CAPACITY/CAPABILITY ASSESSMENT

ECDC country visit to Albania to discuss surveillance of communicable diseases

ECDC accession support to the Western Balkans and Türkiye

2024

Introduction

ECDC is helping countries in the Western Balkans and Türkiye to improve their infectious disease prevention and control systems and public health workforce to prepare them for their future participation in ECDC's work.

Technical cooperation with Western Balkans and Türkiye aims to improve their 'One-Health' response to antimicrobial resistance (AMR) and enhance surveillance of laboratory-confirmed severe acute respiratory infections (SARI). The project is funded by the European Commission under the Instrument of Pre-accession Assistance (IPA).

This action is structured around three technical work streams, of which work stream 1;'preparatory measures to enable IPA beneficiaries to participate in ECDC activities and systems' is the one considered here. The aim is to support countries in the Western Balkans and Türkiye as they prepare for full participation in ECDC's activities. This will enable them to fulfil ECDC requirements for data and information submission (including completeness and timeliness) at the minimum level required by the EU.

The focus of this work stream is to:

- further enhance the communicable disease surveillance and control capacities of beneficiary countries;
- improve health emergency preparedness capabilities;
- support the development of public health microbiology laboratory systems.

The expected results of this work stream are:

- enhanced EU-level data so that communicable disease surveillance data are more comparable, timely and reliable when an IPA beneficiary joins the EU;
- long-term expansion of ECDC scientific and surveillance outputs, covering a broader geographical area within Europe that includes the Western Balkans and Türkiye;
- improved response to public health threats from infectious diseases at the national level, with better early detection of and response to serious cross-border threats at the EU level.

In the context of work stream 1, ECDC conducted a technical visit to Albania in February 2024 to obtain additional information on the country's national surveillance system, including its operation and governance. The aim of this initiative was to provide ECDC with a comprehensive overview of the needs, vulnerabilities, and strengths of the surveillance system. The insights gained from this visit will support the identification of opportunities for tailored support and areas where surveillance operations can be further strengthened.

Suggested citation: European Centre for Disease Prevention and Control. ECDC country visit to Albania to discuss surveillance of communicable diseases. Stockholm: ECDC; 2024.

ISBN: 978-92-9498-739-6
DOI: 10.2900/345565
Catalogue number: TQ-05-24-646-EN-N

Background

ECDC's technical cooperation with the Western Balkans and Türkiye has enabled participating countries to report mutually agreed diseases to The European Surveillance System (TESSy) since 2016 (2015 data), attend ECDC meetings, network with colleagues and participate in some ECDC surveillance activities.

The Centre has incorporated capacity-building activities in the Western Balkans and Türkiye into the ECDC strategy 2021–2027 and the long-term surveillance framework 2021–2027.

In 2022, ECDC analysed the quality of data reported to TESSy by the Western Balkans and Türkiye. Virtual bilateral meetings were then arranged with EU enlargement countries to discuss challenges and technical issues related to reporting, identify needs for future ECDC support in strengthening national surveillance and plan the next steps for joint surveillance activities.

National public health authorities in the Western Balkans and Türkiye have established, or are in the process of establishing, digitalised surveillance of notifiable diseases. They are also implementing the lessons learned from the COVID-19 pandemic.

However, specific and detailed knowledge of how the national surveillance systems are organised is needed in order to develop tailored capacity building activities in the Western Balkans and Türkiye, including the possible expansion of national routine reporting to TESSy for additional diseases.

To this end, ECDC stressed the need for technical country visits to the Western Balkans and Türkiye as an immediate priority during bilateral meetings and a meeting with national correspondents and observer National Focal Points (NFPs) for Surveillance in November 2022.

ECDC prepared an Assessment tool for national communicable disease surveillance systems to accompany the offer of a technical visit to Albania. The offer was accepted and the agenda for the visit was developed jointly with the Institute of Public Health (IPH) of Albania (Annex 2). During the visit, findings for all areas of surveillance were discussed and an assessment tool was filled out in collaboration with colleagues from the country.

