

**ECDC** TECHNICAL DOCUMENT

**Office of the Director, International Relations Section**

**Annex 4. Self-assessment questionnaire**

Assessing communicable disease control and prevention  
 in EU enlargement countries



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Purpose

This questionnaire is part of a set of tools developed by ECDC and the European Commission in the context of the EU accession negotiations process. It is directed at EU enlargement countries, i.e. EU candidate countries and potential candidate countries. The completed questionnaire will provide ECDC and the Commission with a good understanding of the national communicable disease surveillance prevention and control system, its organisation and functions, relevant national legislation, and key developments in this area.

Information collected from the questionnaire and, at a later stage during the assessment visit, will:

* contribute to the analysis of the enlargement country’s compliance with EU legislation and standards;
* show the degree to which EU legislation and standards have been implemented and if the necessary administrative capacity is available; and

contribute to the definition of the strengths of the current system, indicate areas for further improvement and thus help to strengthen the effectiveness and sustainability of the country's communicable disease control system.

This questionnaire refers to EU legislation and current standards in the field of communicable diseases (see Annexes 1 and 2 of the main document *Assessing communicable disease control and prevention in EU enlargement countries*).

The questionnaire is based on the following framework questions:

* Does the country have provisions that allow for the full implementation of the EU acquis with regard to the communicable disease system?
* Does the country have the infrastructure in place to implement the EU acquis and related recommendations/best practise in the field of communicable diseases?
* Does the country have the administrative capacities – including human resources, technical equipment, and sustainable funding – to implement the EU acquis and related recommendations/best practise in the area of communicable diseases?
* Does the surveillance of communicable diseases meet EU standards with regard to epidemiologic data on all diseases under EU surveillance, their case definitions and reporting protocols?
* Does the preparedness and response system in the area of public health emergencies (including communicable diseases) meet the EU standards in preparedness, and is there sufficient institutional capacity to timely provide comparable data and participate in coordinated activities organised by ECDC and other EU bodies?

Scope

The questionnaire consists of six sections which refer to the main components of the disease surveillance prevention and control system:

1. Health governance (including institutional sustainability)
2. Human resource capacity development
3. Surveillance
4. Preparedness and response to public emergencies (including large communicable disease outbreaks)
5. National system of public health microbiology laboratories
6. Disease programmes

Glossary

* **Active surveillance** refers to indicator surveillance where the organisation responsible for the surveillance implements systematic procedures for the identification and reporting of disease cases that go beyond the usual level of disease surveillance (see ‘passive surveillance’). This typically involves proactive and systematic communication from the surveillance organisation to data providers, relating to cases they could have seen in a given time period, often supplemented with an active review of case records.
* **Case definition**[[1]](#footnote-2) (in the context of Decision 1082/2013/EU) refers to a set of commonly agreed diagnostic criteria that have to be fulfilled in order to accurately identify cases of, for example, a targeted serious cross-border threat to health in a given population, while excluding the detection of unrelated threats.

Case definitions should not be used by healthcare providers to determine how to meet an individual patient’s health needs[[2]](#footnote-3). Case definitions are also developed during the course of outbreak investigations.

* **Communicable diseases**[[3]](#footnote-4): infectious disease caused by a contagious agent which is transmitted from person to person by direct contact with an infected individual or by indirect means such as exposure to vectors, animals, fomites, or contaminated bodily fluids. The diseases under consideration here are selected in accordance with criteria listed in the Annex to Decision No 1082/2013/EU.
* **Contact tracing**[[4]](#footnote-5) means measures implemented in order to trace persons who have been exposed to a person known to be infected with a communicable disease, and who are at risk of developing, or have developed, the disease.
* **Early warning and response system**. In disease surveillance, this is a specific procedure to detect – as early as possible – any abnormal occurrence or any departure from the usual or normally observed frequency of phenomena (e.g. one case of Ebola fever). An early warning system is only useful if linked to mechanisms for early response[[5]](#footnote-6). The EU Early Warning and Response System EWRS[[6]](#footnote-7) is a system for alerts in relation to serious cross-border threats to health, enabling the Commission and the competent authorities responsible at the national level to be in permanent communication in order to assess public health risks and determine the measures that may be required to protect public health.
* **Epidemic**. The occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence[[7]](#footnote-8).
* Epidemiological surveillance[[8]](#footnote-9) means the systematic collection, recording, analysis, interpretation and dissemination of data and analysis on communicable diseases and related special health issues.
* Event-based surveillance is the organised and rapid capture of information about events that are a potential risk to public health including: rumours/ad hoc reports through formal channels (no standard surveillance) or informal channels (e.g. media reports, health workers, NGOs). Main characteristics: 1) collects mostly unstructured information from multiple sources; 2) can be rapid and relatively sensitive; 3) useful where no formal surveillance systems exist or they are slow.
* Epidemic intelligence is defined as the process to early detect, validate, analyse, monitor and communicate on public health events that may represent a threat to public health. It encompasses activities related to both indicator- and event-based surveillance;
* Indicator based surveillance: the classic fundamental method as the core of country communicable disease surveillance, based on routine reporting of defined disease/syndrome cases. It is commonly used by healthcare facilities, which produce periodic reports. Main characteristics: 1) Commonly based on reports from healthcare professionals; 2) Within an agreed time frequency; 3) Based on disease/syndrome with specific case definition; 4) indicator-based surveillance may include reporting of: Disease cases (suspected or confirmed); syndromic cases; laboratory results; along with other indicators such as epidemiological characteristics and clinical outcomes.
* **Outbreak**. A disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area, or may extend over several countries. It may last for a few days or weeks, or for several years. A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognised in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated. For practical public health management purposes, two or more linked cases are often regarded as constituting an ‘outbreak’.
* **Outbreak case definition**. A common definition of cases considered (initially provisionally) to be part of an outbreak. This allows for standardisation of the cases of interest, both within an ongoing outbreak investigation and possibly between outbreak investigations that differ over time or geographic location. A case definition includes criteria for person, place, time, and clinical features. These should be specific to the outbreak under investigation.
* **Passive surveillance**. Refers to the arrangement where information providers for surveillance purposes (individual doctors, hospital wards, laboratories, etc.) report to public health units based on agreed requirements, without receiving regular reminders or specific feedback from them. Most diseases are kept under surveillance through passive surveillance arrangements.
* **Public health measure** means decisions or a coordinated set of actions aimed at preventing, monitoring or controlling the spread of diseases or contamination, combatting severe risks to public health, or mitigating their impact on public health.
* **Reporting completeness**. Proportion of all cases that were actually reported to the surveillance unit. It is usually stated as ‘% completeness as of a certain date’.
* **Reporting system**. The specific process by which diseases or health events are reported. This varies depending on the importance of the disease and the type of surveillance. A reporting system can be comprehensive or sentinel.
* **Reporting timeliness**. Measures of the time interval between occurrence of infected cases and reporting to the public health surveillance unit. Can be measured in a number of different ways.
* **Sentinel surveillance system**. A system in which a designated group of reporting sources – among physicians, hospitals, laboratories – agrees to report all cases of one or more notifiable conditions. Sentinel sources are selected based on type of health service provided, population catchment, geographical, administrative or other considerations.
* **Serious cross-border threat to health**[[9]](#footnote-10) means a life-threatening or otherwise serious hazard to health of biological, chemical, environmental or unknown origin which spreads (or entails a significant risk of spreading) across the national borders of Member States, and which may necessitate coordination at Union level in order to ensure a high level of human health protection.
* **Sensitivity of surveillance**[[10]](#footnote-11)**.** The ability of a surveillance or reporting system to detect true health events, i.e. the ratio of the total number of health events detected by the system over the total number of true health events as determined by an independent and more complete means of ascertainment.
* **Specific (additional) surveillance systems**. In the context of the questionnaire below, this term refers to ‘any substantive communicable disease surveillance systems that are administered separately or in parallel to the main national surveillance system’. Examples (for various countries) may include national surveillance systems for TB, HIV/AIDS, and sexually transmitted diseases.
* **Surveillance**. The process of systematic collection, orderly consolidation and evaluation of pertinent data, with prompt dissemination of the results to those who need to know, particularly those who are in a position to take action**[[11]](#footnote-12)**.
* **Syndromic surveillance**. Surveillance based on reporting of defined events occurring prior to (and not necessarily subject to) the laboratory confirmation of disease, and based on a defined population or catchment, e.g. incidence of cases of acute respiratory syndrome (according to a prior definition) at hospital accident and emergency departments, monitoring of over-the-counter sales for anti-diarrhoeal medicine in a given city or district.
* **Validation**. The process of confirming the accuracy and credibility of information received through cross reference with information from other sources.

Instructions

The self-assessment questionnaire includes the following types of questions:

* **Descriptive answers.** Please provide a concise answer in the communication window below the question.
* **'Yes' or 'No' answers.** Please check the applicable box; there are often free-text fields for comments.
* **Questions with preselected answers.** In the table in Subsection *1.1.2. List of diseases to be reported*, please use the drop-down lists, indicated by a down arrowhead (‘˅’) in columns 3, 4, 5 and 6 for optional answers; answers to columns 7 and 8 are numerical – please indicate the year for which these data are collected in the heading. In column 9 you may add a comment in the same row; if needed, you can add general comments in the free-text area.

**Checkboxes.** Use a tick or other mark to select one or several list items (e.g. questions 221a, b, c; 312e).

There are a number of questions which deviate from the standard pattern:

* Questions 3.1.6 (1) and 3.1.6 (2) refer to disease-specific surveillance systems. If your country operates more than two major additional disease-specific surveillance systems, please copy Section 3.1.6 (1) to add more systems.
* Question 411c on the preparedness in specific sectors of the national economy requires that you complete a table (Table Q 411c). All questions refer to the national preparedness plan, its scope with regard to the coverage of specific sectors of the national economy, and the existence of business continuity plans in each sector and its impact on public health. In column 3 of the table, please select the sectors covered by the national preparedness plan. Columns 4, 5 and 6 refer to business continuity plans. If there are such plans, please add the document titles in column 4. In column 5, give the date of adoption and add the date of the last amendment. If the plan refers to public health impact, please tick the box in column 6. Column 7 is for comments.

Questions under 5.1.2. Please follow the figure below and indicate the flow of clinical specimens/isolates from diagnostic laboratories to national reference laboratories.

**Figure:** Flow of specimens and isolates from diagnostic laboratories to national reference laboratories



Document delivery:

* If asked for additional documents, please provide them in an electronic format. Also provide an English translation, if possible. Documents can be copied to a memory stick/card, attached to an email, or uploaded to ANECC, the ECDC extranet developed for the assessment of non-EU countries’ capacities (see below). Alternatively, a link to a website or a cloud storage location can be given.
* If documents are only available as hard copies, please scan them and deliver them as described above. Alternatively, you can send hard copies together with the completed self-assessment questionnaire.

A form to list all additional documents is provided below (*2 List of attached documents*). Please list all documents that you provide in reply to the questionnaire; you may also add documents that you consider relevant.

Time for completion and return of this questionnaire: eight weeks.

If you have any questions, please contact International Relations at ECDC: [international.relations@ecdc.europa.eu](mailto:country.cooperation@ecdc.europa.eu).

Please note that despite its length, this questionnaire can be completed within a few days if the work is delegated to the relevant public health authorities (e.g. ministry of health, national public health institute, national referral laboratory services, and disease programme leaders). This should allow for sufficient time to review, coordinate, and approve all answers.

Correspondence and communication procedures

The completed questionnaire and all supporting documents should be uploaded to the [ECDC ANECC extranet web page](https://extranet.ecdc.europa.eu/ANECC). In addition, all documents should be emailed to:



Hard copies of all documents should be marked ‘Country capacity assessment’ on the envelope and sent to:

European Commission

Office B232/09

B-1049 Brussels

Belgium

European Centre for Disease Prevention and Control

Director’s Office

Granits väg 8, 171 65 Solna,

Sweden

Please do not hesitate to contact Dominique De Backer (phone +32 2 29 81429) at the Directorate-General Health and Food Safety (DG SANTE), or Boguslaw Suski at ECDC International Relations (phone: +46 8 5860 1360, e‑mail: ) if you have further questions regarding the assessment.

