

Annexes

The annexes to the European Centre for Disease Prevention and Control's 'Consolidated Annual Activity Report 2025' are presented here.

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Annex 1. Core business statistics, 2025

In 2025, ECDC successfully completed or was in the process of completing 92% of the outputs set out in its Single Programming Document 2025–2027. Of 133 outputs, 71 were completed (53%), 43 were in progress (32%), and eight had been partially completed (6%). A limited number were cancelled (4%), postponed (4%) or not started (1%).

The following table provides a detailed breakdown of the status of the 2025 Work Programme implementation by key output and expected results. The calculation method for output delivery follows the same premise as for the CAAR 2024. Rather than tracking multiple sub-deliverables within each output, where applicable, a single implementation status was assigned per output.

Status of implementation of 2025 Work Programme by key output and expected results

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments
Strategic Objective 1: Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU levels.				
Area 1.1 Standards and methodologies				
Promote standard setting and the use of defined methodologies and diverse data sources for data analytics	1.1.1	Dynamic list of planned and ongoing scientific outputs 2025, including the intended target audience and impact on the ECDC website	Completed	List of planned and ongoing outputs for 2025 presented to the AF in February, regularly updated and made available on ECDC's website: https://www.ecdc.europa.eu/en/about-ecdc/who-we-are/key-documents/planned-scientific-outputs .
	1.1.2	Implementation of the revised ECDC scientific advice process and Regulation (EU) 2022/2370 Article 7 Procedure for scientific opinions	In progress	Article 7 Procedure for scientific opinions being finalised, with submission for approval planned in Q1 2026. Implementation of the revised scientific advice process (ECDC/IP/056) is ongoing.
	1.1.3	Guidance and training on science/evidence for policy, scientific integrity, good scientific practice, methods and tools for evidence synthesis, statistical analysis, and modelling	Completed	The planned series of EBPH training courses has been completed. Consultations on the three priority topics – rapid and ultra-rapid evidence-based public health advice, elicitation and integration of expert knowledge, and integration of different evidence types and streams – has been completed, and the annual meeting of the Methodological and Advisory Group (MAG) was held, which has informed the 2026 workplan. Under the ECDC Crowd pilot, the wastewater surveillance task was completed and the pilot finalised, with results prepared for presentation to senior management.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Area 1.2 Knowledge transfer					
Bridge the gap between science, policy, and practice	1.2.1	'50 issues of <i>Eurosurveillance</i> ' scientific seminar at international conference, board meeting with action points for 2026, audit of board members' demographics (balanced gender distribution). Community of practice established for editors of public health journals in international health organisations or major CDCs. Mid-term evaluation report.	<i>Eurosurveillance</i> remains one of the leading journals in its field, attracting a wide audience (authors and readers) and supporting knowledge transfer. Availability of new scientific findings of relevance to public health professionals working in Member States. Focus on diversity and inclusion. Identification of synergies, exchange of good practices.	Completed	Continued journal publication, including focused issues linked to WAD and EEAD, and publication of the first two rapid communications on influenza vaccine effectiveness against the new influenza A (H3N2) subclade K viruses. The fourth virtual meeting of the community of practice for editors-in-chief (ECON) of journals published by international public health organisations was held. Reviewer recognition certificates were issued, and journal performance metrics for 2025 confirmed continued ranking within the top 10 journals in the infectious diseases category.
	1.2.2	Workshops in conjunction with ECDC-organised events (ESCAIDE, ECDC summer school, fellowship project review module) at ECDC or at national public health institutes	Increased awareness of publication ethics and standards reporting guidelines, compliance with editorial standards/requirements by authors and reviewers, use of repositories for additional information, enhanced focus on diversity and inclusion.	Completed	Pre-ESCAIDE workshop and journal presentation delivered at the Polish National Institute of Public Health, and a scientific seminar held during ESCAIDE. Collaboration with the European Field Epidemiology Programme continued, including delivery of scientific writing activities. A scientific writing seminar was co-created and delivered with Africa CDC in Nairobi, Kenya.
	1.2.3	ECDC Observership week in collaboration with European Learned Societies	A total of 30 early and mid-career researchers and health professionals gain insight into public health matters and how ECDC contributes to European and global public health.	Cancelled	Observership cancelled in 2025 due to staffing changes, with resumption planned in 2026.
	1.2.4	2025 edition of the ESCAIDE conference	Dissemination of scientific knowledge on communicable disease epidemiology, prevention and control, and complementary disciplines. Improved knowledge and awareness among ESCAIDE participants of knowledge needed for policymaking and practice.	Completed	The 2025 ESCAIDE edition was successfully delivered, despite contractual and human resource challenges, thanks to a very dedicated team. More information and highlights at: https://www.escaide.eu/en/publications-data/escaide-2025-highlights-report .
	1.2.5	Information and knowledge management solutions developed to improve the management of knowledge domains that are mission critical for ECDC.	ECDC will be better able to leverage its existing experience and expertise. Mission-critical knowledge assets will be managed and curated systematically. There will be improved access to and findability of key knowledge resources. ECDC staff will be able to leverage ECDC organisational expertise more easily.	Completed	Information Asset Catalogue: Periodic monitoring and update processes operationalised. AI Roadmap: development progressed according to plan, including completion of interviews, surveys and workshops, advancing the ECDC AI Strategy. Several external meetings took place with key stakeholders including EMA, EFSA, JRC, DG SANTE, Centre for Communicable Diseases Romania, Director of Statens Serum Institute Denmark. Enterprise Content Management Platform: Content management support for the internal and external sites delivered as planned. The new workflow for the 'approval of the instructional documents' deployed in production. ECDC KnowBot became available in production to support content findability. Preparatory work for adoption of an e-Domec compliant records management framework and onboarding to EC HAN system progressed. Regular document and records management training delivered.

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	1.2.6	All ECDC scientific outputs published as open access	Making high quality scientific outputs available at no cost at EU level will help to increase the impact and consistency of evidence-based prevention and control activities across the EU and reduce the need for Member States to invest in undertaking similar scientific work.	Completed	A consolidated list of planned peer-reviewed publications was generated and reviewed. A decision was taken not to complete a general exception form in 2025, as only two publications targeted journals outside the EU, to be addressed through individual exception forms as needed. A pre-registration module for scientific manuscripts was launched in SARMS, enabling prior Head of Unit approval of manuscripts for target journals and reducing associated APC costs to support open-access compliance.
	1.2.7	New editorial tools, guidelines and design templates piloted	Increased use and impact of ECDC outputs on target audiences.	In progress	As part of the re-engineering project, mapping and analysis of all current content types were completed, three new content types were proposed and initial work progressed on defining processes, roles and responsibilities. Investigation of new editorial tools advanced, with preliminary tool selection agreed. Phase I deliverables were completed and transitioned into regular outputs, including quarterly mapping of ECDC publications.
Area 1.3 Foresight, modelling and research engagement					
Address areas of uncertainty and knowledge gaps through modelling, forecasting, and collaboration, and communicate identified research priorities with EU research initiatives and other EU bodies	1.3.1	Forecast and scenario modelling hubs	Ensemble forecasts and scenarios inform ECDC scientific outputs (such as rapid risk assessment and public health guidance).	Completed	RespiCast and RespiCompass activities are aligned with the Respiratory Viruses section.
	1.3.2	Modelling tools and workflows for public health emergencies. Modelling insight generation.	Providing in-house modelling results to support public health decision-making (e.g. HSC, SANTE).	Completed	Biostatistics and modelling activities are aligned with the two ECDC disease units.
	1.3.3	Topic-specific outputs that systematically identify knowledge gaps in the existing evidence base that inhibit public health activities, with expert-led validation and prioritisation and which can be used by EU research stakeholders (funders, research actors, etc.) to address and improve the current knowledge base.	Timely information to EU research and funding bodies about public health-relevant knowledge gaps and identified priority areas for research.	Partially completed	Literature review on Hepatitis B, C and D ongoing, with delivery scheduled for end February 2026. Literature reviews on TB knowledge gaps and One Health were delivered in 2025, identifying priority evidence gaps to inform further stakeholder consultation.
	1.3.4	Coordination of ECDC involvement with EU-funded research strategies and activities, including linking to new and ongoing research projects and joint actions – e.g. Horizon Europe, including European Partnerships in Health (e.g. Pandemic Preparedness, One Health/AMR, EU4Health, etc.)	Timely information to EU research and funding bodies about public health-relevant knowledge gaps and identified priority areas for research.	Completed	Engagement with EU-funded research partnerships continued in 2025. Kick-off meetings were held in Q4 with two new multiannual EU partnerships: the European Partnership for Pandemic Preparedness Research (BeReady) and the European Partnership on One Health Antimicrobial Resistance, establishing ECDC's involvement in both initiatives.

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Area 1.4 External and risk communication					
Provide relevant, timely, accessible and actionable information on infectious disease epidemiology, prevention and control	1.4.1	Proactive risk, crisis, and external communication across channels such as ECDC websites and social media during a public health emergency (PHE), as well as during non-crisis periods, including management of misinformation and infodemics	Improved uptake of ECDC's information and outputs. ECDC is seen as an independent, transparent, open, and trusted agency that produces and shares high-quality content regarding infectious diseases in Europe.	Completed	This remains an ongoing process, with activities continuing in 2026. In December 2025, the communication team participated in a PHE simulation exercise to stress test the new plan.
	1.4.2	Communication campaigns in collaboration with partners and stakeholders (e.g. European Antibiotic Awareness Day, World Hand Hygiene Day, Flu Awareness Campaign, European Immunisation Week, World Aids Day, World TB Day, World Hepatitis Day).	Improved highlights of ECDC's content and increased awareness of specific topics.	Completed	Final planned communication campaigns for 2025, including EAAD and World Aids Day, were delivered in collaboration with partners and stakeholders. Evaluation reports are expected by the end of January 2026.
	1.4.3	Activities implemented through the Stakeholder Engagement Framework, engaging with civil society with a focus on key issues such as HIV, STIs, vaccination or antimicrobial resistance.	Improved exchanges with stakeholders leading to improved reputation and trust, and amplification of ECDC's messages.	Postponed	The stakeholder engagement project has reached the final deliverable stage, and the draft Stakeholder Engagement Framework is undergoing a final internal review.
	1.4.4	RCCEIM activities (e.g. EVA module, structures to support community engagement practices at country level, provision of tools and templates for RCCEIM practitioners in EU/EEA countries).	Enhanced capacity at ECDC and national levels to develop and implement RCCEIM activities towards behavioural change for specific health priorities.	Completed	RCCE-IM activities continued throughout 2025. Communication experts contributed to specialised RCCE-IM training within the ECDC Preparedness and Response Executive Training Programme. ECDC participated as an observer in the WHO RCCE-IM Taskforce.
	1.4.5	Content production, management and maintenance of the Centre's websites. Expanded content, better structure, and design, as well as updated branding.	User-friendly content adapted to meet the needs of all target audiences.	Completed	Content production, management and maintenance of the Centre's websites continued throughout 2025 and will continue in 2026.
	1.4.6	Management of ECDC's social media channels, including social media listening, paid advertising, engagement of influencers and continued direct cooperation with social media platforms. Identification and tackling of misinformation and infodemics, careful presentation of easy-to-understand facts, providing accurate information	Enhanced brand, promotion of ECDC's work in different areas and diseases, highlight of content and stories with positive outcomes, presentation of easy to-understand facts. Increased engagement, following and reach, while providing its audiences, influencers, and key opinion leaders with actionable, timely and useful information.	Completed	All ECDC social media channels were actively managed and curated, including paid advertising, influencer engagement and direct cooperation with social media platforms. The social media listening project continued, supporting Member States in identifying and addressing misinformation.

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	1.4.7	Proactive engagement with journalists, editors and influencers. Provision of early information and materials under embargo, as well as the production of innovative materials to address this group. The content provided should be accurate, timely, balanced, newsworthy, and scientifically sound.	Strengthened media relations and enhanced reputation as a trusted public health organisation.	Completed	Proactive engagement with journalists, editors and influencers continued, including provision of early information under embargo and tailored communication materials.
	1.4.8	Media training, guidance and support to experts who give interviews or are active on social media and wish to use these channels to promote their activities as ECDC staff.	Coherent, accurate, timely and balanced external communication across all channels.	Completed	The final media training for ECDC experts involved in interviews and social media engagement was delivered in December.
	1.4.9	Info stands at conferences with important ECDC contributions.	Visibility and brand awareness.	Completed	ECDC was represented with an information stand at four major scientific conferences (ESCMID, ICPIIC, EPHA and ESCAIDE).
	1.4.10	Production of high-quality event experiences, podcasts, videos, animations, infographics and other data-driven formats, including exploration and expansion of new communication formats and tools	Enhanced outreach to target audiences through clearer messages and improved communication products and channels.	Completed	All planned podcasts, videos, animations and infographics were produced.
	1.4.11	Coordination of external newsletters to ensure consistent look and feel. Compilation and dissemination of the main ECDC newsletter.	ECDC's work in different areas and diseases promoted to achieve enhanced outreach and visibility.	Completed	ECDC external newsletters were delivered consistently, and the final issue for 2025 was disseminated.
Strategic Objective 2: Provide relevant, reliable and timely information and science-based recommendations to enable evidence informed decision-making at national and EU levels.					
Area 2.1 Surveillance					
Provide timely information and robust evidence through surveillance and monitoring	2.1.1	Surveillance standards	Objectives, methods, and quality requirements provide guidance for more performant surveillance systems.	In progress	Draft surveillance standards template shared with DG SANTE. Prioritisation of diseases/related special health issues for surveillance standardisation ongoing.
	2.1.2	Disease and public health issues reports	More specific recommendations provided, by target audience.	Cancelled	Shift in priorities.
	2.1.3	Routine enhanced surveillance reports published jointly with partner agencies	Cross-sectorial data analyses allow for more impactful recommendations on disease prevention and control.	Cancelled	Change in priorities.
	2.1.4	EURLs implemented for third set of priority diseases.	Strengthened capacity and improved laboratory support for laboratory networks.	In Progress	Progressive implementation of EU reference laboratories continued according to agreed plan and timeline. An EU reference laboratory for respiratory diseases was designated in December 2025 and entered the next phase of implementation.

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	2.1.5	Training completed in integrated genomic epidemiology for two disease groups.	Increased application of genomic-based epidemiology and increase in data reported to ECDC from active Member States.	In Progress	The GenEpi-BioTrain project continued according to plan. Two pathogen waves were delivered in 2025, covering TB and AMR. Training formats included in-person, virtual and exchange components. Participant and NMFP feedback indicated high satisfaction.
	2.1.6	Reports on the monitoring of prevention and control activities for SDG-targeted diseases	Improved strategic information on country- and EU-level situation related to prevention and control of SDG-targeted diseases.	Completed	Two reports published: 'Hepatitis B vaccination policies, practices and challenges to achieving hepatitis elimination in the European Union and European Economic Area' and 'Monitoring of the responses to sexually transmitted infection epidemics in EU/EEA countries (2024 data)'.
	2.1.7	European Union Summary Reports: One Health Zoonoses Report and Antimicrobial Resistance in zoonotic and indicator bacteria from humans, animals and food.	Risk managers and scientists receive an overview of the epidemiological situation regarding emerging, food and vector-borne diseases.	Completed	Both reports have been published: 'Antimicrobial Resistance in zoonotic and indicator bacteria from humans, animals and food (March 2025)' and 'One Health Zoonoses Report (December 2025)'.
	2.1.8	Weekly and monthly surveillance of West Nile virus infections in human and animals to support the implementation of SoHO prevention and control measures.	Risk managers and scientists receive an overview of the epidemiological situation regarding emerging, food and vector-borne diseases.	Completed	Season analysis published.
	2.1.9	Joint ECDC-EFSA distribution maps of arthropod vectors that have a public health and an animal health relevance.	Risk managers and scientists receive an overview of the epidemiological situation regarding emerging, food and vector-borne diseases.	Completed	VectorMaps published. VectorNet Annual Meeting held at ECDC (27–28 November 2025).
	2.1.10	ECDC/WHO joint weekly bulletin (ERVISS) for integrated surveillance of respiratory viruses (Integrated weekly monitoring of respiratory viruses at EU/EEA and WHO European Regional level).	Improved collaboration with partners.	Partially completed	ERVISS continues to be published on a weekly basis, year-round. Work is ongoing to implement new features which were agreed in 2025.
	2.1.11	Outputs on avian influenza: quarterly monitoring reports with EFSA and EURL for avian influenza, including ECDC's quarterly assessment of the risk for the EU/EEA Annual Epidemiological Report Chapter (zoonotic flu) Monthly RT and CDTR (zoonotic flu).	Improved collaboration with partners. Strengthened surveillance of respiratory viruses in the EU/EEA.	Completed	Reporting protocol for influenza, COVID-19, and other respiratory viruses published. EQA 2024 for molecular detection, subtyping and characterisation of potentially zoonotic type A influenza viruses published. Report on status and challenges in molecular diagnostics and characterisation of zoonotic type A influenza viruses in Europe published. AER for zoonotic influenza published. quarterly avian influenza reports published

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
	2.1.12	Outputs on seasonal influenza: weekly publication of surveillance data jointly with WHO (through ERVISS). Virus characterisation report for VCM (twice a year)	Improved collaboration with partners. Strengthened surveillance of respiratory viruses in the EU/EEA.	Completed	A threat assessment brief 'Assessing the risk of influenza for the EU/EEA in the context of increasing circulation of A(H3N2) subclade K' was published. A survey report on national seasonal influenza vaccination recommendations and coverage rates in EU/EEA countries (2024/25) was published. A technical report summarising the influenza virological surveillance data from 30 EU/EEA countries: 'Influenza virus characteristics, week 40 2024 to week 33 2025, EU/EEA' was published. The European External Influenza Virus Quality Assessment (EQA) Programme 2023 was completed and published. Work continued on updating ECDC guidance for respiratory virus surveillance, in consultation with Member States.
	2.1.13	Outputs on COVID-19: weekly publication of surveillance data jointly with WHO (through ERVISS).	Improved collaboration with partners. Strengthened surveillance of respiratory viruses in the EU/EEA.	Completed	Epidemiological update on SARS-CoV-2, including NB.1.8.1 variant assessment, carried out (June 2025). EQA on molecular detection and variant typing of SARS-CoV-2 in European expert laboratories carried out (2023). Scientific article 'Impact of SARS-CoV-2 variant mutations on susceptibility to monoclonal antibodies and antiviral drugs: a non-systematic review, April 2022 to October 2024' published. Training course 'Essentials of SARS-CoV-2 sequencing and data analysis e-learning' delivered to Member States.
	2.1.14	Enhanced HIV and TB surveillance reports published jointly with WHO Regional Office for Europe.	Surveillance information for action on country- and EU-level situation of HIV and TB.	Completed	ECDC/WHO TB surveillance and monitoring in Europe report published (2025, 2023 data), with accompanying rapid communication on TB in children. ECDC/WHO HIV/AIDS surveillance in Europe 2025 report published (2024 data), with accompanying rapid communication on late HIV diagnosis in migrants.
	2.1.15	External Quality Assurance, training and strengthened laboratory networks for relevant SDG-related diseases (ERLTB-Net and Euro-GASP).	Improved capacity for laboratory diagnosis of tuberculosis, gonorrhoea and drug resistance, reliable surveillance data and strengthened laboratory networks.	Completed	Updates to several chapters of the handbook on TB laboratory diagnostic methods in the EU published (2025). ERLT-NET annual meeting and large capacity building workshop held in Sofia, 17–19 September. Publication of 'Antimicrobial resistance in Neisseria gonorrhoeae and its risk groups in 23 European countries in 2022 within the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP): a retrospective observational study'. 'Gonococcal antimicrobial susceptibility surveillance in the EU and EEA 2023' published. 'Euro-GASP external quality assessment scheme for Neisseria gonorrhoeae antimicrobial susceptibility testing – 2024' published.