Purpose and objectives

The purpose of ECDC's technical visits to the Western Balkans and Türkiye is to identify areas in the surveillance of communicable diseases that may require further work, and possible ECDC support. This will enable the countries to fulfil ECDC requirements for data and information submission, including completeness and timeliness, at the minimum level required by the EU. The visits also serve to meet the broader objectives of work stream 1, as set out above.

Specific objectives

The specific objectives of technical visits to the Western Balkans and Türkiye are:

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

1. Surveillance system description

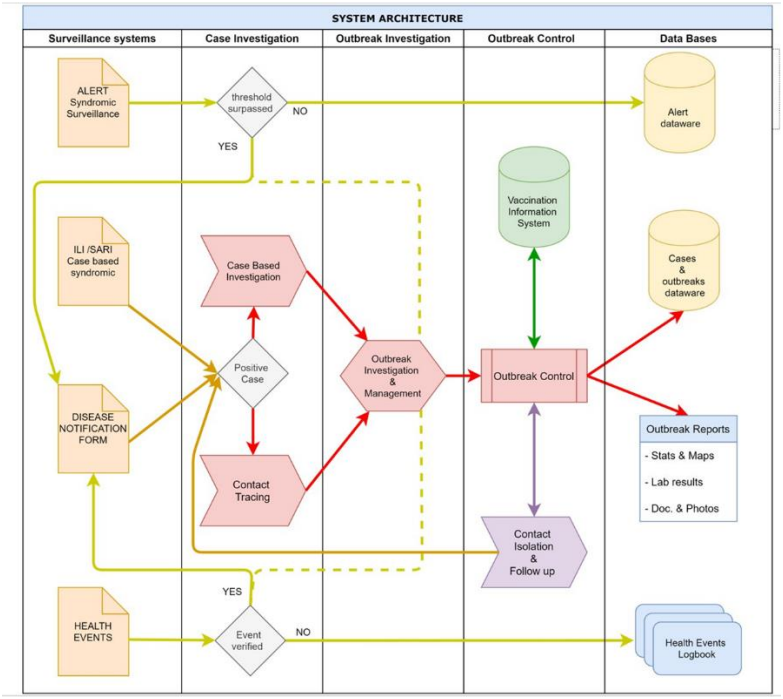
Albania has a mandatory communicable disease surveillance system in which cases and laboratory data are reported. This surveillance network covers all levels of healthcare facilities, including 415 primary care centres, 11 regional hospitals, 22 municipality hospitals, five tertiary hospitals and centres, 13 private hospitals and polyclinics, and 10 private laboratories. There are 36 local healthcare units (known under the acronym of NJVKSH in Albania) supporting this system, overseeing 61 municipalities. The national healthcare operator, with its four regional branches (Shkodra, Tirana, Vlora, and Elbasan), is responsible for the functioning of the NJVKSH. Through its surveillance centre, the Institute of Public Health (IPH), , provides guidance and education, analyses data, monitors surveillance and supports NJVKSH with human capacity needs, knowledge, tests and equipment when there is a need for outbreak investigation during emergencies or unusual events.

Albania's integrated disease surveillance information system for public health enhances notifiable disease data collection, sharing, and analysis. Its objectives include providing web-based disease data entry accessible to healthcare providers, case investigation forms and guidance for 80 diseases and 19 syndromic conditions, and events. It also provides improved workflows for surveillance, outbreak follow-up, public health investigations, and response actions, as well as a reporting module for data extraction, analysis, and visualisation.

Albania was mandated to report 78 infectious diseases under Order No.632 dated 19 August 2018,. With the addition of COVID-19 in 2020 and mpox in 2022, there are now 80 infectious diseases, 19 syndromes, and seven type of events notifiable in Albania by public and private healthcare institutions at all levels. Surveillance objectives for these diseases are communicated to relevant data providers, including local health units and epidemiologists. Regular online meetings every two weeks involving all epidemiologists nationwide ensure effective communication and compliance with reporting requirements, as mandated by law. This surveillance effort spans across all regions, with all levels of healthcare providers having access to the reporting platform.