1 Self-assessment questionnaire to assess communicable disease control and prevention in EU enlargement countries

Disease surveillance, preparedness and response, health governance and public health capacity development

Please include a separate list of all official documents requested in this questionnaire.

|  |  |
| --- | --- |
|  | 1. Health governance |
|  | **Framework question 1:** Does the country have provisions that allow for the full implementation of the EU acquis with regard to the communicable disease system?  **Framework question 2:** Does the country have the infrastructure in place to implement the EU acquis and related recommendations/best practise in the field of communicable diseases?  **Framework question 3:** Does the country have the administrative capacities – including human resources, technical equipment, and sustainable funding – to implement the EU acquis and related recommendations/best practise in the area of communicable diseases? |
|  | 1.1. Legislation |
|  | 1.1.1. Legislation, regulations and administrative requirements regarding communicable disease surveillance, prevention and control |
| 1. | 111a. Please confirm that your country aims to develop your national legislation (where necessary) to meet the EU's acquis communautaire in the area of communicable diseases. |
| 2. | 111b. Which national legislative and regulatory provisions in your country cover the areas of communicable disease surveillance, prevention and control?  Please list the documents, provide the original titles (along with an English translation), and supply a brief summary in English.    Please supply copies of all documents and, if possible, English translations. |
|  | 1.1.2. List of diseases to be reported |
| 3. | 112a. What authorities and institutions develop and manage the list of notifiable communicable diseases in your country and under which legal provisions?    Please provide a copy of the document that contains the list of notifiable communicable diseases and other events subject to mandatory reporting in your country. |
| 4. | 112b. Please compare your national list of notifiable communicable diseases with the EU list (provided by Decision 2000/96/EC, and amendments) completing Table Q112b below. In columns 3, 4, 5, 6 use drop-down options to answer. In the heading of columns 7,8 please indicate the year of reporting which the provided data refer to. When needed, you may write specific comments in column 9 or general comments below the table. |

**Table Q 112b.** Overview of the national surveillance system for communicable diseases

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disease** | **Disease under surveillance** | **National surveillance Coverage** | **Laboratory diagnostic capacity to follow case definitions** | **Report type:  A: aggregated data,  C: case-based, U:** **unspecified, N: no report** | **Diseases reported internationally in** [Year] | | **Comments** |
| **Number of cases** | **Case rate per**  **100 000 population** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | **Respiratory tract diseases** |  |  |  |  |  |  |  |
| 1 | Influenza | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 2 | Tuberculosis |  |  |  |  |  |  |  |
|  | **STIs, including HIV and blood-borne viruses** | |  |  |  |  |  |  |
| 3 | *Chlamydia trachomatis* inf. | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 4 | Gonorrhoea | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 5 | Hepatitis B | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 6 | Hepatitis C | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 7 | HIV | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 8 | AIDS | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 9 | Syphilis | Yes  No | Yes  No | Yes  No |  |  |  |  |
|  | **Food- and waterborne diseases and zoonoses** | |  |  |  |  |  |  |
| 10 | Anthrax | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 11 | Botulism | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 12 | Brucellosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 13 | Campylobacteriosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 14 | Cholera | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 15 | Cryptosporidiosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 16 | Echinococcosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 17 | *Escherichia coli* (VTEC/STEC) | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 18 | Giardiasis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 19 | Hepatitis A | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 20 | Legionnaires’ disease | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 21 | Leptospirosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 22 | Listeriosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 23 | Salmonellosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 24 | Shigellosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 25 | Toxoplasmosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 26 | Trichinellosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 27 | Tularaemia | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 28 | Typhoid/paratyphoid fever | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 29 | Variant Creutzfeldt-Jakob disease (TSE) | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 30 | Yersiniosis | Yes  No | Yes  No | Yes  No |  |  |  |  |
|  | **Emerging and vector-borne diseases** |  |  |  |  |  |  |  |
| 31 | Malaria | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 32 | Plague (*Yersinia pestis* infection) | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 33 | Q fever | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 34 | SARS | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 35 | Smallpox | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 36 | Viral haemorrhagic fevers | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 37 | West Nile fever | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 38 | Yellow fever | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 39 | Tick-borne encephalitis | Yes  No | Yes  No | Yes  No |  |  |  |  |
|  | **Vaccine-preventable diseases** |  |  |  |  |  |  |  |
| 41 | Diphtheria | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 42 | Invasive *Haemophilus influenza* disease | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 43 | Invasive meningococcal disease | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 44 | Invasive pneumococcal disease | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 45 | Measles | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 46 | Mumps | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 47 | Pertussis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 48 | Poliomyelitis | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 49 | Rabies | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 50 | Rubella | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 51 | Tetanus | Yes  No | Yes  No | Yes  No |  |  |  |  |
|  | **Special health issues** |  |  |  |  |  |  |  |
| 52 | Antimicrobial resistance (using EUCAST clinical breakpoints) | Yes  No | Yes  No | Yes  No |  |  |  |  |
| 53 | Healthcare-associated infections (HAI) | Yes  No | Yes  No | Yes  No |  |  |  |  |

Comments on the table above:

|  |  |
| --- | --- |
| 5. | 112c. Are there any diseases in your country’s list of notifiable communicable diseases that are not mentioned in Table Q 112b? If so, please list them here: |

|  |  |
| --- | --- |
|  | 1.1.3. Case definitions |
| 6. | 113a. Are communicable disease case definitions are used in your country. If yes, what is used as the basis for the case definitions (e.g. WHO, EU, ICD)? |
| 7. | 113b. Which authority or institution issues the communicable disease case definitions in your country (and by which provisions)?  Please provide a copy of the document which contains the case definitions currently use in your country, together with amending documents, if any. Please provide an English translation. |
| 8. | 113c. Does your national surveillance system comply with the EU case definitions?  No  Yes  Please comment: |
|  | 1.1.4. Personal data protection |
| 9. | 114a. Is there an agreement on personal data protection between the EU and your country?  No  Yes. If yes, please provide the title and the date of the agreement: |
| 10. | 114b. Has your country harmonised and implemented the provisions of EU Directive 95/46/EC?  No  Yes  Please comment: |
| 11. | 114c. Please provide a list and copies of acts and regulations providing for the protection of personal data handled by the communicable disease surveillance and early detection and response systems in your country. Please add English versions if available.  Feel free to comment: |
|  | 1.1.5. Plans for developing or amending national legislation |
| 12. | 115a. Is your country in the process of changing its legislation (acts and/or regulations/ordinances) relating to communicable disease prevention and control? |
| 13. | 115b. Are there any legal drafts or proposals currently under development? If so, please provide us with copies and indicate the expected timeline for their adoption. |
|  | 1.1.6. Communication of epidemiological data with ECDC |
| 14. | 116a. Based on your present legal framework, would you be able to send disease data (e.g. on diseases under surveillance in the EU) to ECDC?  Yes  No. If not, are there any measures foreseen to enable this? Please describe the process and timeline: |

|  |  |
| --- | --- |
|  | 1.2. Organisational structures/institutional and financial sustainability of the system |
|  | 1.2.1. Description of the overall organisation of health and public health services related to communicable disease prevention and control |
| 15. | 121a. Briefly outline the organisation of healthcare services in your country (primary care, hospital and tertiary services). Alternatively, refer to an external document; please add internet link or hard copy. Please include a map if available. |
| 16. | 121b. Briefly describe the overall organisation of the existing communicable disease surveillance and control system at the national, regional and local levels.    Please include an organisational diagram of the system and up-to-date documents which describe the system more broadly. Alternatively, refer to an external document; please add internet link or hard copy. Please include a map if available. |
| 17. | 121c. Please provide a short description of the overall organisational structure of your microbiology laboratory system/services at the national, regional and local levels. Please include a map if available. |
|  | 1.2.2. Financial and institutional sustainability of the system, access to health services. |
| 18. | 122a. Please provide the latest available data on the health sector funding:   Health expenditure per capita, public and private:   Total health expenditure as a share of GDP:   For which year were the above data generated? |
| 19. | 122b. Have there been any substantial changes in any of the above expenditures of the past five years? Are significant changes anticipated for the future? |
| 20. | 122c. Do any of the following services require a patient’s co-payment or out-of-pocket payment? Please describe the type of contribution made by the patient.   Prevention of communicable diseases:   Laboratory diagnostics for communicable diseases:   Treatment of communicable diseases:   Hospital care (in general):   Primary healthcare (in general): |
| 21. | 122d. What is the average price of a GP consultation in the private sector when not co-financed by public funds: |
| 22. | 122e. What is the wage level in your country:   Minimum wage:   Average wage: |
| 23. | 122f. Which institutions are established by legislative provisions, how are they governed, financed, and staffed?  Complete the table below by providing – for each administrative level – the number of public and private institutions competent in communicable disease surveillance, prevention and control services (including primary and secondary public health microbiology laboratory services). Please provide information on the legal and administrative foundations of all institutions and outline their key functions and funding. |

**Table Q 122f.** Category of public and private institutions competent in communicable disease surveillance, prevention and control services, including primary and secondary public health microbiology laboratory services

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Administrative level** | **Category** | **Institution’s name** | **Type/title of the founding document;  date of adoption** | **Key administrative provisions governing the institution  (e.g. status)** | **Key functions** | **Main sources of funding** | **Number**  **of institutions** | **Total number of staff (approximate)** |
| Central | Public health authority |  |  |  |  |  |  |  |
| National epidemiological institutes/units |  |  |  |  |  |  |  |
| National labs |  |  |  |  |  |  |  |
| National hospitals |  |  |  |  |  |  |  |
| Provincial | Provincial public health authority |  |  |  |  |  |  |  |
| Provincial epidemiological institutes/units |  |  |  |  |  |  |  |
| Provincial hospital |  |  |  |  |  |  |  |
| Provincial labs |  |  |  |  |  |  |  |
| District\* | District public health authority |  |  |  |  |  |  |  |
| District epidemiological institutes/units |  |  |  |  |  |  |  |
| District hospitals |  |  |  |  |  |  |  |
| District labs |  |  |  |  |  |  |  |
| Municipalities\*\* | Municipal public health authority |  |  |  |  |  |  |  |
| Municipal epidemiological institutes/units |  |  |  |  |  |  |  |
| Municipal labs |  |  |  |  |  |  |  |
| Municipal clinics |  |  |  |  |  |  |  |
| GP |  |  |  |  |  |  |  |

