLs composed of up to five partner institutes.
- A list of EURLs under consideration for implementation in subsequent calls beyond 2026 is provided.
- Changes to the processes for application, evaluation and designation of EURLs are proposed.

2. Background

In July 2023, the European Commission's Directorate-General for Health and Food Safety (DG SANTE) requested that ECDC provide it with advice on the establishment of EURLs for public health (from here on 'EURLs'), in order to support DG SANTE in implementing responsibilities in this area as set out in Regulations (EU) 2022/2370 and Regulation (EU) 2022/2371 [1,2].

The request asked for advice both on general processes for the implementation of EURLs, as well as a list of proposed EURLs for communicable diseases. In response, ECDC issued an opinion on the implementation of EURLs for public health in July 2023, covering both elements [3,4]. While these documents were drafted by ECDC, the National Microbiology Focal Points were consulted on the contents prior to the documents being shared with DG SANTE.

In June 2025, the opinion was updated as well as split into two documents, since the general process for the implementation of EURLs for public health is now largely stable:

- A technical report on the '[Establishment of EU Reference Laboratories for public health in Europe](#)'. This technical report contains information on the background and concept of the EURLs for public health as well as a description of the general EURL implementation process. In 2026, ECDC's report '[Establishment of EU Reference Laboratories for public health in Europe](#)' was also updated.

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- A rapid scientific advice on the '[designation of future European Reference Laboratories for public health](#)'. This document contains recommendations on the EURL(s) for public health to be implemented under the 2025 EU4Health Annual Work Programme as well as in future years, and a list of diseases/health issues for which the implementation of EURLs is still under consideration. It also contains recommendations for changes to the steps of the general EURL implementation process.

This document here is an update of the rapid scientific advice published in June 2025. This revision of the rapid scientific advice reflects the situation as of February 2026 and contains recommendations on the EURL(s) for public health to be implemented under the 2026 EU4Health Work Programme. Moreover, in this version, the sections on recommendations for future years and a list of diseases/health issues under consideration have been merged into one section. It also contains recommendations for changes to the steps of the general EURL implementation process.

A list of all currently designated EURLs, including all consortium members and coordinators, is available on the DG SANTE website [5].

Decisions on which EURL(s) for public health are to be designated and implemented as well as on general EURL implementation processes are made by DG SANTE.

3. Proposed EURL(s) for implementation

3.1 Proposed EURL for implementation in 2026/2027

The ECDC proposal on the diseases/health issues for EURL implementation in 2026/2027 (thus to be funded under EU4Health Work Programme 2026) is listed in Table 1. This selection is based on an assessment conducted according to the methodology described under Methods (section 5.1), which weighed the relevant factors across all remaining disease/health issues where EURLs have not yet been designated. Based on this evaluation, the identified topics represent the best candidates for implementation in 2026/2027.

Should a decision be made to implement the EURLs suggested, ECDC would analyse a potential need to revise the disease networks that these EURLs would serve. At this stage, no change to those networks is anticipated.

Table 1. ECDC proposal on diseases/health issues for EURL implementation in 2026/2027