In addition to the mandatory indicator-based surveillance, Albania also employs other surveillance systems (Figure 1). Event-based surveillance is employed across healthcare facilities, public services, and other sectors, focusing on activation during mass gatherings. Syndromic-based surveillance includes a system of early warning and response - ALERT for all included syndromes and sentinel influenza-like illness (ILI) in primary care health facilities and sentinel severe acute respiratory infections (SARI) in hospitals. Participatory surveillance involves NGOs reporting to public health authorities on testing, syndromes or events, particularly for HIV/AIDS, viral hepatitis, sexually transmitted diseases and mpox.

Figure 1. System architecture of communicable disease surveillance in Albania



Source: Institute of Public Health of Albania

The surveillance is passive for all diseases except for acute flaccid paralysis (AFP) and measles for which there is zero weekly reporting by all primary care and hospitals. The ILI and SARI sentinel surveillance system include testing for respiratory infections, mainly influenza virus and SARS-CoV-2, and recently for respiratory syncytial virus (RSV) and other respiratory viruses and bacteria based on an algorithm. Thirteen sentinel sites, including two university hospitals and 11 regional hospitals cover 72% of the population across all age groups and report the data year-round. These sites gather data from various hospital wards such as ICU/critical care, general/internal and paediatric medicine, infectious diseases, respiratory diseases, and maternity wards in regional facilities. Since 23 March 2022, a fully digitalised ILI/SARI surveillance has been integrated into a web-based platform of surveillance of infectious diseases system (SISI) implemented in April 2021 during the COVID -19 pandemic. This system links ILI/SARI cases with laboratory and immunisation information systems for testing results and information exchange.

Additionally, the IPH coordinates the collection of information for food-borne diseases and collaborates with the National Agency for Food Safety, the Ministry of Agriculture and Rural Development and the Institute of Food Safety and Veterinary Research for food safety and animal health surveillance. IPH uses data from the Institute of Statistics. Collaboration extends to environmental testing, blood bank surveillance, non-communicable disease monitoring, health promotion, education, and chemical environmental surveillance.

Evaluation procedures for the surveillance system use US-CDC and ECDC materials, producing reports for national and sub-national meetings. While guidelines for ILI/SARI exist at the national level, adherence at the local level can vary, highlighting areas for improvement such as timeliness.

2. Data collection

Since 2022, hospitals, laboratories, health centres, and general practitioners (GPs) can report cases and laboratory data online via a standardised notification form. Routine surveillance sources include local health authorities, regional public health authorities, GPs, hospitals, laboratories, and the blood bank. Some NGOs can also report cases or laboratory data according to their field of work, yet all can report data within the event-based system.

The institute uses a web-based system (SISI), with a central database to collect and record data. GPs collect data using a case reporting form, then enter the data into SISI themselves or authorise a person at the local health centre or public health authority to enter data into the system. Albania aims to provide direct access to this system for each general practitioner in the future.

A common case reporting form is available for all diseases and includes both clinical and laboratory data. This can be used with an investigation form tailored to specific diseases where more detailed clinical, epidemiological and laboratory information can be included. The reporting form is used by clinicians and laboratories, allowing laboratories to notify detections from laboratory tests in a designated section of the form, which is prompted by the clinicians' notification forms. Information for TESSy can be collected in either the reporting form or in the investigation form. Medical doctors are primarily responsible for reporting cases to public health authorities, and nurses can report rapid test results using their own credentials.

Albania has case definitions for all notifiable communicable diseases at the national level. In November 2023, the country released a document containing case definitions for 80 diseases, aligned with EU 2018 case definitions for diseases under EU surveillance. This document is accessible to healthcare professionals on the IPH's website and the SISI platform. Trainings are conducted at both the local and national level to ensure awareness and compliance.

Protocols and guidance documents for clinicians and healthcare professionals on reporting communicable diseases are readily available in the regulations on the Institute's website or SISI's library.