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	2.1.16	Vaccine coverage data and reports for influenza and COVID-19.	Better insight into coverage gaps to set targeted actions.	In progress	Second vaccine coverage report for COVID-19 published (24 June 2025). Data collection for Influenza vaccine coverage ongoing in summer 2025. Concept note presented to NFP meeting (April 2025).
	2.1.17	Measles and rubella surveillance monthly bulletin.	Surveillance information for action on country and EU-level situation with measles and rubella.	In progress	AER chapter on measles published (https://measles-rubella-monthly.ecdc.europa.eu/). The complete 2024 data is under validation, expected publication date in the Surveillance Atlas for Infectious Diseases, mid-March 2026 at the latest. Ongoing preparations to start production of new pages reporting surveillance data in the format of html-like pages.
	2.1.18	Vaccine-preventable diseases: Annual Epidemiological Reports	Strengthened surveillance of vaccine-preventable diseases in the EU/EEA.	Completed	AER chapter on measles published: https://measles-rubella-monthly.ecdc.europa.eu/ .
	2.1.19	Vaccine-preventable diseases: Invasive Bacterial Diseases laboratory support (e.g. EQAs and training).	Increased laboratory capacity in the Member States.	In progress	WG on genomic surveillance for meningococcal disease established, with participation from 10 countries. Aim is to assess a two-year genomic surveillance pilot and inform ECDC's next steps. Monthly outputs on results of IMD genomic surveillance published on ECDC website, with no major cluster reported. Preparations for EQAs under IBD Lab Network ongoing.
	2.1.20	Outputs on antimicrobial resistance (AMR): Annual Epidemiological Report chapter on AMR in the EU/EEA, 2024 (including progress towards the EU targets) and ECDC-WHO Europe joint summary on AMR surveillance in Europe.	Decision-makers and health professionals are informed through trustworthy and relevant expertise on AMR. Strengthened surveillance of AMR in the EU/EEA.	Completed	2024 data on AMR from EARS-Net published in the ECDC Atlas of Infectious Diseases. Annual Epidemiological Report chapter on AMR in the EU/EEA, 2024 (including progress towards the EU targets) and ECDC-WHO Europe joint summary on AMR surveillance in Europe published.
	2.1.21	Outputs on antimicrobial consumption: Annual Epidemiological Report chapter on antimicrobial consumption in the EU/EEA, 2024 (including progress towards the EU targets).	Decision-makers and health professionals are informed through trustworthy and relevant expertise on antimicrobial consumption. Strengthened surveillance of antimicrobial consumption in the EU/EEA.	Completed	2024 data on AMR consumption from ESAC-Net published in the AMC dashboard. Annual Epidemiological Report chapter on antimicrobial consumption in the EU/EEA, 2024 (including progress towards the EU targets) published.
	2.1.22	Outputs on healthcare-associated infections (HAIs): Report on the point prevalence survey of HAIs and antimicrobial use in European long-term care facilities 2023–2024 and Annual Epidemiological Report chapters on surgical site infections, HAIs in intensive care units and <i>Clostridioides difficile</i> infections in the EU/EEA.	Decision-makers and health professionals are informed through trustworthy and relevant expertise on HAIs. Strengthened surveillance of HAIs in the EU/EEA.	Completed	Report on the point prevalence survey of HAIs and antimicrobial use in European facilities in 2023–2024 (https://www.ecdc.europa.eu/en/publications-data/point-prevalence-survey-healthcare-associated-infections-and-antimicrobial-use-6). AER chapter on surgical site infections (2021–2022) published on 19 Feb 2025. AER chapters on HAIs in intensive care units (2022) and <i>Clostridioides difficile</i> infections (2021) in the EU/EEA to be published in February 2026.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Area 2.2 Public health evidence and recommendations					
Provide science-based advice and recommendations through public health expertise	2.2.1	Outputs on emerging, food and vector-borne diseases: EFSA-ECDC estimate of the burden of food-borne diseases.	Decision-makers and health professionals are informed through trustworthy and relevant expertise. Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV, as well as zoonotic respiratory viruses such as avian influenza), healthcare-associated infections, vaccine-preventable diseases, etc. Strengthened surveillance of respiratory viruses in the EU/EEA.	In progress	Feasibility study on campylobacteriosis and salmonellosis conducted in three Member States to test the methodological framework for estimating zoonotic disease burden, identify key data sources, and highlight gaps that could affect scalability to an EU-wide context. An initial project workshop was held in September 2025 to present and discuss preliminary feasibility findings and a protocol for identifying data sources. The project will run until 2027.
	2.2.2	Outputs on respiratory viruses and Legionella: Weekly joint ECDC/WHO European Respiratory Virus Surveillance Summary (ERVISS) and Quarterly EFSA/ECDC avian influenza monitoring reports. Twice yearly ECDC/WHO European influenza virological report for WHO's Influenza Vaccine Composition meetings. Updated protocols for outbreak investigation of avian influenza or other zoonotic respiratory viral infection. Guidance for implementation of the integrated surveillance of respiratory viruses. Guidance on strengthening surveillance and detection of avian influenza and other zoonotic respiratory viral infections (e.g. swine influenza, zoonotic SARS-CoV-2) in humans. Risk assessments on respiratory viruses and on Legionnaires' disease. Systematic reviews on immunity and post-COVID-19 condition, sero-epidemiological studies on avian influenza viruses in humans, and <i>Legionella</i> .	Decision-makers and health professionals are informed through trustworthy and relevant expertise. Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV, as well as zoonotic respiratory viruses such as avian influenza), healthcare-associated infections, vaccine-preventable diseases, etc. Strengthened surveillance of respiratory viruses in the EU/EEA.	Completed	Rapid scientific advice on protecting infants against respiratory syncytial virus disease during the 2025/26 winter season published. ECDC/EFSA Scientific Opinion on Preparedness, Prevention and Control related to Zoonotic Avian Influenza published (January). Systematic Review 'Does COVID-19 vaccination reduce the risk and duration of post COVID-19 condition?' published. Rapid scientific advice on protecting infants against respiratory syncytial virus disease for the European 2025/26 winter season published.
	2.2.3	Outputs on sexually transmitted infections, blood-borne viruses, and tuberculosis: Standards of HIV care, scientific advice on prevention and control of SDG-related diseases in the general population and in key populations.	Decision-makers and health professionals are informed through trustworthy and relevant expertise. Increased preparedness against respiratory viruses (including influenza, COVID-19, and RSV, as well as zoonotic respiratory viruses such as avian influenza), healthcare-associated infections, vaccine-preventable diseases, etc. Strengthened surveillance of respiratory viruses in the EU/EEA.	Completed	Modules on European standards of HIV prevention and care published, covering commencement of antiretroviral therapy; HIV and co-morbidities; and an audit report on HIV pre-exposure prophylaxis standards of care. Opinion on public health considerations regarding DoxyPEP for STI prevention finalised and published on 19 January 2026.

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	2.2.4	Outputs on vaccine-preventable diseases: technical report on lessons learned from the roll-out of COVID-19 vaccination campaigns transferrable to the implementation of routine immunisation programmes in the EU/EEA.	Supporting Member States with the overall performance and monitoring of vaccination programmes in the EU/EEA.	In progress	Rapid scientific advice on protecting infants against respiratory syncytial virus disease for the European 2025/26 winter season was published (13 November 2025). Communications and updates to ECDC pages on the effective and safe use of vaccines issued to support evidence-based vaccine guidance. Threat assessment brief on detection of autochthonous transmission of the monkeypox virus clade 1b in the EU/EEA published (24 October 2025).
	2.2.5	Outputs on antimicrobial resistance (AMR): Report on associations between AMR, antibiotic use, antimicrobial stewardship and infection prevention and control in acute care hospitals, EU/EEA, 2016–2017 (multivariate models)	Decision-makers and healthcare professionals are informed of associations between AMR, antibiotic use, antimicrobial stewardship and infection prevention and control in acute care hospitals. Supporting Member States with evidence to inform decisions related to infection prevention and control in acute care hospitals.	In progress	Univariate and multivariate analyses ongoing, with report finalisation underway and publication planned for 2026.
	2.2.6	Outputs on healthcare-associated infections (HAIs): draft 'EU guidelines on infection prevention and control (IPC) in human health'.	Supporting DG SANTE in the implementation of the Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach (2023/C 220/01). Supporting Member States with science-based advice in the area of infection prevention and control.	Partially completed	Guidelines being finalised, with submission to the EC planned for end February 2026.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Area 2.3 Digital solutions for surveillance					
Provide support in adapting, adopting, and exploring new technologies	2.3.1	Surveillance automation and integration	Additional countries are providing surveillance data from electronic health records for additional diseases.	In progress	Countries participating in the SUREHD project continued to expand collection and reporting of surveillance data derived from electronic health records. In 2025, EHR-based surveillance protocols for severe acute respiratory infections were prepared or updated (11 countries), with several EU/EEA countries submitting EHR-derived SARI data weekly to TESSy/EpiPulse and additional countries planning submissions from 2026. New TESSy record types for EHR-based surveillance of bloodstream and gonococcal infections became operational in 2025, with initial data submissions from participating countries. Implementation of the European Health Data Space commenced, with ECDC actively contributing to EU-level governance and coordination initiatives and advancing internal implementation as part of the action plan for eHealth-based surveillance.
	2.3.2	EpiPulse Cases	Less burdensome reporting. More effective and timely validation and publication of outputs.	In progress	No new releases since summer. Preparing for next release (HIV, TB, due in March/April).
	2.3.3	eHealth based surveillance reports integrated in regular ECDC outputs	More comprehensive data to inform public health action with a decreased reporting burden.	In progress	Update as per Action Area 2.3.1
	2.3.4	Integrated AI solutions for epidemic intelligence	Automated epidemic intelligence.	In progress	Development of functionality to extract features from comments and link related items in EpiPulse finalised, including documentation and user manual. Report for the online AI workshop on expanding AI capacities in Member States finalised and shared. Development of Episomer (new EpiTweetr) finalised.
	2.3.5	Integration of EIOS with EpiPulse	Seamless information flow allowing for more timely public health signal detection, validation, and response.	Postponed	Implementation postponed to the second half of 2026 due to delayed launch of EIOS version 2 and capacity constraints among partners.
	2.3.6	Integration of epidemic intelligence dashboard in EWRS	Increased situation awareness for Health Security Committee.	Cancelled	Different priorities agreed for EWRS-EpiPulse interconnection.
	2.3.7	Systems for integrated genomic epidemiology in EpiPulse further developed.	Systems available for all priority diseases in ECDC strategy for genomic typing.	In progress	The system was further developed to support integrated genomic surveillance, including new visualisations of mobile genetic elements, open-source publication of cloud-based analysis code, user experience improvements aligned with disease expert needs, addition of new pathogens (including Enterobacter and Providencia), and integration with the EpiPulse Case data submission system with machine-to-machine upload capability.
	2.3.8	New dashboards for accessing surveillance indicators	Flexible access to wide range of data and analyses.	In progress	Development of the report generator remains on track, with output production expected from Q3-2026. INDEX remains on hold following inconclusive preliminary results from the AI pilot.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Strategic Objective 3: Support the development of plans, systems and capacities for prevention, emergency preparedness and control of communicable diseases and related special health issues at national and EU levels.					
Area 3.1 Prevention and control					
Provide support to countries to strengthen their programmes and systems to prevent and control communicable diseases and related special health issues	3.1.1	Framework for the prevention of communicable diseases and related special health issues	Enhanced capacity for prevention activities for communicable diseases in the EU.	Completed	The Framework was published on ECDC's website in May 2024.
	3.1.2	Country support activities on SDG-targeted diseases provided through webinars, training and specific country support.	Improved Member State capacity to carry out surveillance, monitoring, prevention, and control of SDG-targeted diseases.	Completed	Different country support activities conducted throughout the year (e.g. SDG progress meeting under the Poland presidency; STI strategy for Poland; Doxy-PEP consultancy for Germany; consultancy to support Belgium in developing an integrated HIV, STI and hepatitis strategy; webinars on STIs; preparation for a country-to-country exchange visit on hepatitis elimination in prison settings). First guidelines published to support adherence to the EU Regulation on standards of quality and safety for substances of human origin (SoHO), providing evidence-based recommendations for assessing donors to prevent HIV transmission in medically assisted reproduction within the EU/EEA.
	3.1.3	Reports on country visits on AMR, jointly with DG SANTE/F in a One Health perspective where necessary, as per Member State request.	Comprehensive overview of the efforts made by each Member State visited to tackle AMR and the ability to highlight areas in which further work would be beneficial.	Cancelled	No invitations for country visits were received, and no visits were conducted.
	3.1.4	Data on structure and process indicators of infection prevention and control (IPC) and of antimicrobial stewardship (AMS), as part of the reports on the point prevalence surveys of HAIs and antimicrobial use in European acute care hospitals and long-term care facilities.	Benchmarking of Member State acute care hospitals and long-term care facilities on structure and process indicators of IPC and AMS. Ability to explore the relationship between the level of implementation and AMR and HAI rates.	Completed	Point prevalence survey of healthcare-associated infections and antimicrobial use in European long-term care facilities (HALT-4) published on 5 May 2025.
	3.1.5	ECDC One Health Framework implemented in 2025	Increased internal collaboration on One Health issues.	Completed	The ECDC One Health Inventory was developed as a user-friendly SharePoint database and made available via the ECDC Information Centre. Following the 2025 data call, the inventory is prepared for real-time updates and future annual calls. A monitoring and evaluation plan for One Health, including indicators for each strategic objective of ECDC's One Health Framework and implementation of the Cross-Agency One Health Task Force, was developed in collaboration with Planning and Performance. ECDC's One Health Working Group supported both activities and met regularly to coordinate One Health efforts.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
	3.1.6	EU cross-agency One Health Task Force operational	Increased EU level One Health collaboration involving five EU Agencies.	Completed	ECDC fulfilled its role as Chair of the cross-agency One Health Task Force, coordinating implementation of the cross-agency One Health Framework for Action across EU agencies. Engagement with DG SANTE and other Commission services continued, including meetings of the One Health Inter-Service Group and the annual Task Force meeting. Key outputs delivered from the Framework's strategic objectives included: development of a joint One Health communication concept and alignment of agency programming; collaboration on identifying One Health research needs and engagement in European research partnerships; delivery of One Health capacity-building activities, including introductory training and modules for fellowship programmes; publication of a joint quadripartite statement for World One Health Day 2025 and coordinated visibility at major EU and international events, and mapping of One Health activities to identify gaps and priorities.
	3.1.7	Council Recommendation on vaccine-preventable cancers - development of a dashboard to enable the monitoring of HPV-HepB coverage	Better insight into coverage gaps to set targeted actions.	In progress	The dashboard is scheduled to become available in January 2026. The HPV vaccine policies and coverage monitoring report is scheduled for publication in Q1 2026. HPV-related presentations were delivered to stakeholders and networks to support country efforts, coordinating with the Joint Action SHIELD. HPV vaccination priority questions were identified through the NITAG network meeting.
	3.1.8	Scientific studies and data related to the monitoring of the Council Recommendation on vaccine-preventable cancers.	Better insight into coverage gaps to set targeted actions.	In progress	Update as per Action Area 3.1.7.
	3.1.9	Emerging, vector-, food- and waterborne laboratory support for preparedness (e.g. sequencing support).	Improved detection of and collaboration on food-borne outbreaks	Partially completed	EQA on oropouche finalised. FWD: EQAs on <i>Listeria</i> , <i>Salmonella</i> and STEC finalised. EQAs on antimicrobial susceptibility testing for <i>Salmonella</i> and <i>Campylobacter</i> ongoing, with completion planned by March 2026.
	3.1.10	Future development of the interoperable ECDC and EFSA WGS systems expanded to include <i>Campylobacter</i> .	Improved detection of and collaboration on food-borne outbreaks	Partially completed	Operational on ECDC side, with implementation in EFSA's system planned for August 2026.
	3.1.11	Vaccine Monitoring Platform – vaccine effectiveness (VE) studies/VE against hospitalisation.	Supporting Member States with enhanced post-authorisation monitoring of vaccine effectiveness.	In progress	LOT1 delivered the studies planned at the most recent steering committee, including routine studies on COVID-19 and influenza vaccine effectiveness and effectiveness of RSV immunisation products, as well as additional studies on influenza vaccine effectiveness in risk groups.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
	3.1.12	Vaccine Monitoring Platform – Vaccine effectiveness studies/healthcare workers.	Supporting Member States with enhanced post-authorisation monitoring of vaccine effectiveness.	In progress	Finalisation of the vaccine effectiveness study is ongoing, with multiple outputs and analyses completed or nearing completion. These include publication of the analysis on hybrid infection versus vaccination, finalisation of analyses on the accuracy of healthcare worker self-reported COVID-19 and influenza vaccination status, and factors associated with SARS-CoV-2 infection among healthcare workers. Preparation of the final report for the healthcare worker study under the framework contract is underway.
	3.1.13	Vaccine Monitoring Platform – Vaccine effectiveness studies/electronic health registries	Supporting Member States with enhanced post-authorisation monitoring of vaccine effectiveness.	In progress	Completion of study on COVID-19 vaccine effectiveness in immunocompromised individuals, addressing a priority question of the Vaccine Monitoring Platform research agenda. Finalisation of a study on the impact of COVID-19 vaccination programme over the past two seasons. Publication of multiple studies, including COVID-19 vaccine effectiveness during the 2024 summer surge, a validation study on unmeasured confounding and misclassification using electronic records and COVID-19 vaccine effectiveness in 2025. Preparation of the final report for the overall study under the framework contract is ongoing.
	3.1.14	Vaccine Monitoring Platform – Vaccine effectiveness studies/primary care	Supporting Member States with enhanced post-authorisation monitoring of vaccine effectiveness.	In progress	Study on the effectiveness of 2024/25 COVID-19 vaccines against symptomatic SARS-CoV-2 infection in the target vaccination group conducted under the European VEBIS primary care multicentre study (autumn/winter 2024/25), with results presented at ESCAIDE.
	3.1.15	Scientific evidence summaries to inform national vaccination programmes (NITAG)	Supporting Member States with scientific evidence on vaccines and vaccination programmes	Completed	A webinar on COVID-19 vaccine effectiveness and safety was delivered in November 2025 to inform national recommendations. The annual NITAG meeting identified priority NITAG questions for the 2026 workplan and facilitated evidence exchange on recommendations, including HPV, tick-borne encephalitis, herpes zoster and RSV. The NITAG twinning exchange programme enabled peer exchange of best practices with the German NITAG secretariat hosting participants from other NITAGs.
	3.1.16	E-learning – Effective communication on the benefit and risk balance of vaccination.	Supporting Member States with strategies for effective communication to promote vaccine acceptance and uptake.	Partially completed	The final draft of the e-learning is under revision, with publication planned for Q1 2026.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Area 3.2 Preparedness and response					
Provide support to countries and the Commission in preparedness planning, risk assessment, and outbreak response	3.2.1	Country support through deployments under EU Health Task Force mechanism	Strengthened emergency preparedness and response capacities of countries, including for pandemic preparedness.	In progress	Under PRC- 000028 and PRC-000177, EU Health Task Force assignments were delivered involving deployment of two experts from Malta to Montenegro for a CBRN assignment (April), deployment of two senior experts from Finland and Portugal to Luxembourg for a PHEPA action plan assignment (December), and hosting of eight experts from Slovenia in Stockholm for emergency operations centre assignments (December).
	3.2.2	Support to countries in their response to cross-border health threats through the provision of rapid risk assessments and relevant guidance.	Strengthened emergency preparedness and response capacities of countries, including for pandemic preparedness.	In progress	ECDC developed and published eight RRA/ROA/TABs in 2025. RRA procedure is under finalisation. RRA methodology is under consultation by other sections. ECDC is also actively working to develop the procedures and methodology of the inter-agency public health risk assessment under Art 20 of the SCBTH regulation.
	3.2.3	Public health training modules on emergency preparedness and response.	Strengthened emergency preparedness and response capacities of countries, including for pandemic preparedness.	In progress	Two cohorts of the Preparedness and Response Executive Training Programme were launched. Cohort 1 (25 participants) was delivered between February and June, Cohort 2 (34 participants) between September and January 2026. Training materials were updated iteratively based on participant feedback.
	3.2.4	Guidance and support for pandemic preparedness, including work on public health and social measures, with a focus on respiratory viruses and possible emerging pathogens with pandemic potential.	Strengthened emergency preparedness and response capacities of countries, including for pandemic preparedness.	In progress	An umbrella review was produced of the effectiveness of public health social measures, as implemented during outbreaks. A workshop on governance of public health and social measures in emergencies was developed and piloted in Norway in October, bringing together senior professionals from multiple sectors. Recommendations for Public Health Preparedness planning was published, incorporating lessons from the COVID-19 response and complementing existing guidance on public health and social measures. Together with the recommendations on public health and social measures they represent sound pandemic preparedness guidance for the Member States.
	3.2.5	Revision and update of a 2010 ECDC handbook on climate change and communicable diseases	Strengthened emergency preparedness and response capacities of countries, including for pandemic preparedness.	In progress	The project progressed as planned, with an online stakeholder consultation conducted November 2025. The handbook will be finalised during 2026.
	3.2.6	Assessment of EU/EEA countries' emergency preparedness and response capacities and plans	Strengths and challenges identified, and action plans established for further improvement of capacities and plans.	In progress	Between May 2024 and the end of 2025, 19 PHEPA missions were conducted, with eight Member States choosing to publish their final reports. An early analysis of the main PHEPA findings was presented to Member States in May 2025.