Abbreviations: labs – public health microbiology laboratories; GP – general practitioners   
\* District – district or equivalent to LAU1; \*\* Municipality – municipality or equivalent to LAU2 (LAU local administrative units, in accordance with NUTS)

|  |  |
| --- | --- |
|  | 1.2.3. Competent authorities and institution |
| 24. | 123a. Please identify the authority, institution or structure responsible for collecting surveillance information on communicable diseases, antimicrobial resistance and healthcare-associated infections. |
| 25. | 123b. Please identify the authority, institution or structure responsible for monitoring, assessing, managing and communicating the risk related to biotoxins or other harmful biological agents. |
| 26. | 123c. Please identify the authority, institution or structure responsible for monitoring, assessing, managing and communicating the risk related to chemical incidents. |
| 27. | 123d. Please identify the authority, institution or structure responsible for monitoring, assessing, managing and communicating the risk related to environmental incidents and risks. |
| 28. | 123e. Please identify the authority, institution or structure responsible for assessing the risk of potential/identified communicable disease alerts/events. |
| 29. | 123f. Please identify the authority, institution or structure responsible for notifying alerts and determining the measures required for the protection of public health in relation to communicable diseases. |
| 30. | 123g. Please identify the authority, institution or structure responsible for determining measures for the protection of public health in relation to the deliberate release of biological agents (‘bioterrorism’). |
| 31. | 123h. Please identify the authority, institution or structure responsible for managing the risks from potential/identified communicable disease alerts/events. |
| 32. | 123i. Please identify the authority, institution or structure responsible for the implementation of preventive and protective measures in relation to communicable diseases, including quarantine, isolation or liability. |
| 33. | 123j. Please identify the competent authority, institution or structure responsible for risk and/or crisis communication. |
| 34. | 123k. Please identify the competent authority, institution or structure responsible for implementation of diagnostic and reference microbiology services. |
| 35. | 123l. Please identify the competent authority, institution or structure responsible for capacity development and training in communicable disease surveillance and response. |
|  | 1.3. Future participation of the country in EU structures |
| 36. | 13a. Please provide a competent institution, department and your current or future representative (including job title and organisational affiliation) at the Committee on serious cross-border threats to health, in accordance with Art. 18 of Decision 1082/2013/EU? |
| 37. | 13b. Please provide a competent institution, department and possibly the your current or future representative/focal point (including job title and organisational affiliation) for EWRS? |
| 38. | 13c. Please provide a competent institution, department and possibly your current or future representative (including job title and organisational affiliation) in the Health Security Committee? |
| 39. | 13d. If requested, from which national institution would your representatives/national focal points (NFP)/contact points be delegated for the ECDC structures listed below? Please complete Table Q13d below. |

**Table Q13d.** Country capacity to participate in current ECDC structures/bodies

|  |  |  |
| --- | --- | --- |
| **Name of structure** | **National competent institution** | **Department, position, affiliation of the representative** |
| ECDC Management Board |  |  |
| ECDC Advisory Forum |  |  |
| ECDC Coordinating Competent Body and National Coordinator |  |  |
| ECDC National Focal Points for Surveillance |  |  |
| ECDC National Microbiology Focal Points Forum |  |  |
| NFP antimicrobial resistance (ARHAI Programme) |  |  |
| NFP antimicrobial consumption (ARHAI Programme) |  |  |
| NFP healthcare-associated infections (ARHAI Programme) |  |  |
| NFP emerging and vector-borne diseases (EVD Programme) |  |  |
| NFP influenza and other respiratory diseases (IRV Programme) |  |  |
| NFP food-and waterborne diseases and zoonoses (FWD Programme) |  |  |
| NFP legionellosis (FWD Programme) |  |  |
| NFP transmissible spongiform encephalopathy (TSE) (FWD Programme) |  |  |
| NFP HIV/AIDS/STI and hepatitis B/C (HSH Programme) |  |  |
| NFP tuberculosis (TB Programme) |  |  |
| NFP vaccine-preventable diseases (VPD Programme) |  |  |
| NFP communication |  |  |
| NFP preparedness and response |  |  |
| NFP public health training |  |  |
| NFP scientific advice coordination |  |  |
| NFP threat detection, EWRS and IHR |  |  |
| National advisor on the Eurosurveillance editorial board |  |  |

Note: This is a hypothetical estimation of country’s capacity and should not be considered as a formal request for the nomination of country representatives.

|  |  |  |
| --- | --- | --- |
|  | 2. Human resource capacity development | |
|  | **Framework question 3:** Does the country have the administrative capacities – including human resources, technical equipment, and sustainable funding – to implement the EU acquis and related recommendations/best practise in the area of communicable diseases? | |
|  | 2.1. Capacity in applied/field epidemiology | |
|  | 2.1.1 Workforce planning | |
| 40. | 211a. Is there a national plan/strategy for workforce planning, particularly with regard to professions involved in communicable disease surveillance and control?  No  If no strategy and/or action plan available, is there any plan to develop / implement it? Please provide a possible timeline.  Yes  If yes, please provide the title in English and a web address if available. Please also provide the document, preferably in English translation or in a translatable version (e.g. Word or PDF). | |
| 41. | 211b. Please describe how the implementation of the national plan/strategy for strengthening human resources in the health area is financed, particularly with regard to professions in communicable disease surveillance and response. | |
|  | 2.1.2 Specialist workforce related to communicable disease prevention and control | |
| 42. | 212a. Please outline the staffing and organisation of the epidemiology service at the national level and indicate the number of staff by job title and organisational affiliation (e.g. epidemiologist, data manager, administrator, etc.). Please add an organisational chart for the services at the national level. | |
| 43. | 212b. How many field/applied epidemiologists currently work:   * at the national level? * at the sub-national level? | |
| 44. | 212c. How many epidemiologists at the national level who work in communicable disease prevention and control are competent in at least 23 of the [26 competency domains](https://wiki.ecdc.europa.eu/fem/w/wiki/core-competencies-in-intervention-epidemiology.aspx) for EU epidemiologists ([link](https://wiki.ecdc.europa.eu/fem/w/wiki/core-competencies-in-intervention-epidemiology.aspx))?  Please give the number of all applicable specialist epidemiologists (n of total, n/t): | |
| 45. | 212d. How many field/applied epidemiologists who work in the area of communicable disease surveillance and response have:   * less than five years of experience: * five or more (less than 10) years of experience: * 10 or more years of experience:      ? | |
|  | 2.2. Training and education | |
|  | 2.2.1 Areas of specialisation related to communicable disease prevention and control | |
| 46. | 221a. Does your country offer training programmes leading to specialisation in the following fields? If yes, please tick the box and indicate the (approximate mean) number of trainees entering the programme annually. | |
|  | Specialisation training programme offered in the country | Number of trainees per year: mean (average) number of new entrants per year |
|  | Applied/field epidemiology |  |
|  | Clinical infectious diseases |  |
|  | Public health |  |
|  | Clinical microbiology |  |
|  | Infection control |  |
|  | Health economics |  |
|  | Health education |  |
|  | Public health nursing |  |
|  | Data management |  |
|  | Other, please specify: |  |
| 47. | 221b. For specialisations in place (yes in question 221a) please indicate:  (a) Are the specialisations/programmes defined in legislation/regulations?  (b) If yes, please specify the legislation/regulations. A web address may be given. | |
|  | Programme defined in legislation. Please tick box if yes. | Title of a legislative provision  (please state and/or give web address) |
|  | Applied/field epidemiology |  |
|  | Clinical infectious diseases |  |
|  | Public health |  |
|  | Clinical microbiology |  |
|  | Infection control |  |
|  | Health economics |  |
|  | Health education |  |
|  | Public health nursing |  |
|  | Data management |  |
|  | Other, please specify: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 48. | 221c. Please provide the eligibility criteria for admission to the specialisation programmes in question 221a. | | |
|  | Programme | | Eligibility criteria for admission |
|  | Applied/field epidemiology | |  |
|  | Clinical infectious diseases | |  |
|  | Public health | |  |
|  | Clinical microbiology | |  |
|  | Infection control | |  |
|  | Health economics | |  |
|  | Health education | |  |
|  | Public health nursing | |  |
|  | Data management | |  |
|  | Other, please specify: | |  |
| 49. | 221d. Is there a two-year ‘learning-by-doing’ field epidemiology training programme (or equivalent) in your country?  No  Yes  If yes, please provide name and brief description of the programme (goals, learning objectives, methodology, etc.) and outline the eligibility criteria for admission to the training programme | | |
| 50. | 221e. Which of the following programmes are financed or supported by public funding, Tick the box for yes.  Post-graduate studies  Specialisation programmes  Field epidemiology training programme  Continuous professional development | | |
|  | 2.2.2 Master in public health programmes | | |
| 51. | 222a. How many Master in public health programmes (MPH programmes), or equivalent, are offered in your country? | | |
| 52. | 222b. How many entrants into MPH programmes are there each year? | | |
| 53. | 222c. How many entrants into MPH programmes each year do not have a medical degree qualification? | | |
|  | 2.3. Curricula for specialisation or post-graduate training in applied epidemiology, public health microbiology and related specialities | | |
| 54. | 23a. Please provide a list of core competencies for specialists in applied epidemiology or a core curriculum of postgraduate professional education in applied epidemiology used in your country, and comment on its compatibility with the ECDC core competencies (available at [http://ecdc.europa.eu/en/publications/Publications/0801\_TED\_Core\_Competencies\_for\_Public\_Health\_Epidemiologists.pdf](http://ecdcsp2010/en/publications/Publications/0801_TED_Core_Competencies_for_Public_Health_Epidemiologists.pdf) ) | | |
| 55. | 23b. Please provide a list of core competencies for specialists in clinical microbiology or a core curriculum of postgraduate professional education in clinical microbiology used in your country, and comment on its compatibility with the ECDC guidelines (available at:  [http://www.ecdc.europa.eu/en/publications/\_layouts/forms/Publication\_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=752](http://ecdcsp2010/en/publications/_layouts/forms/Publication_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=752)) | | |
|  | 2.4. Continuing professional development (communicable disease surveillance and response functions) | | |
|  | 2.4.1. Public Health staff responsible for communicable disease surveillance, public health microbiology, outbreak investigation | | |
| 56. | 241a. For the specialisations in Question 221a, please indicate if there are programmes of continuing professional development.  No  Yes  If yes, please briefly outline the scope and organisation of the programme in the below fields. | | |
|  | Continuing professional development programmes. Please tick box if yes. | Outline details | |
|  | Applied/field epidemiology |  | |
|  | Clinical infectious diseases |  | |
|  | Public health |  | |
|  | Clinical microbiology |  | |
|  | Infection control |  | |
|  | Health economics |  | |
|  | Health education |  | |
|  | Public health nursing |  | |
|  | Data management |  | |
|  | Other, please specify: |  | |