There is the same reporting protocol for all diseases, except for COVID-19 which has its own reporting protocol. Data from different surveillance methods, like ALERT surveillance (aggregated every seven days) and case-based surveillance are also collected using the same system

Albania shares its national surveillance data with various international agencies, including ECDC, the World Health Organization (for TB, HIV, AMR, and vaccine-preventable diseases, influenza, COVID-19 etc.), the European Food Safety Authority (for zoonotic diseases), the World Organisation for Animal Health (for zoonotic diseases), Joint United Nations Programme on HIV/AIDS (for AIDS data), US-CDC (for influenza, COVID-19, and respiratory surveillance), and the European Union Drugs Agency (for national drug agency data). This reporting is done annually with aggregated data.

3. Data quality

The surveillance system covers all regions and population segments. While some hard-to-reach populations may be missed, there are targeted actions to improve reporting in these populations.

Routine surveillance data are validated, including checks for duplicates and logic of data reported. Pre-defined answers minimise coding errors, supported by specific coded responses to prevent discrepancies. There are also protocols for data validation. In addition, epidemiologists write their own scripts to check the data. IPH is currently developing a unified data quality validation protocol for all diseases. Validation is mandatory for core variables, while flexibility exists for other variables based on disease types. Data for respiratory viruses are validated weekly, and other diseases are validated monthly. In the case of an emergency or outbreak situation, weekly bulletins can be produced for other disease, as is currently being done for measles and pertussis.

Validation processes are partially automated, following predefined scripts yet requiring some manual oversight. IPH checks the accuracy of the data before dissemination to local levels for updates. Local public health units can validate data themselves but may require additional training.

Missing data are most often from investigation forms, especially for dates (e.g. hospitalisation) or clinical data. This is due to others competing tasks on behalf of clinicians and lack of information between the hospital and primary care electronic systems and SISI. When such data are missing, they are checked and traced back to the source to find out more information. Missing data, particularly in investigations like HIV transmission modes, prompt staff inquiries for more detailed information, with semi-annual data monitoring for HIV and monthly checks for other diseases, although standards vary.

There has been some evaluation of reporting timeliness at the national level, prompting changes from a more paper-based system to more electronic methods. IPH plans to automate timeliness monitoring and publish data in a dashboard. Currently, there are no minimum thresholds and targets for data quality, prompting IPH to develop a protocol. This will require training for healthcare providers on data reporting, evaluation, and quality monitoring.

Proportions of laboratory-confirmed cases in the surveillance system could be calculated for all diseases even though this does not currently take place. IPH is developing a protocol to automate such reports within the dashboard of SISI.

Estimations of under-diagnosis and underreporting are only available for HIV, with regular data quality feedback provided to data providers monthly at the local level. Collaboration between local units and healthcare professionals ensures data quality, with final checks conducted five to ten days before the monthly bulletin is released.

4. Data management

Albania's database architecture and storage system are managed by the IPH, using a server with a physical backup server. The system operates on PHPmySQL language. As part of aligning with international standards, Albania is implementing the provisions of the EU General Data Protection Regulation, which currently applies to regulations defined within the country.

Unique identifiers, such as National ID, are recorded in hospitals and healthcare centres to allow tracking within and/or across surveillance systems. Data are pseudonymised or anonymised. Healthcare centres only have access to data they contribute to the system, while at the national level, data from all sources are available, and the system further pseudonymises or anonymises data to safeguard privacy.

All public health and other laboratories need to actively report data to the system themselves as there is no active laboratory information system or linkage in place. There was a laboratory information system for SARS-CoV-2 reporting but it is no longer active.

While it is technically possible to track and merge data across the healthcare sector, it can be complicated due to duplicate entries caused by cases reported multiple times when patients move between centres or hospitals. Efforts are underway to link such cases, with the current solution involving one investigation linked to multiple notifications using a single patient ID.

Data linkage across different systems in Albania is variable. For example, data from veterinary surveillance could be linked with the communicable disease surveillance system due to a web service and based on a list of agreed variables, however, this function has not been fully activated. Vaccine data are collected from cases and their contacts, and the system allows for manual input of missing information. Efforts are underway to integrate the communicable disease surveillance and blood and tissue product safety datasets, as this currently does not exist. Regarding non-communicable diseases, data could be linked through patient ID. Ongoing initiatives are targeted to link data from vectors to human cases by March 2025, to enhance overall data coherence and analytical capabilities.