Action area		SPD 2025 key output	SPD 2025 expected result	Status	Comments
	3.2.7	Digital tools and platforms for coordinating responses to cross-border health threats are functional and available	Strengthened cross-border and cross-sectoral collaboration and communication in response to health threats.	In progress	EWRS 2 was maintained, with several improvements developed. For EWRS 3, high-level requirements for alert notification and situation awareness were finalised, including non-functional requirements, and initial coordination took place with DG SANTE on crisis management requirements. Regular engagement continued with stakeholders of the European Crisis Management Platform, into which EWRS 3 will be embedded.
	3.2.8	Ongoing surveillance of diseases with pandemic potential	Increased timeliness of detection of unusual signals and/or of epidemics caused by emerging/novel respiratory viruses.	In progress	Respiratory virus surveillance continues, with ongoing observation and scrutiny in the event of changing and unusual signals.
	3.2.9	Guidance and support for respiratory virus pandemic preparedness, including work on zoonotic influenza and other zoonotic respiratory viruses.	Strengthened EU preparedness against potential pandemics caused by respiratory viruses.	Completed	Public health guidance on 'Coordinated One Health investigation and management of outbreaks in humans and animals caused by zoonotic avian influenza viruses' published (January). Public health guidance on zoonotic influenza pre-pandemic scenarios and relevant public health actions published, providing a scalable response framework for EU/EEA countries. A reporting protocol for data collection on human cases of zoonotic influenza viruses published to support indicator monitoring and situational risk assessment. A study was published: 'From crisis to preparedness: Lessons for Europe's public health laboratories'. The findings call for sustained capacity, better coordination and EU-level support.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Area 3.3 Training					
Provide adequate training opportunities to public health workforce	3.3.1	Curricular updates implemented for first cohort with the fully implemented curricular update starting in 2025	Improved Fellowship programme designed to strengthen the workforce capacity in the Member States.	In progress	The first Fellowship cohort trained under the fully updated curriculum started in September 2025, with Leadership & Communication integrated from the introductory course. The Training Site Forum provided input on the final update of fellowship competencies.
	3.3.2	Reasons for Member States being underrepresented in the Fellowship Programme systematically addressed, starting 2026.	Increased impact of ECDC Fellowship Programme and other training activities.	In progress	An updated report on underrepresented Member States in the Fellowship Programme was presented at the Training Site Forum and NFPs for Training meeting in November 2025. A strategy to intensify facilitation of participation by underrepresented Member States was discussed and launched.
	3.3.3	Modernisation of EVA	Increased access to new training course, Member States more systematically referring to ECDC's Learning Portal as a training resource in the area of preparedness and prevention of infectious diseases.	Completed	Continuous quality improvement is in place.
	3.3.4	ECDC training courses further developed, reflecting the new needs identified (particularly in preparedness and response, epidemiology, surveillance, microbiology, multi-drug-resistant organisms, AMR, vaccine-preventable diseases) and increased collaboration with other training providers.	Strengthening workforce capacity in the Member States to respond to cross-border health threats.	In progress	E-learning courses published on antimicrobial stewardship and community engagement and reaching socially vulnerable populations. Face-to-face training courses were delivered, including R outbreak investigation for the EUHTF, preparedness and emergency operations centre simulation exercise, vaccination acceptance workshops, preparedness and surveillance evaluation exercises, and interdisciplinary GenEpiBio training sessions. Online synchronous training courses were delivered under GenEpiBioTrain and on evidence-based public health and One Health. The second cohort of the Preparedness and Response Executive Training Programme was launched. A One Health vector surveillance data reporting webinar and a twinning visit on bioinformatics for virus detection and genomic surveillance were organised.
	3.3.5	Collaborations with European (e.g. ASPHER) and international stakeholders	Strengthening the workforce capacity in the Member States to respond to cross-border health threats.	In progress	ECDC participated in a practice and learning exchange workshop on providing and enabling expertise training for external audiences, and a follow-up workshop on the use of AI strategies for training material development.
	3.3.6	Accreditation of short courses under EACCME or APHEA.	Continuous quality improvement activities, accreditation, and evaluation are an essential part of ECDC training programmes and activities.	Partially completed	New courses were accredited covering behaviour and social research methodologies for the prevention and control of infectious diseases, One Health, antimicrobial stewardship (AMS), multisectoral collaboration for One Health implementation and evaluation of behavioural interventions for communicable diseases.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
	3.3.7	Accreditation process of ECDC Fellowship Programme under TEPHINET starting 2026 and aiming for accreditation in 2027	Continuous quality improvement activities, accreditation, and evaluation are an essential part of ECDC training programmes and activities.	Postponed	Planned to start in 2026.
	3.3.8	Harmonised tools to analyse training needs within ECDC networks to support the prioritisation and scoping of training on offer.	Training courses tailored to the needs of the Member States and reduced inequalities in capacity across Europe.	Completed	A workshop with NFPs for Training was held in November 2025 to strengthen collaboration between ECDC and Member States on training needs analysis. ECDC training development continued to be aligned with needs identified through NFP structures and documented assessments, including PHEPA missions.
Strategic Objective 4: Streamline coordination and collaboration with Member States, and other ECDC key partners in the EU and globally.					
Area 4.1 Coordination and collaboration					
Ensure seamless coordination of priorities and related actions with ECDC partners and stakeholders	4.1.1	Enhanced collaboration channels for effective coordination and interaction with the different EU Institutions and partners. Identification of new potential areas of collaboration and joint work with other EU Agencies.	Awareness of relevant contact points, increased information-sharing, effective communication and alignment of actions. Enhanced collaboration with other EU Agencies to share knowledge and best practices and promote potential synergies and joint activities.	In Progress	Collaboration with DG SANTE strengthened at all levels, with regular bilateral and coordination meetings. Continuous contribution to the HSC General Working Group meetings and in person active participation at HSC high-level meetings ensured along with presentations on ECDC key areas of work and related interventions.
	4.1.2	ECDC Director's annual exchange of views before the SANTE Committee of the European Parliament and hearings on specific disease-related topics. Information on ECDC activities and the Centre's disease-specific areas in a format useful for policymaking.	Increased awareness of ECDC as an agency and of our mandate and activities. Ensuring that the Agency is seen as a source of knowledge on communicable diseases and a trusted partner within the area of public health.	Completed	The Director's annual hearing before the new European Parliament's Public Health Committee (SANT) convened on 14 May 2025.
	4.1.3	Organisation of an ECDC session at the Annual Health Forum, Gastein.	Increased awareness of ECDC as an agency and of our mandate and activities. Ensuring that we are seen as a source of knowledge on communicable diseases and a trusted partner within the area of public health.	Completed	On 30 September and 1 October 2025, ECDC attended the Gastein international conference, leading a strategic foresight session and contributing to high-level discussions on trust, transparency, and preparedness in infectious disease prevention across Europe.
	4.1.4	Countries receiving tailored support through the ECDC integrated TCS process.	ECDC has gained a better overview and increased knowledge of Member States and their needs. It has also intensified collaboration with a view to addressing vulnerabilities.	In progress	ECDC gained knowledge on coordination and collaboration addressing Member State vulnerabilities for the delivery of TCS. ECDC Director visited Greece (2–3 July), Slovakia (4 July) and Germany (15 October). An ECDC TCS workshop on promoting vaccination acceptance and uptake was delivered in October for the 2024 TCS countries (Bulgaria, Cyprus, Croatia, Greece, Latvia and Romania).

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
	4.1.5	Support and coordination of the work of the Management Board (MB), Advisory Forum (AF), and Coordinating Competent Bodies (CCBs) Liaison and actions to improve cooperation with members of the MB, AF and CCBs. Coordination of the Director Consultation Group (DCG). Governance of the Stakeholder Relationship Management (SRM) system.	Relationship with the ECDC governance bodies strengthened to ensure alignment of priorities and actions.	Completed	All governing body meetings planned for 2025 were held and completed, including four Advisory Forum meetings, three Management Board meetings, two Coordinating Competent Body meetings, one Joint Strategy Meeting, and regular Director Consultation Groups meetings.
	4.1.6	Provision of effective channels of communication and collaboration with the disease networks and the disease network coordination committees	Timely and reliable exchange of information and data. Sharing scientific knowledge and best practices among Member States and with ECDC.	Completed	Annual meetings of disease networks were organised across multiple domains, including respiratory viruses, food- and waterborne diseases, emerging and vector-borne diseases, ELDSNet, STI, SoHO and preparedness and threat detection. Additional coordination meetings, including DNCC meetings, and numerous virtual surveillance, microbiology and laboratory meetings were held throughout the year. ECDC also organised multiple meetings for ARHA networks, including network and coordination committee meetings for ESAC-Net, HAI-Net, HAI-Net LTCF, EURGen-Net and EARS-Net, delivered through a combination of on-site and virtual formats.
Area 4.2 Global health					
Work with international partners to enhance preparedness and response to present and future public health threats at the European level and globally	4.2.1	National public health authorities of the Western Balkans and Türkiye are being further integrated as observers for the majority of ECDC activities, networks and systems. Subject to availability of external financial assistance, selected countries in the Western Balkans have benefitted from country visits and developed country roadmaps on advancing One Health approaches against AMR.	Ability of the Western Balkans and Türkiye to fulfil and implement the EU acquis on serious cross-border threats to health (according to ECDC practices and in line with the EU enlargement policy priorities) increased.	In progress	Memoranda of understanding were signed with most of the EU candidate and potential candidate countries, formalising ECDC's bilateral cooperation with their national public health authorities, with enhanced collaboration with Ukraine and Moldova. A proposal for a new ECDC Accession Support Action for 2026–2029 covering the Western Balkans, Türkiye, Moldova and Ukraine was submitted to the EC for funding. Work on the Health Resilience in the Eastern Partnership contribution agreement was initiated, with strong engagement from participating countries.
	4.2.2	Increasing number of experts from ENP partner countries benefiting from regional capacity building and exchange of best practices, based on ECDC methodologies and disease specific networks. Framework for a regional health security network is defined and network established.	Higher number of ENP partner countries are familiar with and willing to take steps towards approximation and harmonisation of EU practices on serious cross-border threats to health.	In progress	ECDC initiated work on the Health Resilience in the Eastern Partnership contribution agreement during 2025, and this will continue through 2027 and has had strong engagement from Eastern Partnership countries. The year 2025 was the final year of the EU Initiative on Health Security, under which planned activities related to field epidemiology and preparedness and response were implemented and all three MediPIET fellowship cohorts funded by the initiative were completed.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
4.2	4.2.3	All deliverables in three technical areas of ECDC4Africa CDC project are completed: Africa CDC and RCCs supporting national CDCs, laboratories and health workforce in preparedness planning, and outbreak response and coordinated emergency operations. More harmonised surveillance and data management systems for prioritised communicable diseases. Supported Africa-based public health workforce development strategy in epidemiology.	Improved capacity of Africa CDC to support national communicable disease authorities in preparedness, surveillance, and response to health threats.	In progress	Activities progressed in line with the 2025 workplan, including joint engagement with Africa CDC through conference participation, exhibition of project achievements, and reciprocal hosting at ESCAIDE. WP1 (Preparedness): Joint simulation exercises and training-of-trainers delivered, expert support provided for outbreak response, and development of a risk-ranking manuscript. WP2 (Surveillance/EI): Phase 2 of two IT projects launched, covering mobile application and data analytics platform development. WP3 (Training): Joint participation in EUPHA conference. WP4 (Horizontal): ECDC Director-level engagement in AU-EU Health Partnership High-Level Steering meeting and co-hosting a scientific writing workshop with Africa CDC.
	4.2.4	Joint activities at bilateral level with MoU partners are identified and implemented. New avenues explored for ECDC partnerships on global health and new MoU signed/reviewed based on mutual interests of cooperation. Regular and ad-hoc information exchange within the network of major CDCs, including on emerging global health threats from communicable diseases.	Strengthened bilateral collaboration and networking with major CDCs and other international partners.	In progress	ECDC hosted a high-level delegation visit from the Japanese National Institute for Infectious Diseases and Ministry of Health (3 November), including the UKHSA CEO during ECDC's 20th anniversary celebrations (4 November). ECDC contributed expert input at ACPHEED's Regional workshop on disease prioritisation (17 November). ECDC welcomed a new exchange visitor from Korea Disease Control Agency (December). Discussions advanced to finalise visits in Q1 2026 from the Public Health Agency of Canada and the Japanese Ministry of Health. The MoU with Gulf CDC was confirmed as ready for signature (1 January).
	4.2.5	Increasing number of joint activities with WHO Europe in areas of common interest that result from the renewed MoU. Cooperation frameworks with WHO EMRO, WHO AFRO, WHO HQ and WHO Hub explored.	Strengthened coordination, collaboration, and joint actions with a number of WHO Regional Offices, HQ and with WHO Hub for Pandemic and Epidemic Intelligence.	Not started	Negotiations on the revised MoU concluded on 24 October, with signature scheduled for 29 January 2026 following MB endorsement. ECDC Director attended the 75th Regional Committee for Europe.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
Strategic Objective 5: Create an acknowledged, agile organisation through efficient systems, structures, processes, and skilled staff.					
Area 5.1 Organisational excellence					
Increase organisational effectiveness, efficiency, and excellence through implementation of an integrated management system	5.1.1	Coordination of the Integrated Management Framework and implementation of the IMF roadmap.	ECDC organisational management improvements are achieved through the IMF, implementation of the IMF roadmap, and support from the IMF Working Group.	Partially completed	The revision of the IMF progressed substantially, building on the 2024 external assessment, and a revised draft was developed. Finalisation of the IMF and its roadmap is planned for Q2 2026.
	5.1.2	Fully implemented IT tool for planning and monitoring. E-workflow applications introduced for selected ECDC key processes.	The ECDC IMF is operational thanks to integrated and automated IT tools.	Completed	Activities to maintain and further develop the ECDC planning and monitoring system (PRIME) were implemented as planned in line with the multiannual PRIME roadmap. New and enhanced functionalities, including reports and dashboards supporting work programme monitoring, were released through regular development cycles and communicated to users. A total of 18 training sessions were delivered for different user groups, covering core PRIME functionalities. The PRIME user manual was kept up-to-date, and ongoing user support was provided. Necessary data updates were implemented to ensure continued alignment and smooth data exchange between PRIME and other ECDC IT systems.
	5.1.3	Planning, monitoring, and reporting on ECDC work programmes. Set of tools and processes to support the integration of information across the organisation for regular monitoring. Scorecards/dashboards for the monitoring of performance at organisational/Unit/Section level. Guidelines and training courses on planning and monitoring. Project and programme management coordination and support across ECDC.	Comprehensive planning, monitoring, and reporting on ECDC activities support the implementation of the ECDC Strategy. Planning of ECDC work programmes is carried out more efficiently to save expert time. Improved achievement of set targets through enhanced KPIs and their monitoring. Integrated monitoring of the implementation of ECDC work programmes provides a better picture of the situation by combining the workplan implementation and human and financial resources used, thus supplying evidence for timely management decisions. Projects are well designed and integrated in planning cycle and monitored throughout their lifecycle.	Completed	Following submission of the Draft SPD 2026–2028 to the EU Institutions, the Commission Opinion and stakeholder feedback were received, considered and incorporated as relevant. The Final SPD 2026–2028 was approved by the MB in November. Preparation of the Draft SPD 2027–2029 progressed, with MB input on priorities and feedback incorporated to support timely submission to the EU Institutions. Periodic updates on implementation of the 2025 WP were provided to the MB. The MB approved CAAR 2024, which was subsequently published. The drafting process for CAAR 2025 was initiated as planned. Ongoing support was provided for project and programme management across the Centre, including training, portfolio governance support and targeted assistance during SPD planning.
	5.1.4	Deployment of the ISO 9001-based Quality Management system, and first annual Quality Management report produced. Optimisation/simplification of selected core processes initiated. Planned evaluations coordinated and action plans developed. Instructional documents are continuously managed.	Quality Management system is gradually embedded into ECDC's business processes. Improved performance of the organisation (e.g. increased efficiency, simplified processes) and increased satisfaction of ECDC partners and stakeholders (internal and external).	Completed	Planned evaluations of <i>Eurosurveillance</i> and Procurement were delivered and action plans were defined based on the recommendations. Work on the mid-term QM action plan for RMS progressed and remains ongoing. A process management tool was implemented, and migration to the new instructional document approval tool was completed, improving visibility of key processes, indicators and instructional documents. Use of action plans and continuous improvement activities continued to support monitoring and follow-up.

