



MEETING REPORT

Consultation of the ECDC Competent Bodies for Preparedness and Response

Stockholm, October 2008

ECDC MEETING REPORT

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Abbreviations

CB	Competent Body
HCU	Health Communication Unit at ECDC
MG	mass gathering
MS	Member States
PRU	Preparedness and Response Unit (at ECDC)
SANCO	Directorate-General for Health and Consumers
SOPs	standard operating procedures
WHO/EURO	World Health Organization, Regional Office for Europe

1 Introduction

ECDC's founding regulation, Regulation (EC) 851/2004¹, calls for the support of community preparedness planning and for an effective response to disease outbreaks, through a coherent and coordinated approach in the Member States.

Preparedness and response activities at ECDC are centralised in the Preparedness and Response Unit (PRU). In 2008, PRU was reorganised into three different sections: the 'epidemic intelligence and emergency operations centre' (EI/EOC), the 'epidemiological training section' (ETS) and the 'outbreak preparedness and support section' (OPS). The latter encompasses both preparedness and outbreak response activities. For this reason, the reports of both Competent Body meetings were combined. The meeting of ECDC's Competent Bodies for Preparedness took place on 22 October 2008, followed by the meeting of the Competent Bodies for Response on 23 October 2008.

Preparedness activities

To date, the consultation of Member States (MS) on preparedness activities have always been part of annual epidemic intelligence meetings. During the 2007 epidemic intelligence meeting, participants shared experiences from mass gathering events, the planning of upcoming (2008) events, and defined the added value of ECDC activities in this area. In 2008, the first consultation of the recently nominated Member States' Competent Bodies for Preparedness followed up on experiences of several 2008 mass gathering events and explored how to learn from previous pandemic preparedness activities in order to develop generic preparedness activities (Annex 1 and 2).

Response activities

The first (2006) and second (2007) consultations of the Member States focused 1) on the role of ECDC and 2) on standard operating procedures (SOPs) for the investigation of, and response to, outbreaks that threaten or affect more than one Member State. Over the last year these SOPs have evolved into a document called 'Guiding principles for response to public health threats related to communicable diseases at EU level', a dynamic reference frame for which the Competent Bodies for Response will continue to be consulted. During the third Member States consultation, the discussions focused on the implementation of these 'Guiding principles for response' and in particular on the added value of the initial threat assessments for the EU (Annex 3). The third Member States consultation also marked the first annual meeting of ECDC's Competent Bodies for Response, i.e. the dedicated counterparts for response activities in the Member States (Annex 1).

¹ Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for Disease Prevention and Control.

2 Consultation of the Competent Bodies for Preparedness

Objectives of the consultation

The objectives of this meeting were:

- to present developments and review ECDC preparedness activities planned for 2009;
- to share experiences and lessons learned from mass gathering events in 2008; and
- to identify future opportunities for generic preparedness.

Developments in ECDC preparedness activities

Pandemic preparedness

An update was given on the progress of the assessment visits to countries, of the overall Pandemic Preparedness Status report, the development of influenza indicators and the influenza assessment tool.

Assessment visits to all 27 Member States, three EEA/EFTA countries, and three EU candidate countries (Turkey, FYROM and Croatia) are now completed. The technical report on 'Pandemic influenza preparedness in the EU/EEA' (autumn 2007) is now available for download from ECDC's website:

http://ecdc.europa.eu/en/Health_Topics/Pandemic_Influenza/pdf/Pandemic%20prepare%20web%201.pdf.

The assessment reports show that there has been massive progress since 2005: all Member States have a preparedness plan in place, and several innovative approaches were proposed. Weak points were identified in the area of local-level preparedness, intersectoral collaboration, and the interoperability of plans, as well as scientific research that is not targeted to specific needs. Finally, there is insufficient seasonal vaccination coverage, which has implications for the further development of pandemic vaccine capacity.

Influenza assessment tool and key indicators

Several revisions in 2007 resulted in a more structured assessment tool with the resulting assessment questionnaire being used in the preparation of the second Status Report. Key indicators in the assessment tool are being developed further as a joint project with WHO. One of the project's objectives is to ensure that the indicators are continually useful, yet are modified as little as possible in order to ensure comparability. The 2009 version of the Status Report will be using these new indicators for the first time.

European workshops

On 3 to 5 September 2008, a European workshop on pandemic preparedness (Eurogrippe seminar) was organised in Angers, France, under the auspices of the French EU Presidency. The meeting addressed the need for a multisectoral approach. The meeting report is available at:

http://www.grippe-aviaire.gouv.fr/IMG/pdf/PROPOSALS_OF_THE_EUROGRIPPE_SEMINAR.pdf.

WHO-EURO and ECDC, in conjunction with the 'Stability pact in South Eastern Europe' SEE Health network, organised a joint meeting entitled 'Strengthening surveillance and control of communicable diseases in South-East Europe' in Bucharest on 17 to 19 November 2007.

Simulation exercises

In addition to participating in EC simulation exercises with the Member States, ECDC organised two simulation exercises in 2008 with participation of Member States, EC and other partners. One command post exercise was intended to test ECDC internal SOPs for the Public Health Event Plan. The second one, a table-top exercise, examined the guiding principles when responding to a food- and waterborne disease event involving several Member States. Both simulation exercises provided opportunities to review ECDC's preparedness capacity and ECDC's interaction with key stakeholders.