EURL	Disease(s)/health issues	Supporting network(s)	Rationale
<i>Clostridioides difficile</i> infection	<i>C. difficile</i> infection	HAI-Net CDI	<p><i>C. difficile</i> is among the most common and consequential healthcare-associated pathogens in the EU/EEA, with high morbidity, recurrence and costs.</p> <p>Heterogeneous diagnostic algorithms and typing methods limit data comparability across Member States. A EURL would support the harmonisation of reference diagnostics and typing methodologies, including whole genome sequencing-based technologies; provide reference materials and EQAs for typing and WGS; support the ECDC HAI-Net CDI network with coordinated multi-country outbreaks support; and initiate relevant training and research activities for CDI prevention and control.</p> <p>This aligns with the legally defined EURL activity areas and ECDC's mandate to harmonise EU-level laboratory capacity.</p>
Bacterial Sexually Transmitted Infections	<p>Priority pathogen of this EURL will be <i>Neisseria gonorrhoea</i>.</p> <p>In addition, the scope may include other bacterial STIs, e.g. <i>Treponema pallidum</i>, <i>Chlamydia trachomatis</i></p>	Euro-GASP	Euro-GASP monitors antimicrobial resistance in gonorrhoea across the EU/EEA, providing high-quality, comparable data to guide public health interventions. It supports timely updates to treatment guidelines, informs prevention strategies, and enhances regional preparedness, helping safeguard antibiotic effectiveness and reduce the burden of resistant infections. The continuation of laboratory support to this network is of high importance to secure progress and success made so far and to further enhance capacities in MS.
Mycobacteria	<p>Priority pathogens of this EURL will be <i>Mycobacterium tuberculosis</i> complex members.</p> <p>In addition, the scope may include non-tuberculous mycobacteria with public health or clinical relevance, including <i>M. leprae</i> and <i>M. lepromatosis</i>.</p>	ERLTB-Net	ERLTB-Net supports EU/EEA policymakers by strengthening regional TB control through coordinated laboratory networks. It ensures timely detection of drug-resistant TB, harmonizes diagnostics, and enhances outbreak preparedness. This collaboration improves public health outcomes, supports evidence-based decision-making, and aligns with EU health security and cross-border disease prevention strategies. The continuation of laboratory support to this network is of high importance to secure progress and success made so far and to further enhance capacities in MS.
Invasive Bacterial Diseases	Invasive Meningococcal Disease, Invasive Haemophilus influenzae Disease, Invasive Pneumococcal Disease	IBD-LabNet	<i>Neisseria meningitidis</i> , <i>Haemophilus influenzae</i> , and <i>Streptococcus pneumoniae</i> are major causes of severe invasive diseases, including meningitis and sepsis, in the EU/EEA. The EURL-IBD will cover these pathogens and support national reference laboratories (NRLs) in strengthening laboratory performance through standardised and appropriate diagnostic and typing methods, ensuring accurate and comparable surveillance to reduce the burden of invasive bacterial diseases across EU/EEA.

4. Additional diseases/health issues under consideration for EURL implementation

ECDC proposes that over the coming years, diseases/health issues listed in Table 2 should be considered for EU-level laboratory support under the EURL. Recommendations for specific timepoints for implementation of these EURLs will be assessed according to the methodology described under Methods (section 5.1) below.

ECDC recommends that in 2026 SANTE and ECDC should carry out a structured stakeholder consultation to assess the need for, potential benefits and estimated costs of implementing EURLs for these diseases/health issues/pathogens or their vectors or needs for other EURLs. Stakeholders to be consulted should include Member States (disease network members, National Focal Points for Microbiology, ECDC Advisory Forum, Health Security Committee) as well as other relevant initiatives relevant to these topics. ECDC will continue to work towards integration of wastewater-based surveillance (WBS) into infectious diseases surveillance [6], building on previous and ongoing projects such as EU-WISH. This includes creating a network of national experts and providing

laboratory support activities to this network. A possible mechanism to provide this laboratory support can be an EURL for WBS, therefore, the topic may be included in the structured stakeholder discussion.

Depending on the stakeholders' opinion on the usefulness and public health added value of laboratory support for specific diseases in the form of an EURL, these may be added to the list of proposed EURLs for implementation in future revisions of this rapid scientific advice.

Table 2. Additional diseases/health issues under consideration for EURL implementation

Potential EURL function	Disease(s)/health issues	Supporting network(s)	Rationale
Fungal pathogens	Fungal diseases, e.g. diseases caused by infections of pathogenic species of <i>Candida</i> , <i>Aspergillus</i> , etc.	Not yet defined	Public health significance of fungal pathogens has increased with higher rate of drug resistance detected and thereby higher clinical burden of these infections. An EURL for fungal diseases has the potential to significantly strengthen diagnostic capability for such infections and improve data comparability.
Biotoxins	Multi-pathogen – scope to be defined	Not yet defined	Health security-relevant biotoxins have been identified as a potential area for an additional EURL. A feasibility study including relevance was carried out from October 2024 to November 2025 by DG SANTE.
Arthropod vectors	Arthropod vectors, including mosquitoes, ticks, sand flies, and biting midges; lice, fleas, mites, etc.	EVD-Net	With climate change, arthropod vectors' distributions have been expanding, and the risk of disease outbreaks have been increasing. The lack of an EU reference laboratory for vector species identification, assessment of vector competence and vectorial capacity, as well as monitoring of insecticide resistance, is a barrier to adequate preparedness and response to vector-borne diseases. As many vector-borne diseases are zoonotic, this EURL should be developed taking a One Health approach, and cover arthropods of both public health and animal health relevance. Ideally, this EURL should be mandated to evaluate and monitor cost-effectiveness of vector control methods and contribute to the detection of pathogens in vectors in cooperation with pathogen-specific EURLs.
Prions	All prion diseases, including variant Creutzfeldt-Jakob Disease	FWD-Net	Given that prion diseases are rare, but with potential high public health impact, an EURL providing expertise and reference laboratory services can be of high added value for EU Member States. ECDC has provided laboratory support for variant Creutzfeldt-Jakob Disease in the past.