Action area		SPD 2025 key output	SPD 2025 expected result	Status	Comments
	5.1.5	Audit coordination and follow-up of audit observations. Internal control coordination and internal control framework activities implemented. Grants ex-post verifications.	The ECDC internal control framework is fully implemented.	Completed	The IAS Strategic Internal Audit Plan was finalised and agreed. Follow-up on audit observations was performed and reported to the Audit Committee. Assessment of ICF implementation continued to progress and will be reflected in CAAR 2025. Grant verification reached its final stage. Internal Control activities also included completion of the SPD 2026 risk assessment, the fraud risk assessment, the sensitive functions assessment, and approval of the updated Internal Control Strategy.
Area 5.2 Engaged staff					
Recruit and retain capable, motivated, and resilient staff	5.2.1	Implementation of the revised ECDC performance management process (SDD, reclassification)	New/revised, fit-for-purpose and modern performance management process which fosters feedback and promotes career advancement/opportunities based on merits.	Completed	The review of the performance management processes was successfully completed. The 2025 Staff Development Dialogue (SDD) and the annual reclassification process were finalised under the revised procedure (launched in Q1), with the Joint Reclassification Committee report providing key figures and recommendations from the first year of implementation.
	5.2.2	Implementation of Diversity, Equality and Inclusion activities.	Diversity, Equality and Inclusion aspects are part of key ECDC processes and well embedded into the Centre's work.	In progress	The terms of reference for the DEI WG was approved by ECDC's Director on 27 November 2025.
	5.2.3	Roadmap developed for a possible future migration to the Commission HRM IT system (following the gap analysis done in 2024)	Presence of a roadmap for the possible migration to the Commission HRM IT system. Resources and change management actions planned accordingly.	Postponed	A decision on transition to SYSPER was deferred, pending further development and assessment of new HRT modules.
Area 5.3 Responsive support					
Develop efficient and agile support services that enable operational excellence while ensuring compliance	5.3.1	Provision of procurement services 2025	ECDC has services and goods available in the right quality and quantity and on time to pursue its mandate, by facilitating effective planning and execution of procurement and grant procedures.	Completed	Procurement plan successfully executed. In addition, the 2026 plan was finalised for Management Board review as part of the SPD 2026–2028.
	5.3.10	EMAS implementation	ECDC develops its annual environmental objectives and targets.	Completed	EMAS certification was confirmed for 2025. Monitoring of environmental performance and annual progress continued in line with EMAS requirements.
	5.3.2	New and enhanced procurement workflows/ further implementation of Commission workflows.	Improved effectiveness and efficiency of the procurement services.	In progress	Implementation of updates from Commission workflows/systems continued as planned. In addition, the Agency decided to deploy Hermes-ARES-NomCom, which will allow for the transitioning of procurement workflows from K2 to primarily ARES in 2026.
	5.3.3	Provision of legal support	ECDC receives effective and reliable legal advice on matters related to the operational and administrative areas of the Centre's activities.	Completed	The Legal Services Section provided timely and sound legal advice to the Centre in 2025.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments	
	5.3.4	Data protection function strengthened.	Ensured ECDC compliance with data protection legislation.	Completed	The data protection function was strengthened, with ongoing advisory support provided and an internal audit on data protection carried out.
	5.3.5	ECDC independence policies for staff and non-staff.	Conflict of interest checks conducted, with the aim of protecting ECDC's independence (via collection and evaluation of declarations of interest in accordance with the independence policies).	Completed	In 2025, a total of 1 489 persons were checked for conflicts of interest.
	5.3.6	Coordination of access to document requests	ECDC complies with legislation on public access to documents.	Completed	ECDC received 25 requests for access to documents, all of which were handled within the statutory deadlines.
	5.3.7	Provision of effective and efficient financial management services.	ECDC ensures correct, sound, and efficient management of its financial resources.	Completed	In November 2025, ECDC received additional funding from the 2025 EU budget to accommodate the shortfall in its weightings budget applied to remunerations due to exchange rate fluctuations.
	5.3.8	Preparation for and deployment of the new financial management system (SUMMA).	Improved financial management, including reporting and monitoring capacity.	Postponed	With the agreement of the EC, the roll-out of SUMMA at ECDC has been rescheduled to the 2027 budget year rather than 2026, due to the organisational adjustments at ECDC. Despite this postponement, ECDC Finance staff participated in external SUMMA preparatory meetings and training sessions. Internally, preparatory work continued through the development of a communication package and a training plan to support the successful deployment of SUMMA, planned for November 2026.
	5.3.9	Provision of corporate services.	ECDC has a sustainable, secure, and healthy workplace.	Completed	Corporate Services supported operational activities, including the organisation of 670 staff missions, nearly 100 events with external participants and 20 site visits or expert deployments. Approximately 2 000 participants were supported, with over 1 500 reimbursement applications processed. The average reimbursement timeline was reduced to around 35 days (>35% improvement). Efficiency improvements were implemented, including roll-out of the ECDC event portal and updates to corporate procedures, allowing for increased travel and meeting volumes with stable resourcing. Facility management and Mailroom and Archives maintained service delivery and introduced new initiatives, despite budgetary and cost pressures.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments		
Area 5.4 Digital transformation services						
Provide digital solutions and innovative approaches to gather and exchange epidemiological information	5.4.1	Digital solutions for ECDC, the Commission, Member States, and other stakeholders		Timely generation and exchange of standardised high-quality data to support Member States in rapidly responding to cross-border health threats of infectious diseases. Collaboration, exchange of knowledge, and joint problem solving enabled. Smart analytics, artificial intelligence and data visualisation allow ECDC to assess and interpret data effectively and to offer relevant and timely scientific evidence. Archiving of the EFGS system.	Completed	Digital solutions supporting ECDC, the Commission, Member States and other stakeholders were delivered and sustained in line with plans, with more than 20 IT systems maintained and enhanced through approximately 500 software releases. Progress was achieved on key strategic initiatives, including expansion of EpiPulse for case-based surveillance, continued development of Epi+ with Member State engagement and delivery of the HyFive proof of concept, and operation of EWRS 2.0 alongside agreement on scope, governance and initial proof-of-concept deliverables for EWRS 3.0. In addition, PRIME, SARMS and SRM were further developed and the EFGS system archived as planned. In parallel, procurement processes for software development and IT consultancy services were launched, feasibility studies and business impact assessments completed, and internal software development procedures revised.
	5.4.2	Digital workplace that addresses the needs for mobility, flexibility, communication, and collaboration.		ECDC staff are digitally empowered with a user-centric digital workplace, guided by a common digital etiquette, and trained with the necessary digital skills. Digital infrastructure fulfils business needs. Next Generation Workplace Transition: AV technology (equipment and toolset) harmonised within the ECDC building.	Completed	Progress was achieved in delivering a secure, user-centric digital workplace supporting mobility, flexibility, communication and collaboration. Core digital infrastructure was modernised through completion of the Windows 11 migration and implementation of an Azure Landing Zone, while identity and access management were strengthened through automated lifecycle management, access provisioning and multi-factor authentication for staff and non-staff users. Digital workplace governance was reinforced through updated BYOD and device access policies, finalisation of the meeting recording policy with roll-out of generative AI-supported meeting notes, decentralisation of access reviews to trained information owners, and reconfirmation of the General Service Level Agreement for 2026. In parallel, a roadmap for revision of the ECDC Boardroom was initiated to support transition towards a harmonised next-generation workplace environment..

Action area		SPD 2025 key output	SPD 2025 expected result	Status	Comments
	5.4.3	Secure and continuously improved digital services	ECDC adopts a solution for the exchange of EU classified information. Time to delivery and quality of digital solutions is improved with the implementation of Agile/DevSecOps practices. New solution for identity and access management integrated with all IT products. All workloads on ECDC tenant are configured with landing zones. ECDC complies with the Cybersecurity Regulation and performs the initial cybersecurity review, initial cybersecurity plan, risk assessment and maturity assessment. FinOps approach to monitor and control cloud expenditure is introduced at ECDC.	Completed	Progress was achieved in strengthening the security, quality and financial sustainability of ECDC digital services. A FinOps practice was established, with cloud expenditure monitored and controlled through regular reporting, cost optimisation, staff training and basic automation, contributing to stabilisation of cloud costs. Compliance with the Cybersecurity Regulation was ensured through initial cybersecurity reviews, maturity and risk assessments, establishment of an asset registry and delivery of a cybersecurity plan shared with CERT-EU. Information security governance was reinforced through adoption of an updated information classification policy, strengthening of the ISMS, delivery of planned risk and business impact assessments, and regular oversight by the Security Authority Steering Committee. In parallel, a feasibility study on EU classified information requirements was completed, leading to a decision to maintain EU Restricted classification and prepare for continuation in 2026. IT quality management was further improved through enhanced performance monitoring, supported by a new DTS dashboard, updated guidance and increased business owner satisfaction.
Area 5.5 Internal communication					
Enhance the understanding of our vision, mission, and strategic priorities, provide platforms and forums to inform and connect	5.5.1	Internal communication support, including enhanced change communication processes	Internal stakeholders, and staff overall, have the support they need to communicate internally in an efficient manner.	Completed	Internal communication support was provided.
	5.5.2	Info Centre content production, management and maintenance, including training for content owners	Staff can find the information they need when they need it. Staff have the tools and support to update the content in their area.	Completed	Info Centre content production, management and maintenance was provided as a continuous process.
	5.5.3	Internal communication across various channels, including in-person and digital events and activities (e.g. on the Centre's strategic priorities, goals, mission, and areas of work).	Staff are informed about upcoming initiatives, strategic objectives and updates, creating engagement and a sense of community. Staff are aware of the work that ECDC carries out, what is communicated externally, and how their own work contributes to the overall success of the organisation and to the overall EU and global environment. High staff awareness and active participation in change initiatives. Promotion of curiosity, respect, teamwork, and staff wellbeing.	Completed	Internal communication across multiple channels, including internal TV screens, was implemented, with discussions ongoing with DTS regarding replacement options.

Action area	SPD 2025 key output	SPD 2025 expected result	Status	Comments
	5.5.4 Platforms for staff engagement, including channels and mechanisms for feedback, debate and discussion.	Open communication and collaboration across the Centre. Consulting and involving staff in decision-making processes or in the design of major change management programmes, building a positive spirit, strengthening cohesion and cultivating staff engagement. Staff have an internal communication voice and take advantage of opportunities to share information on their work with their colleagues, across the organisation.	Completed	Platforms for staff engagement and dialogue are in place.
	5.5.5 Coordination and dissemination of internal newsletters	Providing information actively without it being requested, which will contribute to the overall internal communication goals of the Centre.	Completed	The most recent internal newsletters were shared with staff.
	5.5.6 Crisis communication support, ensuring that appropriate internal communication channels are always in place, should a public health emergency arise.	In case of a Public Health Event (PHE), staff are informed of actions and decisions taken by the PHE Management Team, the main messages disseminated by the Centre externally, and any other developments that are relevant to a specific health crisis.	Completed	Crisis communication plans for PHE and cybersecurity are reviewed.
	5.5.7 External collaboration with subgroups, such as the EU Agencies Heads of Communication and Information Network, and with the Community of Practice on Internal Communication of the ENVI agencies	Sharing best practice, ideas and knowledge	Completed	External collaboration continued with subgroups of the ENVI Agencies Community of Practice on internal communication, alongside regular engagement with the EU Agencies Heads of Communication and Information Network.

Annex 1a. Indicators of the multiannual programme

Strategic KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Stakeholder satisfaction with ECDC: 1. Surveillance 2. Microbiology 3. Preparedness and response 4. Public health training 5. Communication 6. Antimicrobial consumption, antimicrobial resistance, and healthcare-associated infections 7. Emerging and vector-borne diseases 8. Food- and waterborne diseases and zoonoses 9. STI, blood-borne viruses and TB (SBT) 10. Viral respiratory diseases 11. Vaccine-preventable diseases.	1. 83% 2. 80% 3. 90% 4. 92% 5. 90% 6. 79% 7. 92% 8. 86% 9. 94% 10. 89% 11. 67% (Survey was conducted in 2022)	85%	Stakeholder satisfaction survey	Biennial	1. 83% 2. 80% 3. 90% 4. 92% 5. 90% 6. 79% 7. 92% 8. 86% 9. 94% 10. 89% 11. 67% (Survey was conducted in 2022)
Uptake of ECDC scientific outputs: 1. Success in addressing the public health threats/issues 2. Changes in legislation 3. Changes in national policies 4. Improvements or corrective measures in public health systems (including IT systems) 5. Changes in national guidance/ recommendations 6. Communication to your target audience (e.g. decision-makers, media, public, healthcare workers) 7. Discussion with peers and colleagues (inside or outside your organisation).	1. 56% 2. 32% 3. 44% 4. 47% 5. 58% 6. 69% 7. 74% (Survey was conducted in 2022)	TBC	Stakeholder satisfaction survey	Biennial	1. 56% 2. 32% 3. 44% 4. 47% 5. 58% 6. 69% 7. 74% (Survey was conducted in 2022)
Overall stakeholder satisfaction with the work of ECDC	86% (Survey was conducted in 2022)	70%	Stakeholder satisfaction survey	Biennial	86% (Survey was conducted in 2022)
Level of laboratory capacity reached in Member States: EULabCap Index for EU/EEA countries (mean national EULabCap index + potential inter-country index variation)	EULabCap: 7.8 mean national index (2018)	0.3-point increase	EULabCap surveys	Biennial or Triennial	EULabCap: 7.9 (5.6 to 9.3) mean national index (2021)
Percentage of ECDC staff engagement	57% (Survey was conducted in 2024)	75%	Data collected through Staff Engagement Survey)	Biennial	57% (Survey was conducted in 2024)

Annex 1b. Strategic objectives 1–5 – Performance indicators

Strategic objective 1. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Scientific quality assurance: proportion of ECDC's scientific outputs following the respective workflows, formally reviewed and cleared before dissemination	100% of scientific outputs registered in SARMS with formal review and clearance completed prior to dissemination	100%	SARMS workflows, publication statistics	Annual	100%
Attendees' satisfaction with ESCAIDE	93%	> 75%	Conference satisfaction survey	Annual	96%
Placement of <i>Eurosurveillance</i> in journal rankings (basket of metrics)	IF 19 (Journal Citation Reports, Clarivate analytics, 2022) #5/96 Scopus CiteScore 22 (Scopus), #3/562 category Medicine (Public Health, Environmental and Occupational Health), #4/108 Medicine (Epidemiology); SCImago Journal Rank (SJR): #44/2 499 journals in the category 'Medicine miscellaneous')	Q1 in all metrics and five-year IF, ranging between 6 and 10	SCIMAGO journal rank, Google Scholar journal rank, Clarivate analytics, CiteScore	Annual	100% The citation metrics and ranking remained roughly similar to previous years, with <i>Eurosurveillance</i> remaining in Q1 throughout and often as one of the top 10 among leading journals in the same category: Clarivate analytics' Journal Citation Report (impact factor 7.8, #6 Infectious Disease journals), Google scholar metrics (#3 Epidemiology, #9 Communicable Diseases), SCIMAGO journal rank (2.33 #115/2 524 'Medicine miscellaneous', #4/181 Infectious Diseases Open Access) and Scopus CiteScore (15.5 #15/357 Infectious Diseases)
Submissions from <i>Eurosurveillance</i> countries	Submissions received from 33 of 36 countries represented by an advisor on the journal's editorial board	Submission from a minimum of 20 countries	<i>Eurosurveillance</i> submission system	Annual	100% 29 of 36 <i>Eurosurveillance</i> countries submitted articles
Use of ECDC scientific outputs: access to ECDC scientific outputs (number of citations) and impact factor of ECDC articles in peer-reviewed journals	65.46 and 10.13	>20 in the five years following publication and >5	Journals	Annual	The indicator could not be measured for the 2025 reference year. Measurement will resume in 2026.

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
EU research and innovation engagement	COVID-19 research gap analysis presented to DG R&I in early 2023. Two outputs on knowledge gaps relating to blood donation and <i>Legionella</i> ongoing	Knowledge gaps and research priorities identified for at least two topic areas	ECDC content/ outputs/reports	Annual	Literature review and stakeholder consultation on knowledge gaps for public health action against <i>Legionella</i> completed and final report is in production. Literature reviews to identify knowledge gaps for public health action in i) One Health and ii) Tuberculosis completed in 2025, with stakeholder consultation pending. Literature review on knowledge gaps to address hepatitis underway.
Number of media clippings and media requests	i) 8 216 clippings ii) 269 media requests	10% increase	Media monitoring report from external contractor, requests received in the press inbox	Annual	i) 42 738 clippings ii) 282 media requests (25% decrease compared with 2023)
Website statistics¹: i) Page views ii) Website sessions iii) Document downloads iv) Returning visitors	i) 6 492 482 page views ii) 2 814 006 sessions iii) 274 127 document downloads iv) 8% returning visitors	i) 10% increase ii) 7% increase iii) 7% increase iv) at least 40%	Google analytics/ Matomo	Annual	i) 8 829 045 page views ii) 3 269 977 sessions iii) 599 524 document downloads iv) Not available due to change of analytical tool
Stakeholder engagement – Number of actions in which communication stakeholders are engaged: i) NFP meetings ii) Meetings related to European Antibiotic Awareness Day (EAAD) iii) Digital events iv) Information stands	i) One NFP meeting ii) 16 meetings with stakeholders iii) Three digital events iv) Two information stands	i) One ii) At least eight iii) At least three iv) At least three	ECDC website, Information Centre, EAAD statistics	Annual	i) Two NFP meetings (one F2F and one online) ii) Nine EAAD-related meetings with stakeholders iii) Three digital events iv) Four information stands
Social media statistics: i) Total number of impressions (across all social media platforms) ii) Total reach (across all social media platforms)	i) Total number of impressions: 47 360 396 ii) Total reach: 22 566 007	i) At least 25M ii) At least 10M	Social media channels	Annual	i) Total number of impressions: 35.43M ii) Total reach: 18M

¹ Due to a cyberattack that began on 5 November 2025, web statistics have been adjusted to account for bot activity and may therefore not be fully accurate. In addition, the ECDC portal migrated from Matomo to Europa Analytics in July 2025, which may also have affected the comparability of total figures.