|  |  |  |
| --- | --- | --- |
|  | 2.4.2. Clinical staff responsible for reporting communicable diseases and/or infection control | |
| 57. | 242a. Please describe briefly how professional competences of primary and secondary healthcare staff in the field of communicable disease surveillance and control are maintained? | |
|  | 2.5. Licensing of public health workforce | |
| 58. | 241a. Concerning the specialisations in Question 221a:  (a) Please indicate whether periodic re-licensing is required  (b) Briefly outline the institutions and mechanisms for relicensing in the specialty | |
|  | Relicensing requirements exist.  Please tick box if yes. | Outline institutions and mechanisms (give brief details and web address if available) |
|  | Applied/field epidemiology |  |
|  | Clinical infectious diseases |  |
|  | Public health |  |
|  | Clinical microbiology |  |
|  | Infection control |  |
|  | Health economics |  |
|  | Health education |  |
|  | Public health nursing |  |
|  | Data management |  |
|  | Other, please specify: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Section 3. Surveillance | | | | | | | |
|  | **Framework question 4:**  Does the surveillance of communicable diseases meet EU standards with regard to epidemiologic data on all diseases under EU surveillance, their case definitions and reporting protocols? | | | | | | | |
|  | 3.1 National Surveillance system description | | | | | | | |
|  | 3.1.1. System objectives | | | | | | | |
|  | 311. Legislation and regulations: see responses given in Section 1.1 | | | | | | | |
| 59. | 311a. Is there a statement of the overall objectives or purposes of the national communicable disease surveillance systems?  No  Yes. If yes, please provide a copy of the relevant documentation.  Are there statements of the objectives or purposes of surveillance of specific diseases (e.g. HIV, TB)?  No  Yes. If yes, please provide a copy of the relevant documentation: | | | | | | | |
| 60. | 311b. Protocols and guidance: Are there protocols and/or guidance for clinical and other health practitioners on the public health management of communicable diseases of public health importance?  No  Yes. If yes, please list existing protocols: | | | | | | | |
| 61. | 311c. Protocols and guidance: Are there protocols and/or guidelines for epidemiologists and other public health staff on managing cases of communicable diseases of public health importance?  No  Yes. If yes, please list the main current protocols: | | | | | | | |
|  | 3.1.2. System overview | | | | | | | |
| 62. | 312a. Do you have a single national surveillance systems which covers all communicable diseases under mandatory surveillance?  Yes  No. If no, how many surveillance systems do you have and which diseases are covered by each of them? | | | | | | | |
| 63. | 312b. Which notifiable diseases (see Section 1.1.2.) have to be reported immediately or within a time limit?    Please provide a copy of the document with reporting turnaround times. | | | | | | | |
| 64. | 312c. Is there a 24/7 duty system for diseases that require urgent reporting?  No  Yes. If yes,please briefly describe this system at national and subnational levels: | | | | | | | |
| 65. | 312d. Describe briefly how communicable disease cases are reported to the local public health authority, e.g. the reporting of a suspected and/or confirmed case of a notifiable disease; also mention other reporting mechanisms (e.g. reporting of laboratory isolates). | | | | | | | |
| 66. | 312e. Indicate the persons/organisations required, or able, to report cases to the public health authorities.  Primary healthcare: medical doctor  Primary healthcare: nurse  Hospital: medical doctor  Hospital: nurse  Laboratory  Ambulance services  Schools  Other, please describe: | | | | | | | |
| 67. | 312f. Please describe briefly the processes by which the diagnosis of suspected cases of a notifiable disease is confirmed, and by whom (reporting doctor, microbiologist, epidemiologist, other): | | | | | | | |
| 68. | 312g. Is there a classification system for cases counted and reported for statistics by the surveillance system?  No  Yes. If yes,please describe briefly: | | | | | | | |
| 69. | 312h. Please provide a diagram of the flow of case information throughout the system (presentation of the patient, reporting of a suspected case, confirmation of the case). The diagram should indicate public health authorities at each level in the system, reporting to the ministry and other national and international organisations, and feedback of information to data providers.  For each step, show how the information is communicated (mail, fax, email, website, etc.) and whether the information flow relates to individual cases or aggregate reports. | | | | | | | |
| 70. | 312i. Briefly describe the processes for routine follow-up and public health (epidemiological) management of individual, reported cases of notifiable disease.  Include a brief description of how sporadic cases of the following are routinely managed:  (a) diarrhoea (cause unknown):  (b) *Salmonella* (confirmed): | | | | | | | |
| 71. | 312j. Are roles and responsibilities documented at each level of the surveillance system?  No  Yes. If yes, please provide a brief description of roles and responsibilities: | | | | | | | |
| 72. | 312k. Please describe the support from the national level given to the local/regional level surveillance and control services. | | | | | | | |
|  | 3.1.3. Databases and information technology | | | | | | | |
| 73. | 313a. Is there a functional computerised network for communicable disease surveillance reporting at the national level?  No  Yes. Please describe: | | | | | | | |
| 74. | 313b. How does the surveillance network collect and record its data?  In a paper-based system  In a paper-based system with a central computerised database at the national level  In a system with distributed databases (data stored at district surveillance units); data are copied to the national level  In a web-based system with a central database  In a system with distributed databases (data stored at district surveillance units); data are copied to the national level  In a paper-based system with a central database at the national level  Other, please describe: | | | | | | | |
| 75. | 313c. Please describe briefly the following aspects of the databases and information systems at the national level:   Case information held and information flow:   Work processes:   Database, data structure and storage:   Data protection, data access: | | | | | | | |
| 76. | 313d. Please indicate the number of surveillance units at each administrative level which have the following: | | | | | | | |
|  | Surveillance units at the | Computers | Printers | Photocopiers | Internet access/  broadband | Web browsers | Statistical software package | Data managers |
|  | National level |  |  |  |  |  |  |  |
|  | Province level |  |  |  |  |  |  |  |
|  | District level |  |  |  |  |  |  |  |
|  | Municipality |  |  |  |  |  |  |  |
|  | Please provide comments if applicable: | | | | | | | |
|  | 3.1.4. Data analysis | | | | | | | |
| 77. | 314a. Data analysis at local level:  Please indicate the number of local surveillance units that routinely perform descriptive analyses:  Are descriptive summary data reports routinely prepared?  No  Yes  Are calculations of disease rates routinely performed?  No  Yes. If yes, what denominators are used?  Are current analyses of trends performed for relevant diseases?  No  Yes  Are risk factor studies conducted for selected diseases?  No  Yes  Please provide examples of the above: | | | | | | | |
| 78. | 314b. Data analysis at the regional level (if applicable):  Please indicate the number of regional surveillance units that routinely perform descriptive analyses:  Are descriptive summary data reports routinely prepared?  No  Yes  Are calculations of disease rates routinely performed?  No  Yes. If yes, what denominators are used?  Are current analyses of trends performed for relevant diseases?  No  Yes  Are risk factor studies conducted for selected diseases?  No  Yes  Please provide examples of the above: | | | | | | | |
| 79. | 314c. Data analysis at the national level:  Are descriptive summary data reports routinely prepared?  No  Yes  Are calculations of disease rates routinely performed?  No  Yes. If yes, what denominators are used?  Are current analyses of trends performed for relevant diseases?  No  Yes  Are risk factor studies conducted for selected diseases?  No  Yes  Please provide examples of the above: | | | | | | | |

|  |  |
| --- | --- |
|  | 3.1.5. Reporting and feedback of communicable disease surveillance information |
| 80. | 315a. Reporting and feedback at the local level:  Please give examples of reports or bulletins that regularly present surveillance data:  Please indicate frequency of production:  Weekly report  Monthly report  Quarterly report  Ad hoc report  Interactive online report  Who are the recipients of regular (e.g. monthly) reports?  Is an annual report produced?  No  Yes. If yes, please provide a copy. |
| 81. | 315b. Reporting and feedback at the regional level (if applicable):  Please give examples of reports or bulletins that regularly present surveillance data:  Please indicate frequency of production:  Weekly report  Monthly report  Quarterly report  Ad hoc report  Interactive online report  Who are the recipients of regular (e.g. monthly) reports?  Is an annual report produced?  No  Yes. If yes, please provide a copy. |
| 82. | 315c. Reporting and feedback at the national level:  Please give examples of reports or bulletins that regularly present surveillance data:  Please indicate frequency of production, the intended recipients, means of dissemination, and the number of subscribers or number of copies of each issue that are disseminated:  Weekly report  Monthly report  Quarterly report  Ad hoc report  Interactive online report  Are there other means of communicating with stakeholders (e.g. scientific meetings, conferences, continuing professional development meetings)?  No  Yes. If yes, please specify:  Is an annual report produced?  No  Yes. If yes, please provide a copy of the most recent report.  To which recipient groups was it sent?  How was the report disseminated? Please give an indication of the number of copies distributed or downloaded. If online, how many times was the report page accessed? |
|  | 3.1.6 (1) Additional major disease-specific surveillance systems |
| 83. | 316a. In addition to the general surveillance system described above, are there other diseases covered by disease-specific surveillance systems (e.g. TB, HIV, STI)?  No  Yes. If yes, please specify the diseases: |
|  | If there is more than one additional disease-specific system, please fill in Sections 3.1.6 (2–3). If you need more space, please copy the next eight questions into a blank Word document and fill it out. |
| 84. | 3161a. Describe briefly how communicable disease cases are reported to the relevant public health authority, e.g. the reporting of a suspected and/or confirmed case of a notifiable disease. |
| 85. | 3161b. Indicate the persons/organisations required, or able, to report cases to the public health authorities. |
| 86. | 3161c. Please describe briefly the processes by which the diagnosis of suspected cases of a notifiable disease is confirmed: |
| 87. | 3161d. Please describe briefly the case definitions in use by the surveillance system (if applicable). Please provide further documentation. |
| 88. | 3161e. Please provide a diagram of the flow of case information throughout the system (presentation of the patient, reporting of a suspected case, confirmation of the case). The diagram should indicate public health authorities at each level in the system, reporting to the ministry and other national and international organisations, and feedback of information to data providers.  For each step, show how the information is communicated (mail, fax, email, website, etc.) and whether the information flow relates to individual cases or aggregate reports. |
|  | Note: The questions below should be answered |
| 89. | 3161f. Databases and information systems of major additional disease specific surveillance; please provide information concerning the surveillance system by answering the questions in Section 3.1.3. on databases and information systems. |
| 90. | 3161g. Analysis (each level): please provide information concerning the surveillance system by answering the questions in Section 3.1.4. on data analysis. |
| 91. | 3161h. Feedback (each level): please provide information concerning the surveillance system by answering the questions in Section 3.1.5. on reporting and feedback. |
|  | This is the space for answers concerning further additional disease-specific surveillance system |
|  | 3.1.6 (2) Additional major disease-specific surveillance systems |
| 84. | 3162a. Describe briefly how communicable disease cases are reported to the relevant public health authority, e.g. the reporting of a suspected and/or confirmed case of a notifiable disease. |
| 85. | 3162b. Indicate the persons/organisations required, or able, to report cases to the public health authorities. |
| 86. | 3162c. Please describe briefly the processes by which the diagnosis of suspected cases of a notifiable disease is confirmed: |
| 87. | 3162d. Please describe briefly the case definitions in use by the surveillance system (if applicable). Please provide further documentation. |
| 88. | 3162e. Please provide a diagram of the flow of case information throughout the system (presentation of the patient, reporting of a suspected case, confirmation of the case). The diagram should indicate public health authorities at each level in the system, reporting to the ministry and other national and international organisations, and feedback of information to data providers.  For each step, show how the information is communicated (mail, fax, email, website, etc.) and whether the information flow relates to individual cases or aggregate reports. |
| 89. | 3162f. Databases and information systems of major additional disease specific surveillance; please provide information concerning the surveillance system by answering the questions in Section 3.1.3. on databases and information systems. |
| 90. | 3162g. Analysis (each level): please provide information concerning the surveillance system by answering the questions in Section 3.1.4. on data analysis. |
| 91. | 3162h. Feedback (each level): please provide information concerning the surveillance system by answering the questions in Section 3.1.5. on reporting and feedback. |
|  | 3.1.7. Sentinel surveillance systems |
| 92. | 317a. Are any diseases under surveillance through sentinel surveillance systems?  No  Yes. If yes, please list the systems and give a short description: |
|  | 3.1.8. Syndromic surveillance systems |
| 93. | 318a. Are any health events under surveillance through syndromic surveillance systems?  No  Yes. If yes, please list the systems and give a short description:  (Please indicate only systems that report syndromes not already covered by the notifiable disease system). |
|  | 3.1.9. Personal data protection |
|  | Laws and regulations: see answers to Section 1.1.4. |
| 94. | 319a. Are there any protocols and guidelines (below the level of ministerial regulation and aimed at public health and clinical staff) on the protection of personal data handled by the communicable disease reporting and surveillance system?  No  Yes. If yes, please describe: |
| 95. | 319b. Staff training at the local level:  Briefly describe procedures for training of surveillance staff in the principles and practices of personal data protection; also mention briefly procedures for the induction of new staff and for periodic training of existing staff: |
| 96. | 319c. Staff training at the regional level:  Briefly describe procedures for training of surveillance staff in the principles and practices of personal data protection; also mention briefly procedures for the induction of new staff and for periodic training of existing staff: |
| 97. | 319d. Staff training at the national level:  Briefly describe procedures for training of surveillance staff in the principles and practices of personal data protection; also mention briefly procedures for the induction of new staff and for periodic training of existing staff: |
|  | 3.2. Surveillance system assessment |
|  | 3.2.1 Evaluation and monitoring of surveillance systems |
| 98. | 321a. Has there been an overall evaluation of the national surveillance system in the last ten years?  No  Yes. If yes, please briefly add: date of last evaluation, objectives of the evaluation, recommendations given at the end of the evaluation, action taken as result of the evaluation:  If yes, also provide a copy of the evaluation report. |
| 99. | 321b. Have there been any evaluations of the surveillance systems for specific diseases in the last ten years?  No  Yes. If yes, please briefly add: date of last evaluation, objectives of the evaluation, recommendations given at the end of the evaluation, action taken as result of the evaluation:  If yes, also provide a copy of the evaluation report. |
| 100. | 321c. Do you have access to any of the following sources of data to support the evaluation of the surveillance system:  Health registers (impatient/outpatient)  Laboratory records  General medical practice records  Please list some examples of public health actions in the past 2–3 years that were based on information from the surveillance system given to decision-makers: |
|  | 3.2.2. Sensitivity and validity of surveillance system data (external completeness) |
| 101. | 322a. Have you ever measured the number/proportion of actually occurring cases of a disease that are detected by the surveillance system (under-ascertainment/underreporting)?  No  Yes. If yes, please provide a title below and add copies of the documents/reports. |
| 102. | 322b. Have you ever evaluated the external validity of the surveillance data, i.e. was the accuracy of your data verified by independent external evaluators?  No  Yes. If yes, please provide a title below and add copies of the documents/reports. |
|  | 3.2.3. Internal completeness and validity of surveillance system data |
| 103. | 323a. Do you monitor the number/proportion of surveillance reports that do not have information gaps in the case reports for notifiable diseases?  No  Yes. If yes, please provide a title below and add copies of the documents/reports. |
| 104. | 323b. Please provide a brief description of the methods (or supply documentation describing these methods) used for the internal validation of surveillance data (e.g. coding errors, logical links between case data, removal of duplicates).    Please provide copies of documents which contain a description of these methods. |
|  | 3.2.4. Timeliness of surveillance system data |
| 105. | 324a. Do you monitor any indicators of timeliness of surveillance data?  No  Yes. If yes, please provide a title below and add copies of documents which include values for these indicators. |
|  | 3.3. System coordination and integration |
|  | 3.3.1. Coordination and integration of national reporting systems |
| 106. | 331a. Are there any coordination mechanisms between different national communicable disease surveillance systems (general surveillance system, HIV, TB, etc.)?  No  Yes. If yes, please describe these coordination mechanisms: |
| 107. | 331b. Are there any data linkages between these systems?  No  Yes. If yes, please describe briefly: |
| 108. | 331c. Describe briefly the integration of the national disease surveillance system with outbreak reporting or early warning systems. |
| 109. | 331d. Describe briefly the coordination mechanisms between the communicable disease surveillance system and the public health intervention/response systems (e.g. health inspectorates). |
| 110. | 331e. Are there coordination mechanisms between the communicable disease surveillance system and the following public health systems:  Food safety  Veterinary surveillance  Mortality surveillance  Non-communicable disease systems  Environmental surveillance  Potable water monitoring  Blood and tissue product safety  Other, please specify:  If yes, please describe briefly: |
| 111. | 331f. Are there any data linkages between the communicable disease surveillance system and the public health systems listed below?  Food safety  Veterinary surveillance  Mortality surveillance  Non-communicable disease systems  Environmental surveillance  Potable water monitoring  Blood and tissue product safety  Other, please specify:  If yes, please describe briefly: |
|  | 3.3.2. National reporting, case-based surveillance data |
| 112. | 332a. Please list the national organisations which receive regular reports from the national-level agency responsible for communicable disease surveillance. For each report please give:   * the frequency of reporting (e.g. monthly, annually) * the basis of the reported statistic (e.g. all notifications, confirmed cases in accordance with the national case definition)     Please provide a copy of representative reports or add a web address. |
|  | 3.3.3. International reporting, case-based data |
| 113. | 333a. Please list the international agencies to which your country reports to. Include the name of the reporting system and the diseases covered. Also, specify the reporting frequency and the type of reporting (individual case data or aggregate data).  Example: WHO: CISID; all diseases requested under CISID, aggregate data, annual reports)  WHO  ECDC  Other, please specify: |