5. Data analysis

Routine descriptive analyses of surveillance data in Albania are regularly conducted to calculate disease rates at the local, regional and national level. Comparative analysis of national disease rates with EU/EEA rates is performed at the national level on a need-based rather than routine basis to detect significant differences that may indicate data quality issues, particularly for zoonotic diseases. Trends for relevant diseases are routinely analysed, with differing timelines depending on the disease. For instance, respiratory viruses are analysed weekly, while other diseases are assessed monthly or annually. Some can be analysed weekly depending on the current epidemiological situation in the country, as is the case currently with as measles, AFP, or pertussis. Specific diseases like Hepatitis B and C are monitored monthly, looking at trends over the past year for inclusion in bulletins. Some of this analysis is automated through the SISI system, providing basic reports, with plans for further improvements to enhance reporting capabilities. Epidemiologists could download data from SISI for additional analysis.

Internal public health actions following routine data analysis vary. Monthly reports may not trigger significant action, but potential issues identified in daily reports prompt further investigation. For diseases like HIV and TB, national action plans are implemented. The annual report helps adjust priorities in these plans to align with the actual situation. Increased cases of Hepatitis B in a region prompt collaboration with local authorities and public health departments to validate data and take necessary actions, which are carried out monthly. Measles surveillance and vaccination efforts are also monitored monthly, collaborating with local public health institutions to achieve targets.

Findings from more advanced analyses were published in peer-reviewed journals, such as those for COVID-19 vaccine effectiveness [1] and factors associated with receipt of vaccination [2].

6. Dissemination of communicable disease surveillance data

Communicable disease surveillance data in Albania are disseminated across the district, regional, and national levels.

At the national level, reports containing surveillance data are generated on a regular basis: weekly, monthly, annually, and ad hoc as per specific requests. These reports are distributed to the Ministry of Health, local authorities, and regional operators. Weekly updates for ALERT events and syndromic surveillance are accessible on IPH's website. IPH publishes monthly bulletins summarising all diseases, while a quarterly bulletin is issued providing a comprehensive summary report. During vaccine seasons, weekly updates are provided; otherwise, updates are issued monthly and quarterly.

Regional level reporting includes weekly reports for respiratory viruses and monthly reports for other diseases. ALERT syndromic reports are issued weekly, and biweekly meetings are held for epidemiologists at all levels. These reports and meetings are primarily directed towards the 36 local public health authorities. While the reports are not published online at the regional level, some local public health authorities may choose to publish reports on their respective websites.

To streamline reporting and data visualisation, the Institute of Public Health has implemented automated reporting systems and dashboards, enhancing the efficiency and accessibility of surveillance data across different levels of the healthcare system.

7. Outbreak detection

Albania has a systematic approach to handling potential outbreaks and surveillance of communicable diseases. When there is a suspicion of an outbreak, the epidemiology officer takes charge, usually at the local level. They may contact all relevant parties to collect information for the investigation form, adhering to established criteria for investigations. The IPH waits for confirmation. If confirmed or if there are more cases, immediate action is taken. Local staff play a crucial role in providing confirmation, with IPH stepping in if the response is not timely. Action, such as contact tracing, often starts immediately upon suspicion, though it may not always be formally documented. GPs, hospitals, and the public could report suspected events directly to the IPH.

IPH operates a 24/7 duty office for immediate response to potential outbreaks, with plans to involve additional experts when necessary. A contact list for emergencies is maintained by the duty officer. Constant communication between national and local level epidemiologists supports timely information exchange and coordination.

Currently, automated signal detection for outbreak is not in place but is planned within SISI. Systematic monitoring of the number of cases (per disease) is performed and compared with previous time periods. Albania has some capacity for molecular surveillance, including PCR for all viral pathogens and TB, and sequencing for HIV, respiratory viruses, and hepatitis C.