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Communication campaigns	Thirteen	At least five	ECDC website	Annual	<p>Five major campaigns:</p> <ul style="list-style-type: none"> Sexually Transmitted Infections awareness campaign (February) European Immunisation Week 2025 (April) 20-year anniversary (April/May) European Antibiotic Awareness Day (November) World AIDS Day (December) <p>Five smaller campaigns:</p> <ul style="list-style-type: none"> Respiratory virus season (October) World Mosquito Day (August) Sustainable Development Goals (March/April) World Tuberculosis Day (March) Foodborne Diseases (December)
Audio-visual content	210 audio-visual outputs	10% increase	Social media and ECDC website	Annual	210 audiovisual materials (77 infographics, 14 podcasts, 119 videos)

Strategic objective 2. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Stakeholder satisfaction with daily and weekly Communicable Disease Threat Reports (CDTR)	<p>Weekly CDTR: all indicators rated as good or excellent by 100%</p> <p>Daily CDTR: all indicators rated as good or excellent by 100%</p>	80%	Stakeholder survey	Biennial	Stakeholder satisfactions survey for 2025 was postponed.
Timely publication of updated surveillance data in the Surveillance Atlas	11.3% of diseases within three months and 56.6% within six months	80% of diseases within three months of end of data collection	Surveillance Atlas	Annual	0% of diseases within three months 52% within six months
Efficiency: proportion of ECDC scientific outputs delivered and external requests for scientific input replied to within agreed deadlines	NA	100%	SARMS, Chrono, and similar request management systems	Annual	Not measurable in 2025.
Accessibility: proportion of ECDC scientific manuscripts published as golden standard open access	73% (2016) 94% (2024)	100%	Publication databases, SARMS	Annual	99%
Proportion of requests for sequencing services from Member States delivered	100%	100%	Requests received in DVD, OHD and SPR	Annual	80% (4/5)

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Comprehensiveness of eHealth-based surveillance implementation	16 countries conducting eHealth-based surveillance of SARI, 18 countries working with BSI	One additional disease from the group of STIs	Project manager, content of specific contract, contract deliverables	Annual	EHR-based surveillance of gonococcal infections being implemented in 10 EU/EEA countries, with country-specific surveillance reports produced in February 2025. Implementation of EHR-based surveillance of SARI, BSI, and STIs is ongoing.
Roll-out of EpiPulse cases	EpiPulse Cases not launched yet	Diseases included, as per plan	EpiPulse Cases	Annual	EpiPulse Cases launched, as planned, for emerging and vector-borne diseases, food- and waterborne diseases (including isolate data), Legionnaires' disease, antimicrobial resistance and consumption, sexually transmitted infections, hepatitis B and C and zoonotic influenza.
Use of EpiPulse (number of posts uploaded to the platform)	208 per month (median)	Annual increase in number of posts by 5%	EpiPulse	Annual	222
Percentage of diseases with integrated operational WGS surveillance schemes, as per strategic framework and annual planning	WGS operational for 70% of diseases	100%	EpiPulse	Annual	50%
Introduction of AI in epidemic intelligence processes	Automation of the weekly reports for mpox	One AI process per year	Epidemic Intelligence group	Annual	Application developed to identify clusters of articles in the Epidemic Intelligence from Open Sources tool.
Timely publication of enhanced surveillance reports on priority diseases published on ECDC's website	NA	80%	Surveillance reports in SARMS	Annual	100%

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Timely publication of weekly and monthly surveillance bulletins priority diseases published on ECDC's website	NA	80%	Bulletins on the website	Annual	100%
Timely execution of External Quality Assessment (EQA) schemes on priority diseases	NA	80%	ECDC laboratory networks	Annual	Not applicable in 2025. The operational responsibility for the majority of External Quality Assessment (EQA) schemes has transitioned to the European Union Reference Laboratories (EURLs).

Strategic objective 3. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Use of ECDC risk assessments: number of downloads of each RRA and ROA document from ECDC's website within 30 days of publication	Non-PHE-related RRAs (six in 2023): averaged 241 downloads within 30 days of their publication	180 downloads within 30 days of publication	ECDC webmaster	Annual	All rapid risk assessments in 2025, eight were non-PHE related: averaged 1 052 downloads and 2 660 page views within 30 days of publication.
Proportion of requests for deployment or remote operational support in response to cross-border public health emergencies for which support is provided by the EUHTF to Member States and the European Commission	89% (eight requests where support was provided out of nine requests received)	80%	Number of requests for a country visit or remote support	Annual	100% (13 requests received; of the 13 requests, three were related to outbreak response, 10 were related to preparedness).
Number of scientific articles of public health relevance published by attendees of the ECDC Fellowship Programme (during and two years after graduation)	88% increase in scientific articles published following the ECDC Fellowship Programme compared with the two years prior to the programme	>50% increase compared with the two-year period before entering the programme.	Bibliometric analysis in PubMed, Scopus (ECDC library).	Annual	The indicator could not be measured for the 2025 reference year. Measurement will resume in 2026.
Satisfaction of participants with Learning Portal-specific training	87%	80%	Learning Portal satisfaction surveys after completion of a training course	Annual	100% of the courses that had an overall satisfaction question met the target.
Satisfaction with the Learning Portal	82% consider the relevance of the Learning Portal to be good or excellent	80%	Stakeholder survey	Biennial	82%

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Satisfaction score for the relevance of ECDC's CPD activities	78% consider relevance to be good or excellent	80%	Stakeholder survey	Biennial	78%
Satisfaction score for the timeliness of ECDC's CPD activities	73% consider timeliness to be good or excellent	80%	Stakeholder survey	Biennial	73%
Satisfaction score for the scientific quality of ECDC's CPD activities	82% consider scientific quality to be good or excellent	80%	Stakeholder survey	Biennial	82%
Score of the perceived added value of ECDC's CPD activities for the organisation/country	55% consider added value to be good or excellent	80%	Stakeholder survey	Biennial	55%
Score of the perceived contribution to sustaining and/or increasing the public health services' workforce capacity in the organisation/country of ECDC's CPD activities	55% consider the contribution to increased capacity to be good or excellent	80%	Stakeholder survey	Biennial	55%

Strategic objective 4. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Rate of implementation of activities in the annual work programme offered to ENP countries	80%	80%	Annual report, project steering report	Annual	85% EU Initiative on Health Security, 100% Health Resilience in the Eastern Partnership.
Rate of implementation of activities in the annual work plan, validated annually by the Africa CDC-ECDC Partnership SC	57.4%	80%	Annual report, project steering report	Annual	50%, but 16 additional activities (approved) completed outside of workplan.
Number of teleconferences and face-to-face meetings per year for the network of major CDCs	Three teleconferences	Four teleconferences and one face-to-face meeting	Meeting reports	Annual	<p>Eight Director-level meetings: five in person (Africa, Korea, Gulf CDC, UKHSA, Japan, Switzerland, Network of Major CDCs) and three online (China, Korea, IANPHI).</p> <p>Four operational/ study visits to ECDC (UKHSA, Gulf Health Council and Gulf CDC, ACPHEED, Japan).</p> <p>Ten online technical meetings with IR counterparts (UKHSA, ACPHEED, Canada, IANPHI, Syria).</p>

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Number of face-to-face and/or virtual meetings with ECDC National Focal Points networks.	NA	100%	Meeting agenda	Annual	100%
Number of face-to-face and/or virtual Diseases Network Coordination Committee (DNCC) meetings	NA	100%	Meeting agenda	Annual	100%
Percentage of requests to EIC from the European Commission and Member States answered within agreed timeline	100%	95%	SARMS and Chrono	Annual	100%
Percentage of requests from the European Parliament answered within agreed timeline	100%	95%	SARMS and Chrono	Annual	100%
Satisfaction of participants at ECDC's session in the European Health Forum Gastein	88%	80%	External (EHFG organisers)	Annual	119 participants in ECDC's session + 65 online (attendance increase of 35% compared with 2024). Evaluation results of the session (based on participants' responses): Quality of session: 100% Quality of session speakers: 86% Level of engagement and interactivity: 86%.
Rate of implementation of activities in the annual joint action plan with WHO's Regional Office for Europe	92%	90%	Joint action plan with WHO Regional Office for Europe	Annual	88%
Percentage of country stakeholders stratified with ECDC country support activities	86.5% (2022)	80%	Feedback gathered after country support activities	Annual	87.5%
Satisfaction of members of the ECDC governance bodies with the cooperation and coordination support offered by ECDC	AF 93%, NC 75% (2022)	75%	Stakeholder survey	Biennial	AF 93%, NC 75%

Strategic objective 5. Performance indicators

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Proportion of key processes reviewed	36%	20%	Process landscape	Annual	20%
Proportion of activities implemented from the annual work programme	90%	85%	PRIME	Annual	92%
Percentage of indicators reaching the target	55%	90%	Consolidated Annual Activity Report	Annual	69%
Percentage of audit recommendations implemented ²	67%	90%	Internal Control Excel file	Annual	75%
Percentage of the Internal Control Framework implemented ²	84%	100%	ICF annual review	Annual	82%
Timeliness of recruitment process	10.8 weeks	Maximum 12 weeks	HR data	Annual	10.6 weeks
Number of (short-term and long-term) sick leaves ²	1.29% (short-term) 1.60% (long-term)	<2% (short-term) <3% (long-term)	Allegro absence data	Annual	1.15% (short term) 1.28% (long term)
Average vacancy rate for Temporary Agent posts (post occupied)	1.8%	<5%	HR data	Annual	2.7%
Procurement/grant procedures launched on originally planned date	60% launched on the originally planned date.	75%	PRIME	Annual	27.22%
Percentage of changes made in the procurement plan throughout the year	42%	<20%	PRIME	Annual	46 %
Proportion of submitted and reviewed annual and specific declarations of interest: i) MB ii) AF iii) Senior management iv) External experts at meetings v) External experts for RRA	i) 94% ii) 93% iii) 100% iv) 98% v) 100%	100% for each category	Legal Services Section files	Annual	i) 95% ii) 90% iii) 100% iv) 99% v) 100%
Proportion of replies to requests for Access to Documents (ATD) processed within the legal deadline	100%	100%	Legal Services Section files	Annual	100%
Percentage of confirmatory requests responded to within the legal deadline	100%	100%	Legal Services Section files	Annual	NA (no confirmatory requests were received)
EU Eco-Management and Audit Scheme (EMAS)	90% (2022)	100%	EMAS Environmental Statement	Annual	100%
Percentage of meetings launched on planned date	2023 data not available	80%	PRIME	Annual	Data unavailable
Percentage of changes made in the meeting plan throughout the year	2023 data not available	20%	PRIME	Annual	25%
Budget implementation of the Centre – C1 Commitment rate ²	97.14%	100%	ABAC WF	Annual	99.5%

KPI	Baseline	Target	Means of verification	Frequency of verification	Result 2025
Percentage of invoices paid within the time limits of the ECDC Financial Regulation ²	93%	99%	ABAC WF	Annual	97%
Rate of cancellation of payment appropriations ²	5.75%	2%	ABAC WF	Annual	1.1%
Rate of budgetary outturn ²	11.24%	5%	Budget outturn account	Annual	0.6%
Internal communication: <ul style="list-style-type: none"> • News items • Newsletters • Staff meetings • Views for the top five pages of the year 	<ul style="list-style-type: none"> • 345 • 23 • 14 • 2 492 	<ul style="list-style-type: none"> • At least 250 • At least 20 • At least 5 • At least 1 000 views for the top five pages of the year 	Google Analytics and internal communication inboxes	Annual	339 news items, no 'On the Spot' newsletters, 13 from other internal teams, seven staff meetings and 5 119 views for top five pages
Quality of software products: <ul style="list-style-type: none"> • Code quality • Mean Time to Recovery • Change success rate 	<ul style="list-style-type: none"> • NA • 347 minutes • 99.44% 	<ul style="list-style-type: none"> • NA • 10% improvement • 100% 	Azure DevOps	Annual	<ul style="list-style-type: none"> • 94% success rate on static code scans • 209 minutes (40% improvement) • 100%
Availability of hosted applications under SLA	08:00–18:00: 99.92% 24/7: 99.91%	99.0%	ECDC Infrastructure Service Management Report	Annual	08:00–18:00 99.89% 24/7: 99.80
Business owners' satisfaction with the DTS Unit services	69%	At least 57%	Key business stakeholders' satisfaction survey	Annual	93%
Proportion of ICT Front-Office requests and incidents resolved, as per SLA	Requests: 95.93% Incidents: 95.70%	Above 95%	ECDC Infrastructure Service Management Report	Annual	Requests: 99.7% Incidents: 98.4%
Digital literacy	64%	70%	Microsoft Productivity (Adoption) Score	Annual	79%

² Indicators according to the 'Guidelines on key performance indicators (KPI) for directors of EU decentralised agencies' ([https://ec.europa.eu/transparency/documents-register/detail?ref=swd\(2015\)62&lang=en](https://ec.europa.eu/transparency/documents-register/detail?ref=swd(2015)62&lang=en)).

Annex 2. Statistics on financial management

Budget outturn in EUR

Budget outturn (in EUR)	2023	2024	2025
Revenue actually received (+)	95 703 000	102 792 000	98 698 000
Payments made (-)	68 486 000	74 529 000	80 400 000
Carry-over of appropriations (-)	31 510 000	36 054 000	30 771 000
Cancellation of appropriations carried over (+)	4 059 000	971 000	820 000
Adjustment for carry-over of assigned revenue appropriations from previous year (+)	10 511 000	8 649 000	12 971 000
Exchange rate differences (+/-)	478 000	-735 000	-705 000
Adjustment for negative balance from previous year (-)			
Total	10 755 000	1 094 000	613 000

Descriptive information and justification for:

Budget outturn

First estimate of the 2025 surplus to be reimbursed to the EU budget (as assigned revenue): EUR 612 943.45.

The Centre cashed its budget of 93 312 000 in 2025.

The expenditure of 2025, including the carry-forward to 2026, equals to EUR 111 171 519.99.

The amount of cancelled unused payment appropriations carried forward from previous year (2024) of EUR 819 876.75, the adjustment for carry-over from the previous year of appropriations available at 31.12 arising from assigned revenue of EUR 12 971 437.64 and the exchange rate loss for the year 2025 of EUR -704 766.73 have resulted in a positive budget outturn 2025.

In 2025, ECDC reimbursed the budgetary positive balance from 2024 of EUR 1 094 727.21 to the EU.

As a result of the above, EUR 612 943.45 will be reimbursed during 2026 to the EU budget (as assigned revenue) related to the Centre's 2025 budget implementation.

Cancellation of commitment appropriations

The total implementation of commitment appropriations in 2025 reached 99.50% with a total of EUR 467 556.62 cancelled across all three titles, compared to EUR 812 222.39 cancelled in 2024.

As a result, the reductions of the EU contribution of 2% for the implementation of commitment appropriations and 2% for the cancellation of payment appropriations are not applicable to ECDC for the budget 2027.

The commitment of appropriations for the operational expenditure on Title 3 reached 99.24% in 2025.

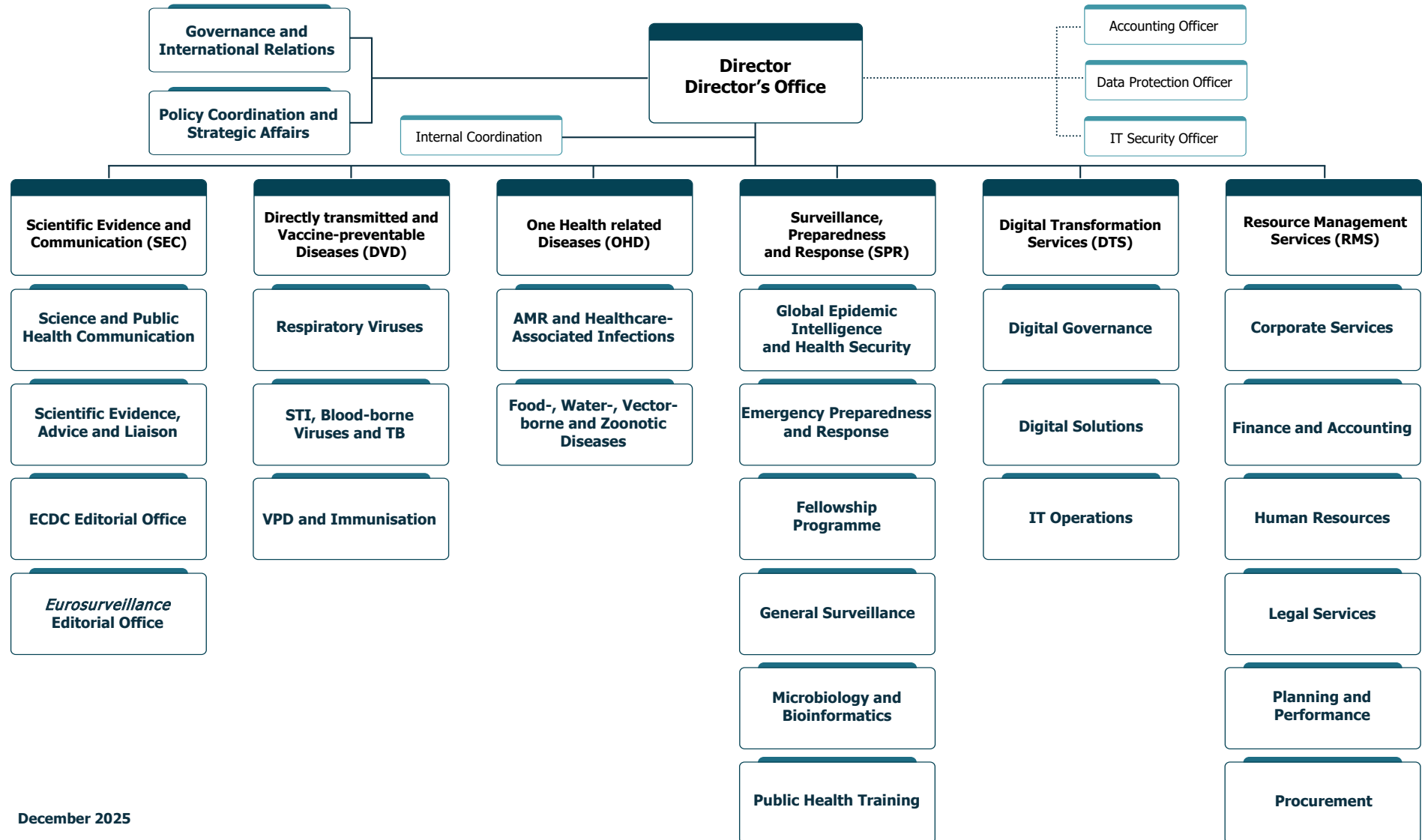
Cancellation of payment appropriations for the year

See cancellation of commitment appropriations.

Cancellation of payment appropriations carried over

The Centre carried forward EUR 23 082 900.25 from 2024 to 2025, of which EUR 22 263 023.50 was paid (fund source C8). This corresponds to 96.45% of the amount carried forward.