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|  | 3.3.4. Reporting of individual case data to TESSy |
| 114. | 334a. With the current data available at the national level, would you be able to report individual case data to TESSy in accordance with EU case definitions and TESSy metadata?  No  Yes. If yes, please outline briefly the administrative processes you would have to implement in order to systematically report individual cases to TESSy in accordance with the EU case definitions. |
| 115. | 334b. Would the process of classifying cases in accordance with EU definitions be continuous or periodic (e.g. annual)? |
|  | 3.4. Outbreak detection and control |
|  | 3.4.1. Outbreak definition and reporting |
| 116. | 341a. What criteria are used to determine if there is an outbreak in your country? |
| 117. | 341b. Who is reporting to the national level when an outbreak is detected at the local or regional level? |
| 118. | 341c. At the national level, who is responsible for analysing outbreaks detected through indicator-based surveillance? What kind of access does this staff have to surveillance data? |
| 119. | 341d. Please list the major outbreaks that occurred in your country during the last year.    Which ones were detected through indicator-based (routine) surveillance?    Which ones through epidemic intelligence?    Please provide representative copies of recent outbreak reports. |
| 120. | 341e. Are there criteria, guidelines, standard procedures or regulations for reporting outbreaks?  No  Yes. If yes, please describe and provide copies of the documents. |
| 121. | 341f. What are the communication methods for reporting outbreaks to the national level?  Electronic platform  Paper report  Fax  E-mail  Phone  Other, please specify: |
|  | 3.4.2 Outbreak control |
| 122. | 342a. Are there any guidelines or standard operating procedures on how to conduct an outbreak investigation?  No  Yes. If yes, please provide a copy.  Room for comments: |
| 123. | 342b. Please provide examples of how national level outbreaks are dealt with (outbreak detection and investigation, implementation of control measures, monitoring and evaluation). |
| 124. | 342c. Are there guidelines/defined procedures for writing reports on outbreaks (description of investigation, control measures, lessons learned, etc.)?  No  Yes. If yes, please provide a copy. |
| 125. | 342d. What institutions within the public health sector collaborate? How do they collaborate in the case of a food-borne outbreak?  Please describe. |
| 126. | 342e. Please describe the procedures for transborder cooperation in the case of an outbreak in a neighbouring country. |
| 127. | 342g. Is there an agreement between laboratories and the epidemiology system to provide for immediate confirmation of a suspected outbreak?  No  Yes. If yes, please describe briefly: |
|  | 3.5. Response to national and high-risk outbreaks of communicable disease |
|  | 3.5.1. Mechanisms for the mobilisation of emergency response teams |
| 128. | 351a. In the case of a national outbreak, what resources (staff, material and protocols) are available to ensure a rapid and appropriate response? Can these be rapidly mobilised to support the local and regional teams? Please describe. |
| 129. | 351b. Is there a mechanism to mobilise additional expertise (e.g. from other departments) at the national level to support an emergency outbreak response?  No  Yes. If yes, please describe briefly: |
|  | 3.5.2. Central epidemic management committee |
| 130. | 352a. What criteria are used to determine whether more than routine control activities (e.g. activation of public health event or crisis management plan) are required? Please describe: |
| 131. | 352b. Is there a central management committee in the case of an outbreak?  No  Yes. If yes, please describe: |
| 132. | 352c. What prompts the establishment of such a committee? Who will convene it? Please describe: |
| 133. | 352d. Who/which institutions are represented in such a committee? Please describe: |
| 134. | 352e. Are there standard operating procedures (SOPs) defining the role and responsibilities of the committee?  No  Yes. If yes, please describe briefly:  Please provide a copy of the SOPs. |
| 135. | 352f. Is there a dedicated room/facility potentially available for public health emergency operations at the national level?  No  Yes. If yes, where is it located? Is it separate from the general crisis emergency operating centre? Please describe briefly (including available facilities): |
| 136. | 352g. Are there written procedures for the operation of the emergency operations room/facility?  No  Yes. If yes, please describe briefly: |
|  | 3.5.3. Participation in international outbreak response activities |
| 137. | 353a. Have you participated in an outbreak investigation at the European or international level (e.g. GOARN or with EU organisations) in your country?  No  Yes. If yes, please describe briefly: |
| 138. | 353b. Have you participated in an outbreak investigation at the European or international level (e.g. GOARN or with EU organisations) outside of your country?  No  Yes. If yes, please describe briefly: |
|  | 3.6. Epidemic intelligence |
|  | 3.6.1. Information sources and tools for detection of communicable disease alerts/public health events |
| 139. | 361a. Is there a 24/7 duty system for epidemic intelligence (EI) which uses both event-based and indicator-based surveillance?  No. If no, please continue to question 161.  Yes. If yes, how is it organised? |
| 140. | 361b. Does EI aim to detect international events, national events or both?  National events  International events  Please comment if needed: |
| 141. | 361c. Are there regular daily meetings for discussing/assessing events identified through EI?  No  Yes  Please comment if needed: |
| 142. | 361d. Do you have criteria for EI screening in order to decide if an event has public health relevance (e.g. an event which requires contact tracing, unusual or unexpected occurrences of a disease, a cluster with unknown origin, contaminated food, etc.)  No  Yes. If yes, please describe. |
| 143. | 361e. If an event of public health relevance is identified, do you have standard procedures, guidelines or regulations on when and how to prepare a public health risk assessment?  No  Yes. If yes, please provide copies of these documents. |
| 144. | 361f. Are there standard operating procedures available for carrying out 24/7 EI duty?  No  Yes. If yes, please describe or provide a copy: |
| 145. | 361g. Is there an EI duty system at the regional/provincial level?  No  Yes. If yes, please describe: |
| 146. | 361h. What screening tools/information sources are used to detect public health events/outbreaks?  Please describe: |
| 147. | 361i. During the last year, what were the principal sources for outbreak detection at the national level?  Communications from the local and/or regional levels  Communications sent directly by GPs, hospitals, laboratories  Communications from other national institutions  Media  Other, please describe:  Please comment: |
|  | 3.6.2. Validation of detected events |
| 148. | 362a. What processes are used to validate outbreaks or events of a potential public health interest detected through media or non-official sources?  At the central level:  At the regional level: |

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|  | 4. Public health emergencies: preparedness and response |
|  | **Framework question 5:**  Does the preparedness and response system in the area of public health emergencies (including communicable diseases) meet the EU standards in preparedness, and is there sufficient institutional capacity to timely provide comparable data and participate in coordinated activities organised by ECDC and other EU bodies? |
|  | 4.1. Management of preparedness plans |
|  | 4.1.1. Parties involved, responsibilities, cross-sectoral collaboration |
| 149. | 411a. Does your country have a national preparedness plan to respond to all-hazard emergencies?  No  Yes. If yes, please provide the title and date of the adoption and the latest amendments: |
| 150. | 411b. Who/which authority or institution is in charge of managing the preparedness plan? |
| 151. | 411c. Please fill in the table below. Answer the following questions:   * Which sectors are covered in the national preparedness/all-hazard/general plan? (In column 3, please select the sectors covered by the national preparedness plan.) * Which sectors have developed their own business continuity plans? Please provide the title of the plan (column 4), the adoption date, and, if applicable, the date of the last amendment (column 5). If this plan refers to public health impact, please check the box in column 6. You may wish to add any comments in column 7. |

**Table Q 411c.** Preparedness in specific sectors of the national economy

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **National preparedness plan** | | | | **Sectoral business continuity plans (BCP)** | | | |
| Sectors covered | | | | Name of business continuity plans | Date of adoption and the last revision | Public health impact covered | Comment |
| 1 | 2 | | 3 | 4 | 5 | 6 | 7 |
| **Physical/technical** | Energy | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Information and communication technologies | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Transport | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Water | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| **Industrial commercial** | Food and agriculture | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Chemical/nuclear industry | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| **Socio-cultural** | Healthcare | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Security and emergency services, civil protection, police | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Administration, authorities and government units | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
| Scientific cultural and media facilities | |  |  | BCP adopted  Click to enter date.  BCP amended  Click to enter date. |  |  |
|  | Please provide general comments if needed: | | | | | | |
|  | | 4.2. Coordination structures for cross-sectoral incidents | | | | | |
| 152. | | 42a. In the table below, please indicate sectors involved in the preparedness and response planning activities of the health sector.  In columns 3-10 check the boxes related to the type of threats the activities concern. In column 11 please describe how the sector is involved in the health sector activities related to the preparedness and response. | | | | | |