Outbreak criteria follow national guideline based on publications of recognised organizations such as US-CDC, ECDC or WHO, and are accessible across all levels. Reporting guidelines are available on SISI. Local public health authorities held regular meetings with GPs to disseminate such information. Event and outbreak reporting as well as contact tracing is documented within SISI. More work is needed for reporting multiregional outbreaks in SISI.

Among recent outbreaks followed up by the IPH, the following are worth mentioning; there were measles outbreaks in Albania from 2018-2019 and January 2024 onwards (as of February 2024), both were detected through event and indicator-based surveillance. Norovirus outbreaks in 2022 and 2023 were detected through syndromic surveillance of diarrhoea. In 2023, an outbreak of salmonellosis was detected through event-based surveillance. Outbreak reports are only available within IPH and are not published.

8. Capacity

Albania follows specific laboratory criteria, aligned with EU definitions, for confirming all diseases within the 2018 EU list, and follows US-CDC or WHO criteria for other diseases. Collaboration with several countries enables confirmation of these diseases: Italian National Institute of Health for polio (for PCR), US-CDC for Dengue and Zika, MEDILAB network and EVDLab net, and ECDC sequencing for COVID conducted in Berlin (Germany).

The training programme for healthcare professionals on communicable disease case reporting takes place annually. This programme includes four events for each of the four regions. IPH provides materials at the local level for dissemination and training of healthcare workers in their respective regions. IPH also offers online training through a platform initially used for COVID-19 vaccination, which has been extended to other areas. Annual training for sentinel ILI and SARI surveillance are also conducted, with evaluations at the end of each session used to improve the programme for the following year. Additionally, training on data analysis and other relevant skills is provided.

Ten epidemiologists specialise in different infectious diseases at the national level, there are. Three data managers, one administrative staff member, and one IT specialist are responsible for maintaining the system. Communication duties are shared with the institute, with additional staff assigned to TB, HIV, and immunisation programs. Epidemiologists also participate in non-communicable disease surveillance efforts.

Surveillance and epidemiology are organised and operated at the local district level where each NJVKSH covers one to three municipalities and typically has one to two epidemiologists except for Tirana which has four but no dedicated data manager. Data entry is handled by one to two data assistants, with one administrative staff member overseeing surveillance activities. IT personnel often have other duties. Additionally, there are one to four staff members per district with epidemiology training, although they may not hold official titles in the field. Based on the IPH human capacity analyses, there is a need for further training in field epidemiology.

9. Conclusions and recommendations

Albania continues to make improvements in the area of surveillance. Its surveillance IT platform SISI is robust, versatile and able to be upgraded. However, some systemic challenges remained. ECDC recommends that Albania should consider the following recommendations based on their assessment:

- Review and update surveillance objectives;
- Establish and/or strengthen links between electronic-based systems (primary care, hospital care, vaccination, blood safety and others) with SISI;
- Improve data completeness for TESSy key variables (investigation form);
- Consider automatic export of data to TESSy.
- Consider automating:
  - the monitoring of data quality indicators,
  - the production of routine outputs,
  - the signal detection;
- Pilot the use of tools to detect signals for outbreaks (e.g. the EpiSignalDetection tool);
- Explore the possibility of advanced analysis of the surveillance data;
- Improve national training on field epidemiology, data management and data analyses

ECDC could provide support for some of these activities, including:

- Providing training in data management and data analysis;
- Automatic export of data to TESSy.

References

1. Sridhar S, Fico A, Preza I, Hatibi I, Sulo J, Kissling E, et al. COVID-19 vaccine effectiveness among healthcare workers in Albania (COVE-AL): protocol for a prospective cohort study and cohort baseline data. BMJ Open. 2022 Mar 23;12(3):e057741. Available at: https://www.ncbi.nlm.nih.gov/pubmed/35321895
2. Jorgensen P, Schmid A, Sulo J, Preza I, Hasibra I, Kissling E, et al. Factors associated with receipt of COVID-19 vaccination and SARS-CoV-2 seropositivity among healthcare workers in Albania (February 2021-June 2022): secondary analysis of a prospective cohort study. Lancet Reg Health Eur. 2023 Apr;27:100584. Available at: https://www.ncbi.nlm.nih.gov/pubmed/37013112