Annex 3. Organisational chart



December 2025

Annex 4. Establishment plan and additional information on human resources management

ECDC establishment table 2025

Category and grade	Establishment plan in voted EU budget 2025	
	Officials	TA
AD 16		
AD 15		1
AD 14		1
AD 13		3
AD 12		6
AD 11		8
AD 10		16
AD 9		24
AD 8		29
AD 7		23
AD 6		32
AD 5		15
Total AD		158
AST 11		
AST 10		1
AST 9		2
AST 8		6
AST 7		6
AST 6		10
AST 5		15
AST 4		19
AST 3		1
AST 2		1
AST 1		
Total AST		61
AST/SC6		
AST/SC5		
AST/SC4		
AST/SC3		2
AST/SC2		4
AST/SC1		
Total AST/SC		6
Total		225

Recruitment grade/function group for each type of post – indicative table

Key functions	Type of contract (official, TA or CA)	Function group, grade of recruitment	Role of the function (i.e. administrative support or operations)
Head of Unit (Level 2)	TA	AD 11/AD 12	Depending on function: operational or administrative
Deputy Head of Unit (Level 3)	TA	AD 10	Depending on function: operational or administrative
Head of Section (Level 3)	TA	AD 8	Depending on function: operational or administrative/neutral
Principal Expert	TA	AD 8	Operational
Expert	TA	AD 5	Operational
Scientific Officer	CA	FG IV	Operational
Administration (e.g. HR, Procurement/Finance)/IT Officers	TA	AST 4	Depending on function: operational or administrative/neutral
Officers in support functions (e.g. Communication, IT, Legal)	CA	FG IV	Depending on function: operational or administrative/neutral
Assistants/specialists in support functions (e.g. HR, Finance, Procurement, IT)	CA	FG III	Depending on function: operational or administrative/neutral
Administrative assistants	TA	AST/SC 1	Depending on function: operational or administrative
Office assistants	CA	FG II	Depending on function: operational or administrative

Job screening/benchmarking against previous year's results³

Comparison of job type category, 2024 and 2025

Job type (sub) category	Year 2024 (%)	Year 2025 (%)
Administrative support and coordination	14.5	15.4
Administrative support	13.3	14.2
Coordination	1.2	1.2
Operational	79.5	78.0
Top-level operational coordination	1.9	2.6
Programme management and implementation	68.6	67.7
Evaluation and impact assessment	0.0	0.0
General operational	9.0	7.8
Neutral	6.0	6.6
Finance/control	6.0	6.6
Linguistics	0.0	0.0

Implementing rules adopted in 2025
Management Board decisions on Implementing Rules: COMMISSION DECISION of 13.05.2025 on the general provisions for implementing Articles 11, 12

and 13 of Annex VII to the Staff Regulations of Officials (mission expenses) and on authorised travel (Guide to missions and authorised travel), C(2025) 2495 final.

³ Table as per Methodology for Agencies job screening (2014)

Annex 5. Human and financial resources by activity

The activity-based costing (ABC) provides an overview of human and financial resources consumed (committed) by activity in 2025. It reflects the structure presented in the Consolidated Annual Activity Report (CAAR). ECDC staff members record their

working time per activity in the HR system Allegro, which is reflected in the first column (Total FTE). The table also incorporates time reported by interim personnel.

Overview of activity-based costing

Strategic Objective/Action Area	Total FTEs	CA	TA	Title 1	Title 2	Title 3	Budget consumed (EUR)
1. Maintain the independence and rigour of scientific processes and strengthen the relevance and accessibility of scientific outputs to support public health policies and practices at national and EU levels.	46	16.6	23.1	5 384 793	1 634 137	3 737 879	10 756 809
1.1 – Scientific integrity and quality	8.5	0.7	4.2	898 511	179 409	596 940	1 674 860
1.2 – Knowledge transfer and science engagement	22.2	11.5	8.6	2 468 838	1 131 462	1 745 635	5 345 935
1.3 – Foresight, modelling, and research engagement	8.4	0	8.4	1 291 899	177 637	334 689	1 804 225
1.4 – External and risk communication	6.9	4.4	1.9	725 545	145 629	1 060 615	1 931 789
2. Provide relevant, reliable and timely information and science-based recommendations to enable evidence-informed decision-making at national and EU levels.	67.3	20.3	40.8	9 304 965	1 425 668	11 588 107	22 318 740
2.1 – Surveillance and microbiology	43.2	12.6	25.9	5 913 404	917 826	7 512 507	14 343 737
2.2 – Public health scientific advice	12.3	2.8	8.4	1 826 147	259 031	802 486	2 887 664
2.3 – Digital solutions for surveillance	11.8	4.9	6.5	1 565 414	248 811	3 273 114	5 087 339
3. Support the development of plans, systems and capacities for prevention, preparedness and control of communicable diseases and related special health issues at national and EU levels.	57.5	13.8	37.9	8 268 091	1 332 594	13 901 696	23 502 381
3.1 – Prevention and control	18.5	4.4	11.7	2 618 966	410 738	7 292 575	10 322 279
3.2 – Preparedness and response	23.6	4.7	16.8	3 566 958	596 393	2 843 324	7 006 675
3.3 – Training	15.4	4.7	9.4	2 082 167	325 463	3 765 797	6 173 427
4. Streamline coordination and collaboration with Member States and other ECDC key partners in the EU and globally.	22.3	13.9	6.1	3 033 992	1 149 243	1 051 313	5 234 548
4.1 – Coordination and collaboration	12.2	7.3	3.6	1 578 764	608 212	1 025 777	3 212 753
4.2 – Global health	10.1	6.6	2.5	1 455 228	541 031	25 536	2 021 795
5. Create an acknowledged, agile organisation through efficient systems, structures, processes and skilled staff.	108.2	38.2	61.4	14 270 500	3 898 697	4 620 437	22 789 634
5.1 – Organisational excellence	15.6	1.5	12.3	2 338 413	858 132	0	3 196 545
5.2 – Engaged staff	15.7	3.7	10.8	2 155 292	515 168	0	2 670 460
5.3 – Responsive support	50.9	25.5	21.4	5 839 078	1 896 047	30 000	7 765 125
5.4 – Digital transformation services	24.4	6.6	16.9	3 832 366	594 761	4 590 437	9 017 564
5.5 – Internal communication	1.6	0.9	0	105 351	34 589	0	139 940
9.0 - Generic activities	42.5	15	26.5	6 068 769	920 914		6 989 683
9.0 – Generic activities	42.5	15	26.5	6 068 769	920 914		6 989 683
Time not worked or not reported⁴	9.1			1 137 702	192 626		1 330 328
Time not worked or not reported ⁴	9.1			1 137 702	192 626		1 330 328
Grand Total	353			47 468 813	10 553 879	34 899 430	92 922 123

⁴ This line reflects non-working time not recorded in Allegro, including sick leave, medical part-time arrangements, part-time work and parental leave.

Annex 6. Contribution, grant and service-level agreements

Financial framework partnership agreements

	General information				Financial and HR impacts			
	Actual or expected date of signature	Total amount	Duration	Counterpart	Short description		N-1 (2024)	N (2025)
Grant agreements								
1. ERLTB-Net	A specific grant agreement signed each year under the four-year framework partnership agreement (FPA).	EUR 200 000.00 per year	Four years (FPA), One year (SGA)	Consortium led by Ospedale San Raffaele (4.2one SGA per annum)	Implementation of lab coordination activities, including lab network coordination, EQA, training, strain collection, typing, scientific advice and technical guidance on lab issues, methods harmonisation and network meeting.	Amount	EUR 196 595.49	EUR 199 520.48
						No. FTEs	0.5	1.5
						No. SNEs	0	0
2. Scientific coordination of ECDC Fellowship Programme	Specific grant agreements signed each year under the four-year framework partnership agreements (FPAs).	EUR 550 000.00 per year	Four years (FPAs), Max duration of one year (SGAs)	On average eight specific agreements with different counterparts per annum.	Scientific coordination of ECDC Fellowship Programme (Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths). To ensure the availability of highly qualified scientific coordinators for the Fellowship programme.	Amount	EUR 550 000.00	EUR 424 877.57
						No. FTEs	1.4	1.5
						No. SNEs	0	0
3. ECDC Fellowship Programme: hosting of fellows	Specific grant agreements signed each year under the four-year framework partnership agreements (FPAs). Q1 and Q3.	Various (EUR 2.0–2.5 million/year)	Four years (FPAs), Max duration one year (SGAs)	A total of 44 specific grant agreements (for hosting cohorts 2022, 2023 and 2024) with different public health institutes.	ECDC Fellowship Programme (Intervention Epidemiology (EPIET) and Public Health Microbiology (EUPHEM) paths) hosting of fellows at training sites.	Amount	EUR 2 346 000.00	EUR 2 097 371.31
						No. FTEs	1.8	2
						No. SNEs	0	0
Total grant agreements						Amount	EUR 3 092 595.49	EUR 2 721 769.36
						No. of FTEs	3.7	5

Contribution agreements					
EUR 2 500 000.00	Five years	Preparatory measures for the participation of the Western Balkan countries and Türkiye in ECDC's work, with special focus on One Health against AMR and enhanced SARI surveillance, 2020–2025.	Amount	EUR	Implementation rate is 99% of total allocation
			No. FTEs	1	1
			No. SNEs	0	0
				N-1 (2024)	N (2025)
EUR 9 000 000.00	Four years, extended to five and a half years	The Africa CDC – ECDC Partnership action aims to strengthen capacities of Africa CDC in preparedness, risk assessment, rapid response, and emergency operations; and improve continental harmonised indicator- and event-based surveillance of infectious diseases, including platforms for data sharing and early detection of threats, as well as foundations for sustainable trained public health workforce.	Amount	EUR 0.00	EUR 4 166 529.00
			No. FTEs	8.35	6
			No. SNEs	0	0
EUR 9 000 000.00	Four years	The EU Initiative on Health Security aims to set up a competent regional workforce for the prevention and control of challenges posed by communicable diseases and to enhance regional cooperation to tackle cross-border health security threats in EU candidate and potential candidates (EU Enlargement) countries and European Neighbourhood Policy (ENP) partner countries.	Amount	EUR 0.0	EUR 0.0
			No. FTEs	9.84	9
			No. SNEs	0	0
EUR 1 000 000.00	30 months	Reinforcement of the European Vaccination Information Portal (EVIP) through continuous and dynamic updates of the website, including new vaccine developments, links to reliable sources, content development and translation, as well as paid promotion of EVIP.	Amount	EUR 351 671.44	EUR 0.00
			No. FTEs	2	2
			No. SNEs	0	0
EUR 7 514 800.00	66 months	This action aims to upgrade the EWRS system to adapt to the new requirements to report all health threats to EWRS and to integrate with other EU alert and information system (AIS). EWRS will need to include new functionalities and modules with improved data security and data protection.	Amount	EUR 5 535 000.00	EUR 1 228 320.00
			No. FTEs	7	7
			No. SNEs	0	0
EUR 2 100 000.00	36 months	The action will improve health resilience in the Eastern Partnership by conducting simulation exercises and after-action reviews, drafting and disseminating the Eastern Partnership Health Preparedness Compendium and establishing the Community Practitioners and Policy Makers in Health Resilience.	Amount	EUR 1 900 000.00	EUR 0.00
			No. FTEs	0	3
			No. SNEs	0	0
Total contribution agreements			Amount	EUR 8 786 671.44	EUR 5 394 849
			No. FTEs	28.19	27
Service-level agreements					
None			Amount	NA	NA
			No. FTEs	NA	NA
			No. SNEs	NA	NA
Total service-level agreements			Amount	NA	NA
			No. FTEs	NA	NA
			No. of SNEs	NA	NA

Annex 7. Environment management

ECDC measures to ensure a cost-effective and environmentally sustainable workplace

ECDC successfully applied to join the EU Eco-Management Audit Scheme (EMAS) in 2024, with registration subsequently confirmed for 2025 at the end of 2024. ECDC even achieved greenhouse gas (GHG) neutrality ahead of schedule, before the end of 2025. The year 2023 marked the Centre's first year of carbon neutrality, a milestone reconfirmed through the 2024 GHG inventory. This performance places ECDC significantly ahead of the EU Green Deal's 2030 decarbonisation objectives. As part of its EMAS framework, the Centre continues to enhance its sustainability performance and monitor progress on an annual basis.

ECDC's premises have been environmentally certified as a 'green building' since 2018. In December 2020, the building received a 'BREEAM Very Good' certification. The Building Research Establishment Environmental Assessment Method (BREEAM) is a leading international sustainability assessment system for buildings, infrastructure and master planning projects.

ECDC operates on 100% hydro-powered electricity. The premises are equipped with energy-efficient glass windows to optimise daylight while minimising solar heat gain, and most lighting is LED-based with occupancy sensors and daylight control systems. In 2021, touchless taps were introduced, reducing water consumption by up to 70%.

The Centre continues to refine its recycling system, with waste sorted into multiple streams including paper, plastic, glass, organic, metal, e-waste, toners, lightbulbs, batteries, corrugated cardboard and boxes. In addition, ECDC encourages suppliers to provide environmental documentation, prioritises eco-labelled products (such as stationery and cleaning detergents) and, where appropriate, incorporates references to ISO 14001 – the internationally recognised standard for Environmental Management Systems (EMS) – into its procurement specifications.

Measures to reduce the environmental impact of ECDC's operations

To reduce the environmental impact of transport, ECDC promotes sustainable commuting by providing bicycle facilities and ensuring good access to public transport. The Centre replaced its official vehicle with an electric car in 2025.

ECDC's sustainable travel guidelines aim to limit travel to business-critical needs to reduce carbon emissions. Where travel is necessary, the most environmentally responsible travel options are prioritised.

The Centre also assesses meeting arrangements holistically, including venue selection, accommodation and catering, to ensure alignment with its environmental and sustainability objectives.

ECDC environmental objectives

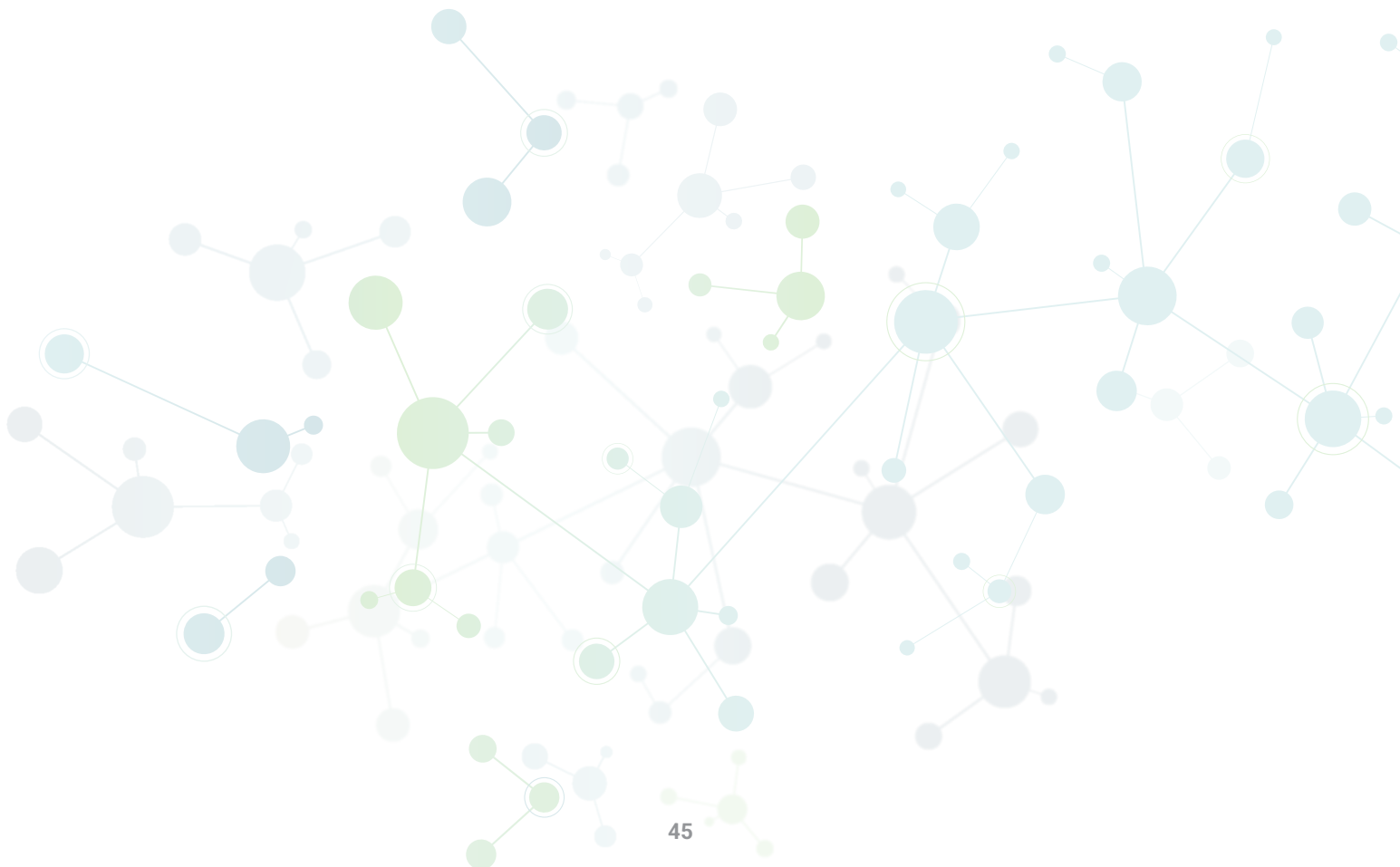
In 2025, the Centre finalised the EMAS environmental objectives and targets plan, which was incorporated into the 2024 EMAS environmental statement⁵, published on ECDC's website.

⁵ 'Environmental statement 2024' (<https://www.ecdc.europa.eu/en/publications-data/environmental-statement-2024>).

Annex 8. Final annual accounts, 2025

The final annual accounts of the European Centre for Disease Prevention and Control for the financial year 2025 will be adopted and published in accordance with the applicable financial rules. Once adopted, they

will be made available on the ECDC website at: <https://www.ecdc.europa.eu/en/about-ecdc/who-we-are/key-documents/financial-documents>.