**Table Q 42a.** Coordination structures for cross-sectoral incidents

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sectors involved in planning  preparedness and response  activities for the health sector** | | **Threats** | | | | | | | | **Comment** |
| **Biological origin** | | | | | **Other** | | |
| Food- and waterborne diseases | Zoonotic diseases | Other communicable diseases | AMR and healthcare-associated infections | Biotoxins and other agents | Chemical origin | Environmental origin | Unknown origin | Please describe how the sector is involved in the health sector activities related to preparedness and response |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Energy |  |  |  |  |  |  |  |  |  |  |
| Information and communication technologies |  |  |  |  |  |  |  |  |  |  |
| Transport |  |  |  |  |  |  |  |  |  |  |
| Water |  |  |  |  |  |  |  |  |  |  |
| Food and agriculture |  |  |  |  |  |  |  |  |  |  |
| Chemical/nuclear industry |  |  |  |  |  |  |  |  |  |  |
| Healthcare |  |  |  |  |  |  |  |  |  |  |
| Security and emergency services, civil protection, police |  |  |  |  |  |  |  |  |  |  |
| Administration, authorities and government units |  |  |  |  |  |  |  |  |  |  |
| Scientific cultural and media facilities |  |  |  |  |  |  |  |  |  |  |
| Other sectors |  |  |  |  |  |  |  |  |  |  |
| Please provide additional comments if needed: | | | | | | | | | | |

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|  | 4.3. Strategic and operational coordination of serious cross-border threats to health |
| 153. | 43a. Is there a structure in place for the strategic coordination of serious cross-border threats to health?  No.  Yes. If yes, please describe the coordination approach. |
| 154. | 43b. Are there structures at the national level to contact governments of neighbouring countries in the event of serious cross-border threats to health?  No  Yes. If yes, please describe: |
| 155. | 43c. Is there a structure within the health system for the operational coordination of serious cross-border threats to health (e.g. emergency operational centre, crisis centre)?  No  Yes. If yes, do standard operating procedures (SOPs) exist, including SOPs for Public Health? |
| 156. | 43d. Have you evaluated the functionality of the emergency operations facility (e.g. through simulation exercises or during a real emergency)?  No  Yes. If yes, please provide a copy of the most recent evaluation/exercise report. |
| 157. | 43e. Has the communication and collaboration between the health sector and other sectors been tested at the national level and updated regularly, either through simulation exercises or an actual event?  No  Yes. If yes, when was the last exercise conducted?  Please provide a copy of the report. |
|  | 4.4 Business continuity planning associated with serious cross-border threats to health |
| 158. | 44a. Is there a business continuity plan within the health sector for emergencies associated with serious cross-border threats to health?  No  Yes. If yes, please describe the planned measures to ensure the continuous delivery of critical services and products (e.g. primary health sector, hospitals, national laboratories, national institutes). |
| 159. | 44b. Are national preparedness plans developed/shared with neighbouring countries?  No  Yes  Specify elements shared: |
|  | 4.5. Capacity to anticipate, respond to, and recover from, the impact of likely, imminent or current public health crises |
|  | 4.5.1. National plan for epidemic preparedness and response |
| 160. | 451a. Is there a national plan for pandemic influenza preparedness?  No  Yes. If yes, please provide the name of the document and inform when the plan was prepared. Has the plan been formally adopted, and published? When was the plan updated? |
| 161. | 451b. Has there been a simulation or a real event to test the influenza preparedness plan?  No  Yes. If yes, please describe: |
| 162. | 451c. Has your country participated in any international simulation exercises?  No  Yes. If yes, please describe: |
| 163. | 451d. Is the national plan for pandemic preparedness linked to the national preparedness plan?  No  Yes. If yes, please describe: |
|  | 4.5.2. Joint procurement of medical countermeasures |
| 164. | 452a. Which medical countermeasures would you consider priorities in an EU joint procurement procedure?  Drugs  Vaccines  Personal protection equipment  Other, please comment: |
|  | 4.6. International reporting |
|  | 4.6.1. Early Warning and Response System (EWRS) |
| 165. | 461a. Do you have a structure/system in place which would enable 24/7 monitoring/response through EWRS?  No  Yes. If yes, please describe: |
| 166. | 461b. Do you have nominated focal points for EWRS?  No  Yes. If yes, what organisations do they work for and how are they linked to other institutions relevant for outbreak response? |
| 167. | 461c. Are you familiar with EWRS criteria used for reporting at the EU level?  No  Yes. If yes, are the criteria applied in your EWRS system?  Please comment if needed: |
|  | 4.6.2. Epidemic Intelligence Information System (EPIS) |
| 168. | 462a. Which of the following EPIS platforms can you already access?  EPIS-FWD (food- and waterborne diseases):  EPIS-ELDSNET (travel-associated legionnaires’ disease):  EPIS-STI (sexually transmitted infections):  EPIS-VPD (vaccine-preventable diseases):  EPIS-AMR (antimicrobial resistance): |
|  | 4.6.3. International Health Regulations (IHR) |
| 169. | 463a. Who is the IHR focal point in your country? Please provide name and organisational affiliation. |
| 170. | 463b. What were the principal results of the IHR survey for your country? If possible, please provide a copy. |
|  | 4.7. Risk communication |
|  | 4.7.1. Communication infrastructure for emergency communication |
| 171. | 471a. Do you have a public communication policy for disease outbreaks?  No  Yes. If yes, please describe: |
| 172. | 471b. Do you have an emergency communication strategy/plan which also covers reporting systems and procedures?  No  Yes. If yes, please describe its content, its reporting chain and accountability lines. Please provide the name of the strategy/plan in English and, if available, give a web address.    Please also provide the document, preferably in English translation or in an electronic format (e.g. Word .doc or PDF). |
| 173. | 471c. Do you perform risk assessments on national/international events of public health relevance?  No  Yes. If yes, do you have standard procedures to communicate risk assessments to stakeholders (ministry of health, healthcare workers, the general public)?  No  Yes. If yes, please briefly describe procedures in use for data communication to:   * competent institution(s): * healthcare workers: * the general public: * other: |
|  | 4.7.2. Communication: public health planning, public health advice for political decision-makers, and cross-sectoral issues |
| 174. | 472a. Do you have a mechanisms in place to support the efficient planning, monitoring and evaluation of risk communication activities?  No  Yes. If yes, please comment on the mechanisms in place: |
| 175. | 472b. Which institution authorises the content of official communications on risk assessments and control measures? |
| 176. | 472c. Are risk assessments communicated to international agencies? What criteria are used to determine which risk assessments should be reported internationally?  No  Yes. Please explain: |
| 177. | 472d. Does your country have a risk communication training programme?  No  Yes. Please give examples: |
| 178. | 472e. Does your country conduct exercises/simulation exercises to test outbreak communication readiness and broaden awareness of communication plans?  No  Yes. Please describe: |
|  | 4.7.3. Coordination and consistency of communication efforts |
| 179. | 473a. Please identify the outbreak communication partners and relevant stakeholders who participate in the risk communication process. Who leads the communication process, who prepares Q&A and lines to take, do you have a press officer in your organisation?  Please elaborate: |
| 180. | 473b. Are there instructions, manuals or other information materials that describe the elements/principles of essential skills and techniques in risk communication?  No  Yes. Please give examples: |
| 181. | 473c. Is there a mechanism in place that enables you to verify information before it is disseminated (i.e. peer reviews, ability to verify information through other relevant sources)?  No  Yes. Please give examples: |
| 182. | 473d. Do you routinely monitor and evaluate risk communication?  No  Yes  Please comment: |