Annex 1. Country visit teams

ECDC team

- Julien Beauté (ECDC Team Leader), Principal Expert General Surveillance, Public Health Functions Unit
- Adrian Prodan, Surveillance Platform User Support Manager, Public Health Functions Unit
- Agne Bajoriniene, International relations officer, Director's Office
- Ha Hoang Nguyen, Interim Junior Expert, Public Health Functions Unit

Country team – Institute of Public Health of Albania

- Eugena Tomini, Director/ IPH and Epidemiologist, ECDC focal point for surveillance
- Silva Bino, Head, Epidemiology and Control of Infectious Diseases Department, ECDC national coordinator
- Adela Vasili, Medical Epidemiologist, alternate focal point for surveillance, IPH
- Elona Kureta, Medical Epidemiologist, IPH
- Artan Simaku, Medical Epidemiologist, IPH
- Luljeta Alla, DVM, Veterinary Epidemiologist, IPH
- Marjeta Dervishi, HIV/AIDS medical epidemiologist, IPH
- Jonilda Sulo, MPH, Epidemiologist, Data manager,
- Anisa Xhaferi, MPH, Database manager
- Fiona Konomi, PhM, Epdemiologist, Head of Epidemiological Service and Environmental Health, Tirana Public Health authority
- Ediona Kola, Public health specialist, Tirana regional public health service
- Donika Mema, TB medical epidemiologist, IPH
- Kujtim Mersinaj, DVM, Veterinary Epidemiologist, Faculty of Veterinary, IPH collaborator on surveillance systems and digitalization.
- Bajram Dedja Health systems specialists, IPH

Annex 2. Agenda

Day 0 – 26 February 2024	
14:30	Arrival of ECDC team

Day 1 – 27 February 2024 **Institute of Public Health of Albania, Rr.Aleksander Moisiu, nr 80, Tirane**		
Time	**Topic**	**Participants**
09:00–09:30	Welcome and introduction to the meeting	Eugena Tomini, IPH, Albania Silvia Bino, IPH, Albania
09:30–10:00	Surveillance of infectious diseases at EU/EEA level and strengthening surveillance in Western Balkans	Julien Beauté, ECDC
10:00–10:15	Break	
10:15–12:00	Presentation on Description of infectious disease surveillance system in Albania Discussion	Albania IPH, Silvia Bino
12:00–13:00	Lunch break	
13:00–14:00	Data collection	Albania IPH, Artan Simaku
14:00–15:00	Data quality	Albania IPH, Elona Kureta, Kujtim Mersinaj, Jonilda Sulo
15:00–16:00	Data management	Albania IPH – Jonilda Sulo, Anisa Xhaferi

Day2, 28 February 2024 **Tirana International Hotel & Conference Centre, Tirana city center (Skenderbeg Square), Tirana, Tirana 1001**		
Time	**Topic**	**Participants**
09:00–12:00	Data analysis	Albania IPH – Adela Vasili
	Dissemination of the communicable disease surveillance data	
	Break	
	Outbreak detection	
	Capacity	
12:30–13:30	Lunch break	
13:30–14:00	Discussion on selected diseases reported to ECDC	Albania IPH – Epi, ECDC
14:00–16:00	Training on TESSy reporting in the context of new EpiPulse portal Reporting of existing disease, Q&A Challenges and other issues, Q&A	Adrian Prodan, Albania IPH – Epi
14:30 – 15:30	Meeting with Delegation of the European Union to Albania (Online)	ECDC only: Julien Beauté, Agnė Bajorinienė
16:00–16:30	Debriefing session: Draft conclusions and way forward.	ECDC, Albania IPH – Epi

Funded by
the European Union

This activity has been prepared with the financial support of the European Union, Contribution Agreement ECDC-IPA6/2019/409-781 'Preparatory measures for the participation of the Western Balkans and Türkiye in the European Centre for Disease Prevention and Control with special focus on One Health against AMR and enhanced SARI surveillance'.