Annex 9. ECDC Management Board, Advisory Forum and Coordinating Competent Bodies

Members and Alternates of ECDC Management Board

Country	Name	Member/Alternate
Austria	Dr Sigrid Kiermayr	Member
	Dr Irene Kászoni-Rueckerl	Alternate
Belgium	Mr Lieven De Raedt	Member
	Naiïma Hammami ⁶	Alternate
Bulgaria	Dr Angel Kunchev	Member
	Ms Nataliya Spiridonova	Alternate
Croatia	Assistant Professor Marija Bubaš ⁷	Member
	Assistant Professor Krunoslav Capak	Alternate
Cyprus	Mr Constantinos Papantoniou	Member
	Dr Carolina Stylianou	Alternate
Czechia	Mrs Barbora Macková	Member
	Mr Matyáš Fošum	Alternate
Denmark	Ms Kirstine Moll Harboe	Member
	Mr Gideon Ertner	Alternate
Estonia	Ms Heli Laarmann	Member
	Ms Mari-Anne Härma	Alternate
Finland	Dr Taneli Puumalainen ⁸	Member
	Ms Mirka-Tuulia Kuoksa ⁹	Alternate
France	Dr Caroline Semaille	Member
	Ms Anne-Catherine Viso	Alternate
Germany	Dr Gesa Lücking	Member
	Ms Charlotte Möndel	Alternate
Greece	Dr Christakis Hadjichristodoulou	Member
	Professor Vasiliki Papaevangelou ¹⁰	Alternate
Hungary	Ms Ágnes Dánielisz	Member
	Ms Krisztina Biró	Alternate
Ireland	Ms Richael Duffy	Member
	Nomination pending	Alternate
Italy	Dr Maria Rosaria Campitiello ¹¹	Member
	Dr Giovanni Nicoletti ¹²	Alternate

⁶ Appointed Alternate in replacement of Mr Patrick Smits as of May 2025

⁷ Appointed Member in replacement of Mr Bernard Kaić as of November 2025

⁸ Appointed Member in replacement of Dr Anni-Riitta Virolainen-Julkunen as of October 2025

⁹ Appointed Alternate in replacement of Dr Taneli Puumalainen as of October 2025

¹⁰ Appointed Alternate in replacement of Mr Antonios Vassilogiannakopoulos as of June 2025

¹¹ Appointed Member as of February 2025

¹² Appointed Alternate as of November 2025

Country	Name	Member/Alternate
Latvia	Ms Jana Feldmane	Member
	Mr Svens Henkuzens ¹³	Alternate
Lithuania	Dr Audrius Ščeponavičius	Member
	Ms Ginreta Megelinskienė	Alternate
Luxembourg	Dr Jean-Claude Schmit	Member
	Dr Eveline Santos	Alternate
Malta	Dr Patricia Vella Bonanno	Member
	Dr Mariella Borg Buontempo	Alternate
Netherlands	Mr Frank Kooiman	Member
	Ms Gerie Jonk	Alternate
Poland	Dr Paweł Grzesiowski ¹⁴	Member
	Mr Michał Ilnicki ¹⁵	Alternate
Portugal	Dr Rita Sá Machado	Member
	Ms Cristina Abreu Santos	Alternate
Romania	Dr Amalia Șerban	Member
	Dr Anca Sîrbu	Alternate
Slovakia	Dr Martin Sojka	Member
	Dr Lucia Paulík Dubná	Alternate
Slovenia	Dr Mario Fafangel	Member
	Ms Vesna Marinko	Alternate
Spain	Mr Pedro Gullón Tosio	Member
	Dr Isabel Jado ¹⁶	Alternate
Sweden	Ms Olivia Wigzell	Member
	Mr Andreas Johansson ¹⁷	Alternate
European Parliament	Ms Andreea Capîlna ¹⁸	Member
	Mr Quique Bassat	Member
	Mr Silvio Tafuri	Alternate
European Commission	Mr Laurent Muschel	Member
	Mr Wolfgang Philipp	Alternate
	Ms Lorena Boix Alonso	Member
	Mr Antonio Parenti	Alternate
	Ms Kasia Jurczak	Member
	Dr Petra Goyens ¹⁹	Alternate
Iceland (EEA/EFTA)	Ms Ásthildur Knútsdóttir	Member
	Ms Gudlin Steinsdóttir	Alternate
Liechtenstein (EEA/EFTA)	Dr Silvia Dehler	Member
Norway (EEA/EFTA)	Ms Line Vold ²⁰	Member
	Mr Øystein Riise ²¹	Alternate

¹³ Appointed Alternate in replacement of Dr Dzintars Mozgis as of September 2025

¹⁴ Appointed Member as of February 2025

¹⁵ Appointed Alternate as of February 2025

¹⁶ Appointed Alternate in replacement of Ms Marina Pollán Santamaría as of June 2025

¹⁷ Appointed Alternate in replacement of Dr Camilla Wallander as of March 2025

¹⁸ Appointed Member in replacement of Ms Pernille Weiss as of September 2025

¹⁹ Appointed Alternate in replacement of Ms Catherine Berens as of March 2025

²⁰ Appointed Member in replacement of Mr Øystein Riise as of June 2025

²¹ Appointed Alternate in replacement of Mr Oliver Kacelnik as of June 2025

Members and Alternates of ECDC Advisory Forum

Country	Name	Member/Alternate
Austria	Dr Bernhard Benka	Member
	Dr Dirk Werber	Alternate
Belgium	Dr Koen Blot	Member
	Dr Steven van Gucht	Alternate
Bulgaria	Nomination pending	Member
	Dr Radosveta Filipova	Alternate
Croatia	Dr Vesna Višekruna Vučina	Member
	Dr Barbara Bekavac	Alternate
Cyprus	Dr Linos Hadjihannas	Member
	Dr Costas Constantinou	Alternate
Czechia	Dr Jan Kynčl	Member
	Dr Kateřina Fabiánová	Alternate
Denmark	Dr Tyra Grove Krause	Member
	Ms Bolette Søborg	Alternate
Estonia	Ms Kärt Sõber	Member
	Ms Olga Sadikova	Alternate
Finland	Professor Otto Helve	Member
	Dr Carita Savolainen-Kopra	Alternate
France	Dr Bruno Coignard	Member
	Dr Harold Noel	Alternate
Germany	Dr Ute Rexroth	Member
	Dr Viviane Bremer	Alternate
Greece	Dr Sotirios Tsiodras	Member
	Mr Dimitrios Hatzigeorgiou	Alternate
Hungary	Ms Zsuzsanna Molnár	Member
	Ms Ágnes Hajdu	Alternate
Ireland	Dr Victor Aiyedun ²²	Member
	Dr Éamonn O'Moore	Alternate
Italy	Nomination pending	Member
	Nomination pending	Alternate
Latvia	Dr Jurijs Perevoščikovs	Member
	Nomination pending	Alternate
Lithuania	Ms Jugita Pakalniškienė	Member
	Ms Nerija Kuprevičienė	Alternate
Luxembourg	Dr Isabel De La Fuente Garcia	Member
	Dr Anne Vergison	Alternate
Malta	Dr Charmaine Gauci	Member
	Dr Tanya Melillo Fenech	Alternate
Netherlands	Professor Menno Douwe de Jong	Member
	Dr Susan van den Hof	Alternate
Poland	Dr Malgorzata Sadkowska-Todys ²³	Member
	Dr Magdalena Rosińska ²⁴	Alternate

²² Appointed Member in replacement of Dr Lois O'Connor as of April 2025

²³ Appointed Member as of February 2025

²⁴ Appointed Alternate as of February 2025

Country	Name	Member/Alternate
Portugal	Ms Ana Paula Rodrigues	Member
	Dr Pedro Miguel Silva Azevedo Ferreira	Alternate
Romania	Dr Adriana Pistol	Member
	Ms Aurora Stănescu ²⁵	Alternate
Slovakia	Ms Helena Hudecová	Member
	Dr Jana Kerlik	Alternate
Slovenia	Dr Irena Klavs	Member
	Dr Marta Grgič-Vitek	Alternate
Spain	Dr Fernando Simón	Member
	Dr José Luis Peñalvo García ²⁶	Alternate
Sweden	Dr Magnus Gisslén ²⁷	Member
	Ms Anneli Carlander	Alternate
Observers		
Albania (candidate country)	Nomination pending	
Iceland (EEA/EFTA)	Ms Kamilla Jósefsdóttir	Member
	Ms Gudrun Aspelund	Alternate
Liechtenstein (EEA/EFTA)	Nomination pending	
Montenegro (candidate country)	Nomination pending	
North Macedonia (candidate country)	Nomination pending	
Norway (EEA/EFTA)	Dr Preben Aavitsland	Member
	Mr Are Berg ²⁸	Alternate
Serbia (candidate country)	Nomination pending	
Türkiye (candidate country)	Professor Mustafa Gokhan Gozel	Observer
Non-governmental organisations		
Croatian Association for the Promotion of Patient Rights	Ms Jasna Karacic-Zanetti	Member
The European Public Health Association	Mr Ricardo Mexia	Member
The Norwegian Research Centre	Mr Arinze Stanley Okoli	Member
The European Institute of Women's Health	Ms Rebecca Moore	Alternate
The World Organization of Family Doctors	Ms Eva Elisabeth Hummers	Alternate
The Association of Schools of Public Health in the European Region	Mr John Duncan Middleton	Alternate

²⁵ Appointed Alternate in replacement of Dr Radu Cucuiu as of January 2025

²⁶ Appointed Alternate as of March 2025

²⁷ Appointed Member from January to August 2025

²⁸ Appointed Alternate from January to July 2025

ECDC Coordinating Competent Bodies

Country	Name of Coordinating Competent Body
Austria	Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection Radetzkystrasse 2, 1031 Vienna http://www.bmg.gv.at
Belgium	Sciensano Rue Juliette Wytsman, 14 1050 Brussels https://www.sciensano.be/en
Bulgaria	National Center of Infectious and Parasitic Diseases Ministry of Health Yanko Sakazov Blvd. 26, 1504 Sofia http://www.ncipd.org
Croatia	Croatian Institute of Public Health Rockefellerova 7, 10000 Zagreb http://www.hzjz.hr
Cyprus	Directorate of Medical and Public Health Services Ministry of Health 1 Prodromou, 1449 Nicosia http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en
Czechia	National Institute of Public Health Šrobárova 48, 10042 Prague 10 http://www.szu.cz
Denmark	Danish Health Authority Axel Heides Gade 1, 2300 Copenhagen http://sundhedsstyrelsen.dk
Estonia	Health Board Paldiski road 81, 10614 Tallinn http://www.terviseamet.ee
Finland	National Institute for Health and Welfare Mannerheimintie 166, 00271 Helsinki http://www.thl.fi
France	French Public Health Agency 12 rue du Val d'Osne, 94415 Saint-Maurice http://www.santepubliquefrance.fr
Germany	Robert Koch Institute Nordufer 20, 13353 Berlin http://www.rki.de
Greece	National Public Health Organization Agrafon Street 3–5, 15123 Marousi https://eody.gov.gr/eody/
Hungary	National Center for Public Health and Pharmacy Albert Flórián út 2–6, 1097 Budapest https://www.nnk.gov.hu
Iceland	Centre of Health Security and Communicable Disease Prevention Austurströnd 5, 170 Seltjarnarnes http://www.landlaeknir.is
Ireland	Health Protection Surveillance Centre 25–27 Middle Gardiner Street, Dublin http://www.hpsc.ie
Italy	Ministry of Health Via Giorgio Ribotta 5, 00144 Rome http://www.salute.gov.it

Country	Name of Coordinating Competent Body
Latvia	Centre for Disease Prevention and Control Duntes 22, 1005 Riga http://spkc.gov.lv
Liechtenstein	Principality of Liechtenstein Äulestrasse 51, 9490 Vaduz http://www.ag.llv.li
Lithuania	Ministry of Health Vilniaus 33, 01506 Vilnius http://www.sam.lt
Luxembourg	Directorate of Health 13a rue de Bitburg, 1273 Luxembourg http://www.sante.public.lu
Malta	Superintendence of Public Health Ministry of Health St Luke's Hospital, Pjazza San Luqa MRS9010 Pieta https://superintendencepublichealth.gov.mt/en
Netherlands	National Institute for Public Health and the Environment Antonie van Leeuwenhoeklaan 9, 3720 BA Bilthoven http://www.rivm.nl
Norway	National Institute of Public Health PO Box 4404 Nydalen, 0403 Oslo http://www.fhi.no
Poland	National Institute of Public Health – National Institute of Hygiene 24 Chocimska Street, 00791 Warsaw http://www.pzh.gov.pl
Portugal	Directorate General of Health Ministry of Health Alameda D. Afonso Henriques 45, 1049-005 Lisbon www.dgs.pt
Romania	National Institute of Public Health Dr Leonte Anastasievici 1–3, Sector 5, 050463 Bucharest http://www.insp.gov.ro
Slovakia	Public Health Authority of the Slovak Republic Trnavská cesta 52, 82645 Bratislava http://www.uvzsr.sk
Slovenia	National Institute of Public Health Trubarjeva cesta 2, 1000 Ljubljana http://www.nijz.si
Spain	Ministry of Health, Social Services and Equality Paseo del Prado 18–20, 7 planta, 28071 Madrid http://www.msssi.es
Sweden	Public Health Agency of Sweden Nobels väg 18, 17182 Solna http://folkhalsomyndigheten.se

Annex 10. ECDC outputs published in 2025

ECDC has an active publications programme, regularly publishing reports on the [Centre’s website](#). ECDC experts also regularly author or co-author peer-reviewed articles in scientific journals, including *Eurosurveillance*, the independent journal also published by ECDC.

ECDC scientific reports

ECDC scientific reports are organised into four categories:

- **Surveillance and monitoring** – to inform of a current situation or status through a brief and mainly descriptive summary of data, signals, literature, etc.

- **Assessment** – to alert and prompt action at the European Union or national level based on a thorough expert analysis of risk, capacity, intervention effectiveness, etc.
- **Public health guidance** – to provide ECDC recommendations for public health action based on scientific evidence.
- **Operational support** – to provide instructions on how to take public health action.

Figure 1 presents the numbers and proportions of scientific reports produced in 2025, by category. Figures 2–5 present the distribution of report types for each category.

Figure 1. Numbers and proportions of scientific reports produced in 2025, by category (N=170)

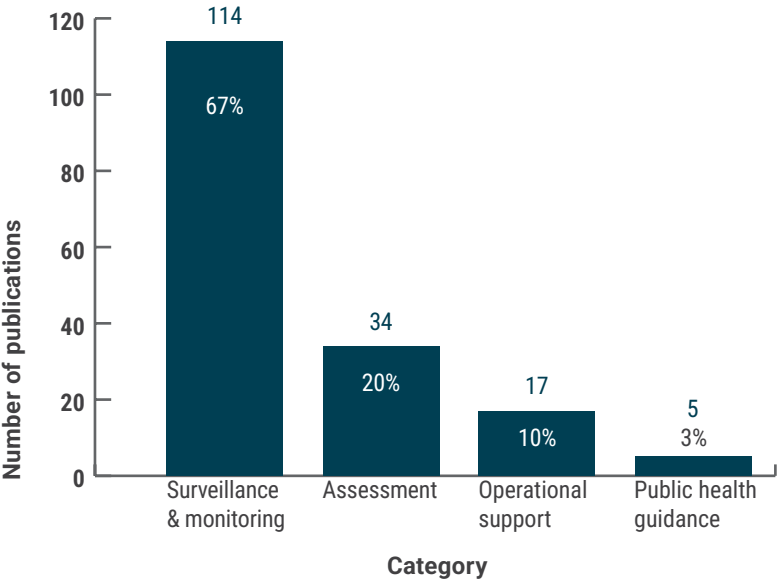
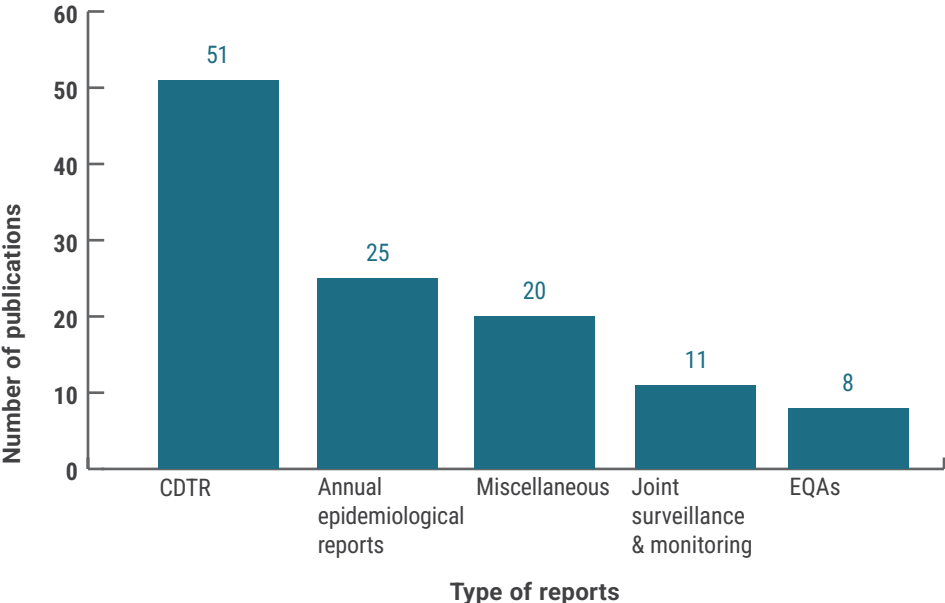
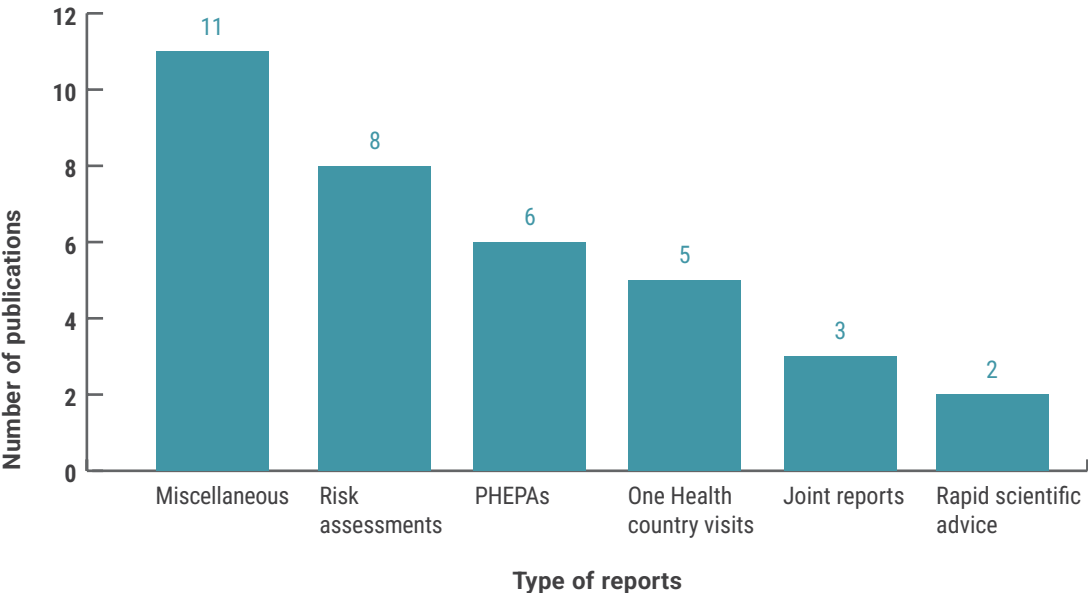


Figure 2. Distribution of types of Surveillance and monitoring reports (N=114)



CDTR: Communicable Disease Threats Report (weekly).
The sum of the numbers given in the figure is higher than the true total because one report was a joint EQA, so it is counted under both 'EQAs' and 'Joint surveillance & monitoring'. 'Miscellaneous' includes descriptive technical reports and general surveillance and monitoring reports.

Figure 3. Distribution of types of Assessment reports (N=33)



PHEPA: Public Health Emergency Preparedness Assessment.
The sum of the numbers given in the figure is higher than the true total because two rapid outbreak assessments are counted as both 'Risk assessments' and 'Joint reports'. 'Miscellaneous' includes literature reviews, systematic reviews, survey reports, etc.