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|  | 5. National system of public health microbiology laboratories |
|  | **Framework question 1:**  Does the country have provisions that allow for the full implementation of the EU acquis with regard to the communicable disease system? **Framework question 3:**  Does the country have the administrative capacities – including human resources, technical equipment, and sustainable funding – to implement the EU acquis and related recommendations/best practise in the area of communicable diseases?  **Framework question 4:**  Does the surveillance of communicable diseases meet EU standards with regard to epidemiologic data on all diseases under EU surveillance, their case definitions and reporting protocols? |
|  | 5.1 Description of the microbiology laboratory system for public health |
|  | 5.1.1. Legal basis and system structure |
| 183. | 511a. Please enclose relevant documents which describe the legal framework that governs the organisation and function of the public health microbiology system (English translation or electronic text format). |
|  | 5.1.2. Organisational structure |
| 184. | 512a. Please provide a diagram with an overview of the organisational structure of the human microbiology laboratory services in your country, indicating the flow of clinical specimens/isolates from diagnostic laboratories to national reference laboratories: |
| 185. | 512b. Is there a system for referral of clinical isolates from primary diagnostic laboratories to reference microbiology laboratories?  No  Yes. If yes, please outline how this system works with respect to data sharing, type of analysis requested (e.g. confirmation of results, advanced testing) and reporting of findings. Please give examples: |
|  | 5.1.3. Coordination of microbiology services |
| 186. | 513a. Please explain the functional coordination between clinical and reference microbiology laboratories in relation to case confirmation, further characterisation of isolates, etc.: |
| 187. | 513b. Please provide examples of this coordination (e.g. for a specific pathogens or health issues, such as antimicrobial resistance): |
| 188. | 513c. Please outline existing coordination (with regard to case confirmation, further characterisation of isolates, antimicrobial susceptibility testing) between national reference microbiology laboratories and:   * environmental microbiology laboratories; please give recent examples of coordination: * veterinary microbiology laboratories; please give recent examples: * food microbiology laboratories; please give recent examples of coordination:      . |
| 189. | 513d. Does the coordination between microbiology laboratories include advice/training on new diagnostic methods? Please describe or provide recent examples. |
| 190. | 513e. Please describe your country’s coordination activities at the international level, e.g. involvement in EU and other international disease-specific networks, network activities of regional laboratories, or global initiatives via WHO or the US CDC. |
|  | 5.2 Primary microbiology laboratory services |
|  | 5.2.1 Diagnostic microbiology testing |
| 191. | 521a. Are there national guidelines for clinical laboratory practice (pathogen-specific or disease-specific guidelines)?  No  Yes. If yes, for which pathogens or diseases have such guidelines been produced in the past five years? Please provide copies of these documents. |
| 192. | 521b. Which clinical breakpoints are used in your country for antimicrobial susceptibility testing, data interpretation and reporting?  EUCAST  CLSI  Other  Please explain and outline to what extent these are used (i.e. clinical and reference laboratories, percentage of laboratories using EUCAST). |
| 193. | 521c. Do you perform antimicrobial susceptibility testing (AST) for *Salmonella* at the national level?  No. If no, please indicate if there are plans to add AST to the surveillance system:   Yes. If yes, please attach the latest report on antimicrobial resistance in *Salmonella*/food-borne pathogen isolates (human/and food isolates if available). |
| 194. | 521d. Do you perform antimicrobial susceptibility testing (AST) for *Campylobacter* at the national level?  No. If no, please indicate if there are plans to add AST to the surveillance system:  Yes. If yes, please attach the latest report on antimicrobial resistance in *Campylobacter*/food-borne pathogen isolates (human/and food isolates if available). |
|  | 5.2.2. Molecular typing |
| 195. | 522a. Do you have the capacity to perform molecular typing of *Salmonella*, VTEC, and *Listeria*?  No   Yes. If yes, what typing methods are routinely used? Please list at least one method per pathogen: |
| 196. | 522b. Do you plan to implement any new molecular typing methods?  No   Yes. If yes, please list the method/s and pathogen/s: |
| 197. | 522c. Do you have the capacity to isolate, confirm and perform molecular typing of *Legionella* isolates?  No. If no, please indicate if there are plans to add molecular typing to the surveillance system:  Yes. If yes, which methods are used? |
|  | 5.2.3. National surveillance networks of sentinel laboratories |
| 198. | 523a. Does your country have a national surveillance network of sentinel laboratories?  No  Yes. If yes, please:   * list which diseases are covered by these sentinel networks: * indicate the number (% of total) of participating laboratories in the country: * indicate the number of disease cases reported by these networks in the past year: |
|  | 5.3 Reference microbiology laboratory services |
|  | 5.3.1. Terms of reference |
| 199. | 531a. How are reference microbiology laboratories selected in your country (officially appointed by ministry of health, selected through open tender, ‘de facto’, other)? Please specify: |
| 200. | 531b. Please list the criteria used for selecting reference laboratories. If applicable, refer to the relevant national regulations. |
| 201. | 531c. When was the last time that a reference microbiology laboratory was appointed? How long does the status as reference laboratory remain valid? |
| 202. | 531d. What are the terms of reference for reference microbiology laboratories? What are their core functions? |
| 203. | 531e. Do national reference microbiology laboratories produce activity reports, e.g. an annual report?  No  Yes  If yes, please provide the latest annual report. |
| 204. | 531f. Please provide a list of national reference laboratories. Include the communicable disease groups/health issues for which they provide reference services. |
|  | 5.3.2. Functions of reference microbiology laboratories |
| 205. | 532a. What arrangements are in place to obtain reference diagnostic services for pathogens not covered by the national microbiology reference laboratories? |
| 206. | 532b. Do reference microbiology laboratories in your country perform the following five core functions listed in the [ECDC Technical Report ‘Core functions of microbiology reference laboratories for communicable diseases’](http://ecdcsp2010/en/publications/Publications/1006_TER_Core_functions_of_reference_labs.pdf)? Tick the box for yes.  Function 1: Reference diagnostics  Function 2: Reference material resource  Function 3: Scientific advice  Function 4: Collaboration and research  Function 5: Monitoring, alert and response  Please comment: |
| 207. | 532c. Are confirmatory diagnostics obligatory for certain pathogens/diseases?  Yes  No  If so, for which pathogens?  Please indicate the national legislation that stipulates confirmatory diagnostics: |
| 208. | 532d. When was the last time that a national reference laboratory in your country sent an isolate to a microbiology laboratory in another country? To which laboratory was the sample sent and for what reasons? |
| 209. | 532e. In the last five years, has any of the national reference microbiology laboratories received clinical isolates/patient samples for testing from another country?  Yes  No  If yes, please elaborate (pathogens/diseases, services requested, requesting country, testing laboratory). |
| 210. | 532f. When was the last time that a reference microbiology laboratory produced scientific advice? Please specify the topic and the format. |
|  | 5.3.3. External quality assessment schemes |
| 211. | 533a. Do reference microbiology laboratories organise and administer national quality assessment schemes for diagnostic laboratories?  Yes  No  If yes, for which pathogens and methods? |
| 212. | 533b. Do microbiology laboratories (clinical and reference) participate in international and/or national quality assessment schemes for the diagnosis and pathogen characterisation of any of the 50 diseases and health issues in Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 and amendments, namely Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013?  Yes  No  If yes, please describe for which pathogens, which methods and through which provider. |
| 213.. | 533c. Please list the pathogens/diseases and methods that were covered by quality assessment schemes in the last year. |
|  | 5.4. Laboratory biosafety regulations, certification and auditing |
| 214. | 54a. Is there national legislation which regulates biosafety in primary and secondary microbiology laboratory services?  No  Yes. If yes, please provide a copy of this legislation. |
| 215. | 54b. Please explain briefly the system for the certification of biosafety compliance of microbiology laboratories. |
| 216. | 54c. If there is national biosafety legislation, is auditing envisioned in this legislation and if so, how often is it performed and by which  institution? |
| 217. | 54d. Do you have any laboratories at biosafety levels 3 and 4? Please give the total number for each level and a list of relevant pathogens. |
| 218. | 54e. Are the services provided by the national reference microbiology laboratories accredited?  Yes. If yes:   * Is this accreditation in accordance with national or international standards: * Is the accreditation required by national regulations/legislation? * Please state which standard is used (e.g. national standard, standard equivalent to ISO 17025 or ISO 15189):   No. If no:   * Are there any plans to obtain international accreditation of reference microbiology services? Describe briefly: * Are there any plans to develop a national accreditation system? Describe briefly: |
|  | 5.5. Microbiology laboratory support during outbreaks |
| 219. | 55a. Are reference microbiology laboratories included in the national preparedness and response plan for health threats due to communicable diseases of potential national or international concern?  No  Yes, all reference laboratories are included.  Yes, some of the laboratories are included. Please indicate which laboratories are included:  If yes:   * Are these national plans translated into laboratory-specific preparedness and response plans at the reference microbiology level? If yes, please provide a copy. * Are simulation exercises used to test the state of preparedness of the reference microbiology laboratories?  Yes  No * When was the last time that national reference microbiology laboratories were involved in preparedness and response activities? * Please explain why they were involved, what their involvement was, and, if possible, describe the outcome of that involvement.   Please provide a copy of this plan (generic or/and disease-specific plans). |
| 220. | 55b. Is there a system in place to allow for the timely reporting of unusual events of potential public health impact (as detected by analysis of laboratory test results) such as:  Cases of pathogens with new profile/determinants of antimicrobial drug resistance.  No  Yes  Cases of pathogens with new or unusual virulence profile.  No  Yes  Clusters in time/area of isolates/cases of common genotype.  No  Yes  Increased occurrence/incidence of pathogen or increase in antigenic type distribution.  No  Yes  ‘Diagnostic escape’ of pathogen, which can no longer be detected by standard methods.  No  Yes  Other (please clarify):  If yes to any of the above, please provide a short description of the system. |
| 221. | 55c. Do reference microbiology laboratories participate in outbreak investigations?  No  Yes. If yes, describe briefly: |
| 222. | 55d. Could you provide examples from the past year when timely involvement of reference microbiology laboratories in outbreak investigations (with e.g. findings, advice) contributed to public health action? Please explain. |
| 223. | 55e. Could you provide examples from the past year when reference microbiology laboratories were not involved in outbreak investigations? |
| 224. | 55f. Are there any plans for strengthening the involvement of reference microbiology laboratories in preparedness and outbreak investigations activities? Please explain. |
|  | 5.6. Business continuity for public health microbiology services |
| 225. | 56a. Are there any national business continuity plans with relevance to public health microbiology services (staff, reagents, equipment, facilities)?  Yes. If yes, what actions are taken to inform laboratory staff of these plans?  Please provide copies of the relevant plans.  No. If no, what actions are taken to ensure business continuity of day-to-day work? |
| 226. | 56b. In the past two years, has the routine reference microbiology work in your country been hampered (e.g. delayed) due to lack of reagents, equipment and/or human resources.  No  Yes  Please explain. |
| 227. | 56c. In the past two years, has involvement of reference microbiology laboratories in outbreak investigations, preparedness and/or response activities been hampered (e.g. delayed/impossible to give) due to lack of resources (experts, reagents) or malfunctioning of equipment?  No  Yes  Please explain. |
| 228. | 56d. If answers to questions 56b and 56c are positive (yes), please explain if any actions were taken to prevent this from happening in the future? Have these actions been successful? |