5. Proposed changes in the processes for the application, evaluation and designation of EURLs

Based on the lessons learned from the previous EURL application, evaluation and designation processes, ECDC recommends the following changes and improvements to the different steps of the general EURL implementation process compared to the process used in 2025. This is based on methodology described under Methods (section 5.2) below.

5.1 Application process

No changes are proposed for this process.

5.2 Evaluation process

During the evaluation process in 2025, the committee suggested several changes and the following are implemented going forward:

- The selection criteria were revisited to increase clarity and put more emphasis on the scientific content criteria.
- A point distribution for sub-criteria in the selection criteria is assigned to facilitate the work of the evaluation committee.
- For the composition of a consortium, applicants will be invited to strive for a gender balance among the key EURL team members. However, points will not be deducted if this is not achieved. Of note, overall gender balance has been achieved in previous EURL designations.

5.3 Designation process

No changes are proposed for this process.

5.4 Funding process

No changes are proposed for this process.

5.5 Grant management, including reports and deliverables

Where ECDC foresees a need for detailed involvement in the production of a deliverable, this should be reflected in the respective grant agreement by requiring ECDC review of a draft or final deliverable or clearly involve ECDC in the design and production of a deliverable.

6. Methods

6.1 Prioritisation of disease areas or health issues for (potential) EURL implementation

The proposed topic(s) for the next call(s) for applications for EURL(s) for public health as well as the additional diseases/health issues under consideration for EURL implementation are identified by ECDC by considering several inputs and factors. These include:

- Internal discussion with the relevant ECDC experts working on specific diseases/health issues;
- Needs of the ECDC disease networks, as collected through:
 - The August 2023 survey of the disease network members to identify specific public health needs and priority tasks for future EURLs in the respective disease areas (for more details, please see the ECDC technical report on the [Establishment of EU Reference Laboratories for public health in Europe](#)); and
 - Feedback from network meetings and other discussions with network members.
- Input from stakeholders, including the Health Security Committee, ECDC's Management Board, ECDC's Advisory Forum, and National Microbiology Focal Points, since these groups are regularly updated on the EURL implementation progress;

- The contractual status and duration of relevant ECDC laboratory support contracts; and
- Preliminary budget allocated to EURL implementation under the next EU4Health annual work programme.

6.2 Collection of issues for improvement related to the general EURL implementation process

ECDC collects inputs and suggestions for improvements of the general EURL implementation process in several ways. This includes:

- Feedback from stakeholders, including the Health Security Committee, ECDC's Management Board, ECDC's Advisory Forum, and National Microbiology Focal Points, since these groups are regularly updated on the EURL implementation progress;
- Feedback from EURL applicants. This includes questions asked by applicants during the application process, which were collected and published by DG SANTE on the application website in a Frequently Asked Questions format;
- Feedback from ECDC and DG SANTE staff members who are involved in the EURL implementation initiative;
- Feedback from experts involved in the evaluation committees responsible for the evaluation of the submitted EURL applications; and
- Needs identified due to changes in related processes, e.g. the EU4Health funding process.

7. Conclusion and recommendations

- ECDC recommends that DG SANTE select and designate EURLs for public health on the topics of:
 - *C. difficile* infection;
 - Bacterial Sexually Transmitted Infections;
 - Mycobacteria; and
 - Invasive Bacterial Diseases.

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