Figure 4. Distribution of types of Public health guidance reports (N=5)

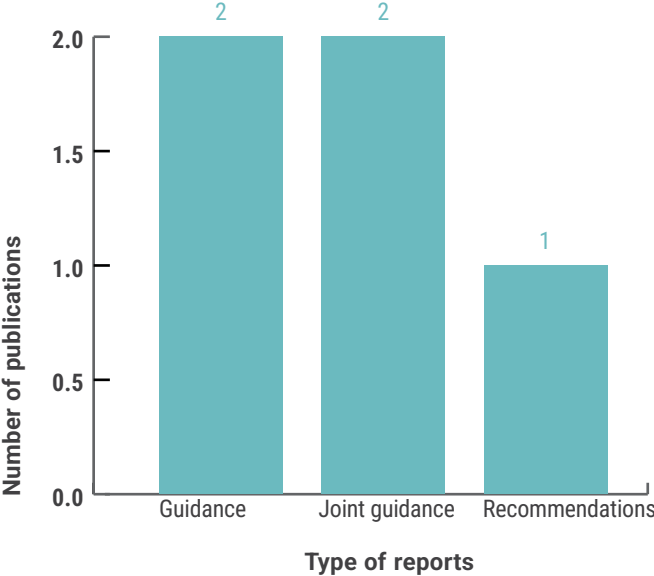
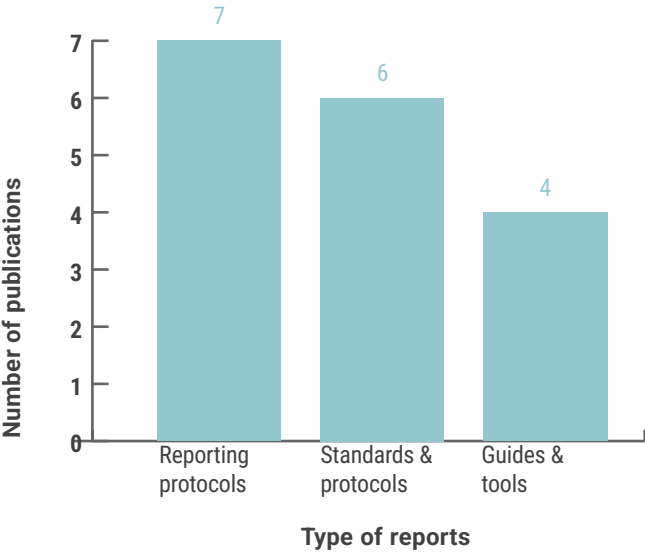


Figure 5. Distribution of types of Operational support reports (N=17)



Publication page visits and downloads

ECDC reports are available on the Centre's website. Each report has a landing page with a brief summary, and a link that opens the report so it can either be read in the browser or downloaded. Figure 6 presents the reports with the highest page views (including visits to the landing page and possibly viewing the PDF in

the browser) and Figure 7 presents those that had the highest number of downloads. This information can be useful to gain a better understanding of audience sizes and how readers are interacting with ECDC reports.

Figure 6. Most visited ECDC publication pages in 2025

Rank	Publication	Total number of page views in 2025
1	'Antimicrobial resistance in the EU/EEA (EARS-Net) – Annual Epidemiological Report 2023'^a	20 072
2	'HIV/AIDS surveillance in Europe 2023 – 2022 data'^b	15 784
3	'HIV/AIDS Surveillance in Europe 2024 – 2023 data'^a	14 461
4	'Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals – 2022–2023'^a	13 168
5	'Threat Assessment Brief – Assessing the risk of influenza for the EU/EEA in the context of increasing circulation of A(H3N2) subclade K'	8 680
6	'Rapid risk assessment – Carbapenem-resistant Enterobacterales – third update'	7 792
7	'Survey on the epidemiological situation, laboratory capacity and preparedness for <i>Candida auris</i>, 2024'	4 549
8	'Communicable disease threats report, 1–7 March 2025, week 10'	4 521
9	'Communicable disease threats report, 11–17 January 2025, week 3'	4 252
10	'Communicable disease threats report, 26 July–1 August 2025, week 31'	3 715

Note that the number of visitors to a publication page serves as a proxy for the number of publication views, as visitors may view the PDF in their web browser without downloading it. These numbers exclude visits by ECDC staff.

^a These reports were published in 2024.

^b This report was published in 2023.

Figure 7. Most downloaded ECDC publications in 2025

Rank	Publication	Total number of downloads in 2025
1	'Antimicrobial resistance in the EU/EEA (EARS-Net) – Annual Epidemiological Report 2023' ^a	11 906
2	'Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals – 2022–2023' ^a	9 220
3	'HIV/AIDS Surveillance in Europe 2024 – 2023 data' ^a	5 937
4	'Antimicrobial consumption in the EU/EEA (ESAC-Net) – Annual Epidemiological Report for 2023' ^a	4 411
5	'Survey on the epidemiological situation, laboratory capacity and preparedness for <i>Candida auris</i>, 2024'	3 610
6	'Threat Assessment Brief – Assessing the risk of influenza for the EU/EEA in the context of increasing circulation of A(H3N2) subclade K'	2 900
7	'Communicable disease threats report, 2–8 August 2025, week 32'	2 801
8	'Communicable disease threats report, 26 July to 1 August 2025, week 31'	2 781
9	'Antimicrobial resistance surveillance in Europe 2023 – 2021 data' ^b	2 766
10	'Communicable disease threats report, 6–12 September 2025, week 37'	2 530

Note that these numbers exclude downloads by ECDC staff and only capture instances where users downloaded the PDF to their device; views of the PDF within a web browser are not captured. Furthermore, the number of downloads can be reset if corrections are made to a PDF and a new version is uploaded; for such reports, the number of downloads may not be accurate.

^a These reports were published in 2024.

^b This report was published in 2023.

Peer-reviewed journal articles

As part of the Centre’s work, ECDC experts also publish peer-reviewed journal articles. Many of these publications are in the independent scientific journal *Eurosurveillance*, also published by ECDC. The Centre endeavours to continually improve its open access

compliance. Figures 8–10 provide more information about the number of peer-reviewed articles published between 2005–2025 and the proportion published in *Eurosurveillance*, as well as the progress made in open access compliance results.

Figure 8. Number of articles by ECDC authors published in peer-reviewed journals, 2025

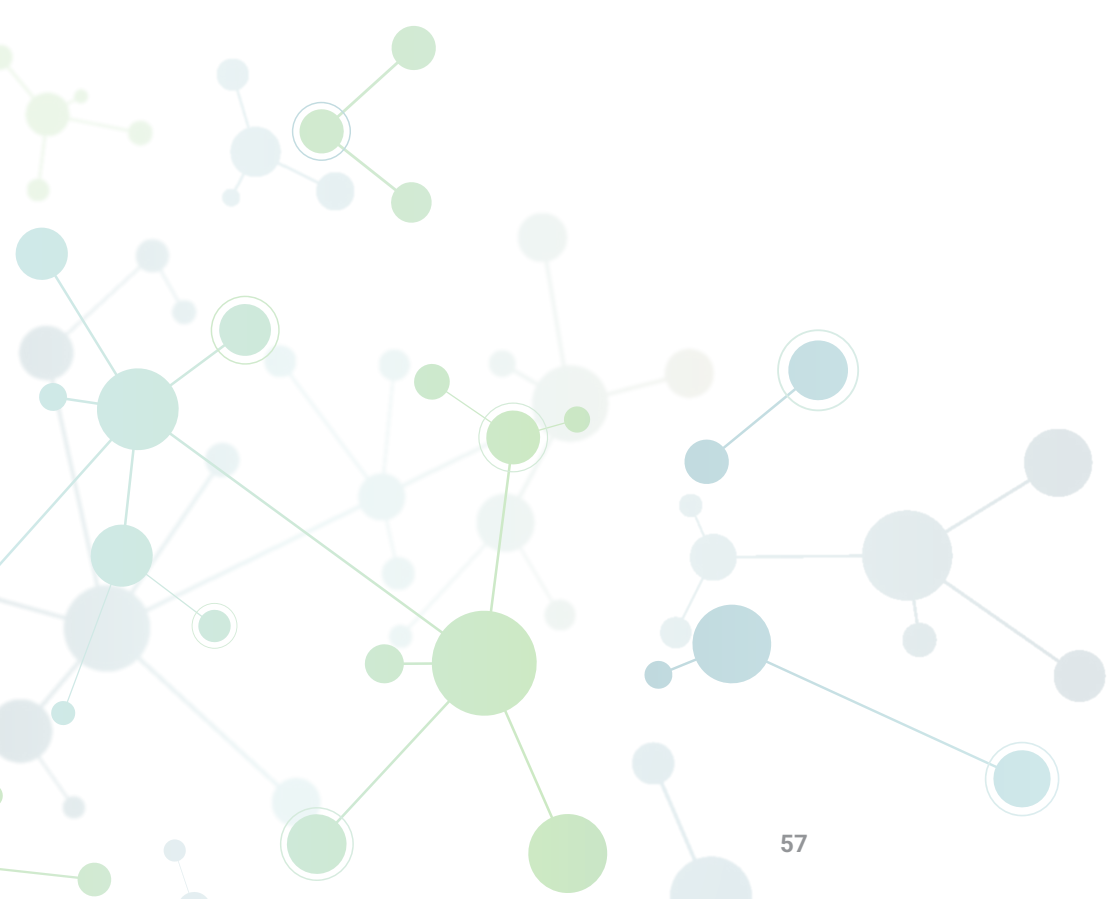


Figure 9. Annual numbers of articles by ECDC authors published in peer-reviewed journals, 2005–2025

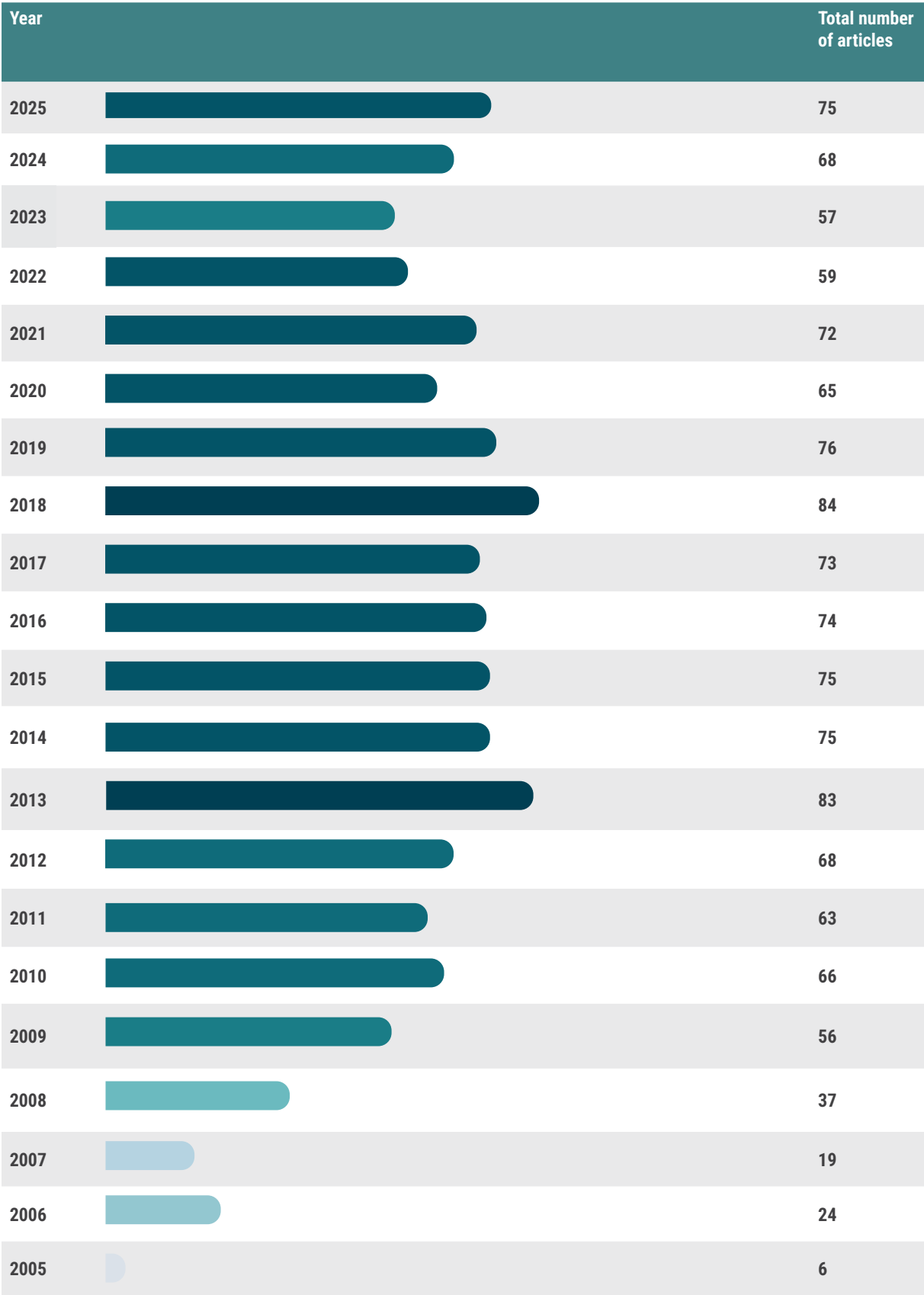
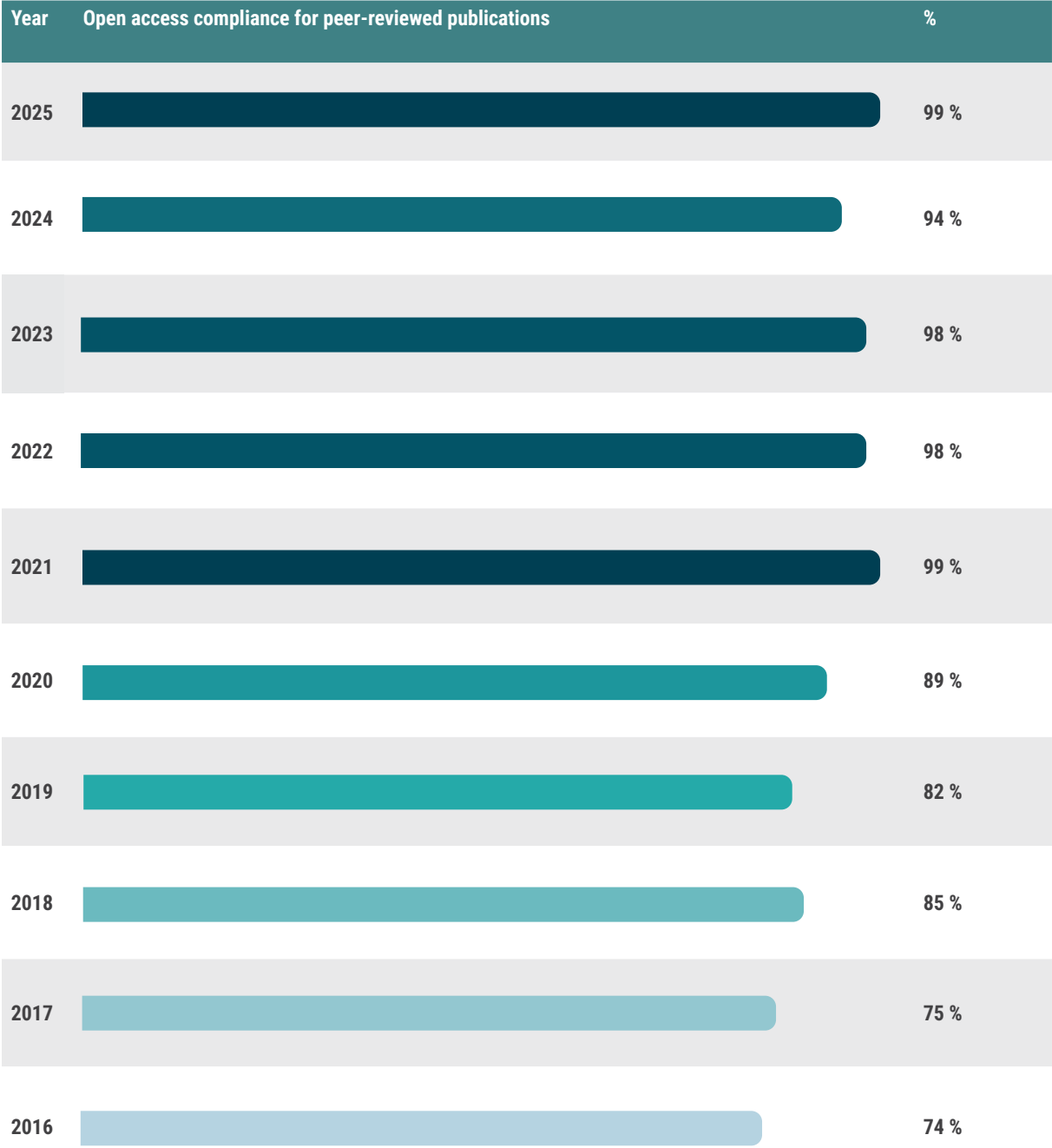


Figure 10. Open access compliance of articles written by ECDC authors for peer-reviewed journals, 2016–2025



Annex 11. Negotiated procedures

Reference	Title	Type of procedure	Amount (EUR)	Contractor	Contract reference
ECDC/2025/NP/0018	DM Support FWC ceiling increase (GMDSS)	Art. 167(1)(d) FR, Point 11.1(e) Annex I - New/repetitive services/works under an existing contract (increase of contract ceiling).	600 000	Network Research Belgium (NRB) EUROPEAN DYNAMICS LUXEMBOURG SA ACCENTURE NV/SA BILBOMÁTICA S.A.	Amendments to: ECDC/2022/008 ECDC/2022/009 ECDC/2022/010 ECDC/2022/011
ECDC/2025/NP/0017	Ceiling increase ECDC IT Services Lot 1 (DEVOPS-INC)	Art. 167(1)(d) FR, Point 11.1(e) Annex I - New/repetitive services/works under an existing contract (increase of contract ceiling).	30 500 000	Network Research Belgium (NRB) ARHS DEVELOPMENTS S.A. EUROPEAN DYNAMICS LUXEMBOURG SA	Amendments to: ECDC/2023/009 ECDC/2023/010 ECDC/2023/011
ECDC/2025/NP/0009	OHD/PRM-250633 – WHONET support for ECDC (WHONET)	Art. 167(1)(d) FR, Point 11.1(b) Annex I - Artistic/technical reasons or exclusive rights or technical monopoly/captive market.	142 000	Sustainable Health Services, Ltd.	ECDC/2025/010
ECDC/2025/NP/0008	Medical services (ceiling increase) MEDS-CI	Art. 167(1)(d) FR, Point 11.1(e) Annex I - New/repetitive services/works under an existing contract (increase of contract ceiling).	360 000	Aleris Sjukvård AB	Amendment to: ECDC/2023/042
ECDC/2025/NP/0007	ARHAI EURL-PH-AMR Western Balkans and Türkiye support	Art. 167(1)(d) FR, Point 11.1(b) Annex I - Artistic/technical reasons or exclusive rights or technical monopoly/captive market.	25 000	Statens Serum Institut (SSI)	ECD.19008