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|  | 6. Disease programmes |
|  | **Framework question 4:**  Does the surveillance of communicable diseases meet EU standards with regard to epidemiologic data on all diseases under EU surveillance, their case definitions and reporting protocols? |
|  | 6.1. Antimicrobial resistance and healthcare-associated infections |
|  | 6.1.1. Antimicrobial resistance |
| 229. | 611a. Does your country have a national strategy and/or action plan on the prudent use of antimicrobial agents in human and veterinary medicine?  No. Are there any plans to develop/implement a national strategy and/or action plan? Please provide a possible timeline.  Yes. If yes, please specify if it is a strategy or a plan? Please provide the title in English and a web address if available.  Please supply the document, preferably in English translation or in an electronic format (e.g. Word .doc or PDF). |
| 230. | 611b. If your country has a national strategy and/or action plan, does the document identify sources of funding of specific activities of the plan/strategy?  No  Yes. What are main funding sources of these activities? |
| 231. | 611c. Does your country have an intersectoral coordination mechanism for the implementation of the plan/strategy?  No. If no mechanism is available, are there any plans to develop/implement such a mechanism? Please provide a possible timeline.  Yes. If yes, please provide more details about this mechanism. |
| 232. | 611d. Has your country nominated a national AMR (antimicrobial resistance) Focal Point to represent the intersectoral coordination mechanism at ECDC events and activities?  No  Yes. If yes, please provide name/title/position. |
| 233. | 611e. Does your country have a system for AMR surveillance?  No  Yes. Please provide the name of the system in English and a web address if available. Is this system in accordance/compatible with EARS-Net (ECDC)? What are the definitions/interpretative criteria used (EUCAST, CLSI, other guidelines)? |
| 234. | 611f. Does your country have a system for the surveillance of antimicrobial consumption?  No  Yes. If yes, please provide the name of the system in English and a web address if available. Is this system in accordance/compatible with ESAC-Net (ECDC)? |
| 235. | 611g. Is your country engaged in the timely detection of multidrug-resistant, healthcare-associated microorganisms?  No  Yes  Is there an alert system for multidrug-resistant, healthcare-associated microorganisms?  No  Yes  If yes, when was the most recent report published? Please provide a copy. |
|  | 6.1.2. Healthcare-associated infections |
| 236. | 612a. Does your country have a national strategy for the prevention and control of healthcare-associated infections?  No  Yes. If yes, please provide the title in English and a web address if available. When was it issued/last updated? Please provide the strategy document, preferably in English translation or in an electronic format (e.g. Word .doc or PDF). |
| 237. | 612b. Does your country have an intersectoral coordination mechanism for the prevention and control of healthcare-associated infections?  No  Yes. If yes, please provide its name in English and a web address if available. |
| 238. | 612c. Does your country have a surveillance system for healthcare-associated infections?  No  Yes. Please provide the name of the system in English and a web address if available. Describe the system briefly. Is this system compatible with HAI-Net (ECDC)? |
| 239. | 612d. Which healthcare-associated infections are under surveillance in your country (e.g. surgical site infections, healthcare-associated infections in intensive care units and nosocomial *C. difficile* infections)? |
| 240. | 612e. Does your country organise national point prevalence surveys of healthcare-associated infections?  No  Yes. If yes, are these surveys compatible with the European point prevalence surveys coordinated by ECDC? When was the most recent survey conducted? |
| 241. | 612f. Is your country engaged in the timely detection of clusters or outbreaks of healthcare-associated infections?  No  Yes  Please comment: |
| 242. | 612g. Is there an alert system for healthcare-associated infections outbreaks?  No  Yes. If yes, when was the most recent cluster/outbreak reported?  Please provide a copy of the report. |
|  | 6.2. HIV, STI and blood-borne infections |
| 243. | 62a. Does your country have a national strategy on HIV/AIDS prevention and control?  No  Yes. If yes, please provide the name of the strategy in English and a web address if available. Please describe the strategy briefly. Are STIs included in the AIDS strategy?  Please also provide the strategy document, preferably in English translation or in an electronic format (e.g. Word .doc or PDF). |
| 244. | 62b. Does your country report on core indicators to the UNAIDS/UNGASS Country Progress Report?  No  Yes. If yes, when was the most recent report published that your country contributed to? |
| 245. | 62c. Does your country have antenatal screening programmes?  No  Yes. If yes, which infectious diseases are covered? |
| 246. | 62d. Does your country have vaccination programmes for HBV (national, selective, neonates)?  No  Yes. If yes, what is the most recent estimate of the vaccination coverage? |
| 247. | 62e. Does your country perform gonococcal resistance testing?  No  Yes. If yes, what is the current status of gonococcal resistance to antimicrobials? |
|  | 6.3. Tuberculosis |
| 248. | 63a. Does your country have a national tuberculosis control plan or strategy?  No  Yes. If yes, please provide the title in English and a web address if available. Also provide the tuberculosis control plan/strategy, preferably in English translation or in an electronic format (e.g. Word .doc or PDF). |
| 249. | 63b. Does the national tuberculosis (TB) control plan or strategy identify sources of funding for specific activities?  No. If no, how is the funding of TB prevention and control activities ensured?  Yes. If yes, what are main funding sources of TB prevention and control activities? |
| 250. | 63c. Does your country have national tuberculosis guidelines for technical areas of TB control (e.g. TB surveillance, TB diagnosis, TB case management, TB treatment, TB outbreak control, TB contact investigation, TB/HIV)?  No  Yes. If yes, when were they last updated? |
| 251. | 63d. Have you carried out an overall evaluation (internal or external) of the national tuberculosis prevention and control activities?  No  Yes  If yes, please provide a copy of the evaluation report. |
|  | 6.4. Influenza |
| 252. | 64a. Do you have a national influenza centre recognised by WHO?  No  Yes. If yes, please indicate the name of the centre. |
| 253. | 64b. If yes, does the influenza centre contribute to a linked primary care and virology surveillance system which publishes a seasonal report?  No  Yes. Please provide the title of the last seasonal influenza report in English and give a web address if available. |
| 254. | 64c. Do you have a national policy on who will be offered seasonal influenza immunisation? Does your country annually publish national data on coverage of seasonal influenza in older people, people with underlying conditions, and healthcare workers?  No  Yes. Please provide a link to the national coverage data for risk groups if available. |
| 255. | 64d. Have you used the ECDC-Euro-EC pandemic preparedness self-assessment procedure and published a preparedness report?  No  Yes. Please provide the report in English and give a web address if available. |
| 256. | 64e. Has the pandemic influenza preparedness plan been formally updated in the light of the 2009 A(H1N1) pandemic and the lessons learned?  No. If not, please indicate if and when this update will be done:  Yes. Please comment: |
|  | 6.5. Food- and waterborne diseases and zoonoses |
| 257. | 65a. Do you conduct surveillance for Creutzfeldt–Jakob disease?  No  Yes. If yes, do you have a reference centre for neurodegenerative diseases, particularly for transmissible spongiform encephalopathy? |
| 258. | 65b. What are the priority bacterial and viral food- and waterborne diseases in your country? |
| 259. | 65c. Do you have a national strategy or action plan to control food- or waterborne diseases/zoonoses?  No  Yes. If yes, please specify and provide a copy of the strategic/plan. |
| 260. | 65d. Do you have a capacity to perform molecular typing of *Salmonella*, VTEC, and Listeria?  No  Yes. If yes, what typing methods are routinely used? |
| 261. | 65e. Do you plan to implement any new molecular typing methods?  No  Yes. If yes, which ones? |
| 262. | 65f. Do you have any regular contacts or standard operating procedures between public health authorities and veterinary/food safety authorities at the national level?  No  Yes. If yes, please specify: |
| 263. | 65g. Do you have a capacity to timely detect and investigate food- and waterborne outbreaks at the national level?  No  Yes. Please comment: |
| 264. | 65h. Do you perform antimicrobial susceptibility testing for *Salmonella* at the national level?  No  Yes  Please comment: |
| 265. | 65i. Do you perform antimicrobial susceptibility testing for *Campylobacter* at the national level?  Yes. If yes, please attach the latest report.  No. If no, please indicate whether there is any plan to introduce it in your surveillance system: |
| 266. | 65j. Do you participate in the European Surveillance Scheme for Travel-Associated Legionnaires’ disease?  No  Yes  Please comment. |
| 267. | 65k. Do you have the capacity to isolate, confirm and perform further molecular typing of *Legionella* isolates?  No  Yes. If yes, which methods are used? |
|  | 6.6. Emerging and vector-borne diseases |
| 268. | 66a. Who is responsible for entomological monitoring in your country?  Please specify whether the central level has a complete overview of entomological surveillance based on information from the regional epidemiological services. |
| 269. | 66b. How many samples were investigated for suspected chikungunya fever in the last year? |
| 270. | 66c. Do you have the capacity to identify cases of chikungunya fever?  No  Yes. If yes, what methods are used? |
|  | 6.7. Vaccine-preventable diseases and invasive bacterial infections |
| 271. | 67a. Does your country have a strategy for targeting the elimination of measles and rubella? Is there a prevention strategy for congenital rubella infection?  No  Yes. If yes, please describe briefly the strategy, provide the title in English and add a web address, if available. Was the strategy formally drafted and adopted by the health authorities at the national level? Please specify if the strategy was updated in accordance with the recently updated WHO strategy paper. |
| 272. | 67b. Has your country adopted the timelines for the elimination of indigenous cases of measles and rubella?  No  Yes. Please comment: |
| 273. | 67c. Did the national health authorities officially adopt the guidelines (standard operating procedures, acts or regulations) for the surveillance of measles, rubella and congenital rubella infection?  No  Yes. Please provide the title in English and add a web address if available. |
| 274. | 67d. Did the national health authorities adopt the guidelines on laboratory procedures for confirming and reporting measles and rubella cases?  No  Yes. Please provide the title of the document in English and add a web address if available. |
| 275. | 67e. Has your country developed guidelines for investigating and controlling measles and rubella outbreaks? Were these guidelines adopted by the national health authorities?  No  Yes. If yes, when were they adopted/last updated? Please provide the title in English and add a web address if available. |
| 276. | 67f. Has your country reached a vaccination coverage of at least 95% (two doses of MMR) and has it maintained this coverage at the national level during the last five years (for children up to 18 years of age)?  No  Yes. Please specify whether vaccination coverage levels are available per birth cohort and whether a system is in place to check for possible immunisation gaps in some birth cohorts. If yes, please provide the title in English and add a web address to the most recent publication of the coverage rates, if available. |
| 277. | 67g. How many cases of acute flaccid paralysis were investigated annually over the last five years? |

2 List of attached documents

Instructions

This document accompanies the self-assessment questionnaire. It serves as a register of documents and provides a link between the information solicited in the self-assessment questionnaire (‘Please add a copy to the document’) and the documents that were attached by the enlargement country. A country may also wish to share some documents that are not requested. These documents can be provided as hard copies or in electronic form, e.g. Word .doc, PDF, or HTML. Alternatively, a link (URL) to a web page can be given.

All electronic documents related to the assessment, including the ones mentioned above, should be uploaded to the new [ANECC](https://extranet.ecdc.europa.eu/ANECC) (Assessment of Non-EU Countries’ Capacities) platform.

The list of attachments should reflect the real number of documents in ANECC (the serial number in the first column). In the case a document is used as reference for several answers, it should be uploaded only once, with the number relevant for the first question. Following answers referring to this document should indicate the first reference number and the title of the document, and when relevant, a chapter or pages applicable to the information in the answer.

The second column shows the number of the question the documents refers to.

All documents should be listed in the original language and in English. Check the box in the final column if there is an English version available.

Please see the following example for the Turkish National Hygiene Law in the consolidated version of 2012:

| Running  number | **Number of question in the self-assessment questionnaire** | **1. Original title of the document (in national or other language)**  **2. English translation of the title** | **Date when documents was:** | | | **English version or translation available?** |
| --- | --- | --- | --- | --- | --- | --- |
| adopted | amended | |
| 1. | 2/111b. | Original title Umumi hıfzıssıhha kanunu  English version National hygiene law | 24 April 1930 | | 2008, 2011, 2012 |  |

Please rename the files before submitting them. Use the naming convention below. According to this convention, file names are in English; the language of the text contained in the file should be specified with the ISO 2 Letter Language Code:

*National hygiene law-2012\_TR* – the text in the original language (TR = Turkish)

and

*National hygiene law-2012\_EN* – the text in English (EN) translation

ECDC will format the submitted list and then forward it to DG SANTE, where the final list will be re-uploaded to ANECC.

List of attached documents

| Running  number | **Number of question in the self-assessment questionnaire** | **1. Original title of the document (in national or other language)**  **2. English translation of the title** | **Date when documents was:** | | **English version or translation available?** |
| --- | --- | --- | --- | --- | --- |
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| 1. | 2/111b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 2. | 2/111b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 3. | 2/111b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 4. | 2/111b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 5. | 3/112a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 6. | 7/113b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 7. | 11/114c. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 8. | 13/115b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 9. | 15/121a. diagram | Original title  English version | Click to enter date. | Click to enter date. |  |
| 10. | 16/121b. map | Original title  English version | Click to enter date. | Click to enter date. |  |
| 11. | 17/121c. map | Original title  English version | Click to enter date. | Click to enter date. |  |
| 12. | 40/211a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 13. | 59/311a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 14. | 59/311a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 15. | 63/312b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 16. | 69/312h. diagram | Original title  English version | Click to enter date. | Click to enter date. |  |
| 17. | 80/315a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 18. | 80/315a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 19. | 81/315b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 20. | 81/315b. bulletin | Original title  English version | Click to enter date. | Click to enter date. |  |
| 21. | 81/315b. annual report | Original title  English version | Click to enter date. | Click to enter date. |  |
| 22. | 82/315c. National bulletin | Original title  English version | Click to enter date. | Click to enter date. |  |
| 23. | 82/315c. national report | Original title  English version | Click to enter date. | Click to enter date. |  |
| 24. | 87/3161d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 25. | 88/3161e. chart | Original title  English version | Click to enter date. | Click to enter date. |  |
| 26. | 87/3162d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 27. | 88/3162e. chart | Original title  English version | Click to enter date. | Click to enter date. |  |
| 28. | 98/321a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 29. | 99/321b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 30. | 101/322a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 31. | 102/322b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 32. | 103/323a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 33. | 104/323b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 34. | 105/324a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 35. | 112/332a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 36. | 119/341d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 37. | 120/341e. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 38. | 122/342a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 39. | 124/ 342c. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 40. | 130/352e. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 41. | 143/361e. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 42. | 144/361f. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 43. | 156/43d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 44. | 157/43e. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 45. | 160/451a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 46. | 170/463b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 47. | 172/471b | Original title  English version | Click to enter date. | Click to enter date. |  |
| 48. | 183/511a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 49. | 184/512a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 50. | 191/521a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 51. | 193/521c. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 52. | 194/521d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 53. | 203/531e. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 54. | 207/532c. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 55. | 214/54a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 56. | 219/55a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 57. | 225/56a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 58. | 229/611a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 59. | 235/611g. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 60. | 236/612a. | Original title  English version | Click to enter date. | Click to enter date. |  |
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| 62. | 243/62a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 63. | 248/63a. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 64. | 251/63d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 65. | 253/64b. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 66. | 255/64d. | Original title  English version | Click to enter date. | Click to enter date. |  |
| 67. | 259/65c. | Original title  English version | Click to enter date. | Click to enter date. |  |
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1. Art. 3 (a) of Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC [↑](#footnote-ref-2)
2. See CDC 2013; <http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx> [↑](#footnote-ref-3)
3. Art. 3 (b) of Decision 1082/2013/EU [↑](#footnote-ref-4)
4. Art. 3 (c) of Decision 1082/2013/EU [↑](#footnote-ref-5)
5. Adapted from: Last JM, A dictionary of epidemiology, 2001 [↑](#footnote-ref-6)
6. Art. 8 of Decision 1082/2013/EU [↑](#footnote-ref-7)
7. Adapted from: Last JM, A dictionary of epidemiology, 2001 [↑](#footnote-ref-8)
8. Art. 3 (d) of Decision 1082/2013/EU [↑](#footnote-ref-9)
9. Art. 3 (g) of Decision 1082/2013/EU [↑](#footnote-ref-10)
10. WHO, 2001. Protocol for the Assessment of National Communicable Disease Surveillance and Response Systems: Guidelines for Assessment Teams. WHO/CDS/CSR/ISR/2001.2. [↑](#footnote-ref-11)
11. WHO, 2001. Protocol for the Assessment of National Communicable Disease Surveillance and Response Systems: Guidelines for Assessment Teams. WHO/CDS/CSR/ISR/2001.2. [↑](#footnote-ref-12)