Mass gatherings

ECDC gave a brief overview of its support of preparedness activities for the Euro 2008 football championship and the 2008 Beijing Olympics. Activities included enhanced epidemiologic intelligence and special bulletins for both events, as well as daily audio conferences with key partners and collaborators (Austria, France, Germany and Switzerland). For the Euro 2008 Cup, on-site support was provided by a senior ECDC expert and a fellow of the European Programme for Intervention Epidemiology Training (EPIET).

A call for tender launched in 2008 resulted in a contract with EpiConcept, a French consultancy firm that is now working on a toolkit for Member States intended to support preparedness ahead of mass gathering events. The project deliverables (due in 2009) will include a scientific review paper on mass gathering events, a risk assessment algorithm, a preparedness check list, and an expert meeting review.

Current and future strategies from ECDC

Firstly, a presentation was given outlining the challenges and specific attributes of preparedness when planning mass gatherings. The following topics were addressed: defining a mass gathering event, challenges in public health surveillance including the identification of appropriate systems and indicators, challenges in outbreak investigation and response including the need for surge capacity, and the need for a centralised approach to communication and response across all public health areas.

ECDC's support to Member States includes the provision of risk assessment tools, the option to organise simulation exercises/targeted training modules, the provision of technical expertise and surge capacity, and enhanced epidemic intelligence support.

Comments from Member States

Member States agreed that it would be helpful if ECDC's preparedness support for mass gatherings could include guidance on organising simulation exercises, or create a library of resource materials for country access. In light of the amount of experience gained by Member States when organising mass gathering events, it was recommended that ECDC should use this experience for current related projects. Other areas to be explored include raising awareness of public health preparedness activities to relevant mass gathering event organisational bodies, e.g. international sporting committees.

Experiences from Austria: preparedness activities for the Euro 2008

The Austrian Competent Body for Preparedness representative (Austrian Federal Ministry of Health, Family and Youth) reported on the country's preparedness activities ahead of the EURO 2008 football cup. Main points raised included the importance of good intersectoral communication before, during and after the event, as well as the successful co-ordination of activities between Austria and Switzerland — a vital issue for this two-country event. Different workshops for the training of key personnel were conducted in preparation for the mass gathering event, some of which were supported by ECDC, and specific epidemic intelligence bulletins were prepared. More information is available from: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=8086>.

Experiences from Portugal: What can we learn from the Boom Festival in Portugal?

Experiences from the 2008 Boom Festival, held in Portugal, were the subject of a presentation by the Competent Body for Preparedness representative from Portugal (Directorate-General of Health). The Portuguese representative described the investigations conducted by the regional public health authorities in response to an outbreak of *Shigella* during the festival. Main topics addressed included the contribution of international collaboration in confirming the extent of the *Shigella* outbreak associated with this mass gathering, and the importance of local site investigations in order to identify arising health risks during a mass gathering.

Working groups on mass gatherings: 'Strengthening public health preparedness — a necessary consideration when planning all mass gatherings?'

The meeting participants were divided in two groups that addressed three questions. The results of the group discussions were presented in plenary.

Question 1: What are the characteristics of a mass gathering which may trigger specific public health preparedness actions?

Member States agreed that triggering public health preparedness results from a combination of different factors and characteristics of the mass gathering, together with an assessment of the capacity of the host country's public health system in order to anticipate the additional demands which might arise. Some of the relevant characteristics that have to be taken into account include: population characteristics (age, geographical origin, health profile, mobility); mass gathering event characteristics (duration, number of participants, season, number of sites, recurring versus sporadic/temporary versus permanent infrastructures for services including accommodation and catering); public health capacity (infrastructure, services and experiences); and intersectoral collaboration (international, national).

Question 2: Which components of preparedness should be optimised ahead of a mass gathering?

Components to be considered for optimisation included legislation, intersectoral collaboration, exchanges of experiences from other mass gathering events, risk assessments, surveillance systems, laboratory capacity, training and simulation exercises, and communication.

Question 3: In which areas can ECDC provide support?

Member States identified the following areas in which ECDC could provide support:

- guidance in risk assessment methodology;
- capacity strengthening through training and supporting simulation exercises;
- specific support and advice as requested by Member States;
- support of information exchange and communication between Member States during a public health event connected to a mass gathering;
- creation of an easily accessible library of documents and resources for countries involved in event preparation;
- facilitation of access to laboratory capacity as needed;
- support for the exchange and transfer of experiences between Member States involved in regularly scheduled mass gathering events hosted in rotation among countries/sites;
- providing enhanced epidemic intelligence during mass gathering events.

Working groups on generic preparedness: 'From pandemic preparedness to generic preparedness'

The meeting participants were divided in two groups to address three questions. The results of the group discussions were presented in plenary.

Question 1: What are the components of 'preparedness' in the context of public health threats?

A broad variety of components was identified by the Member States, mostly concerning the level of preparedness and the impact of sectors outside public health. Components included: surveillance systems, response mechanisms, resource capacity (general and specific expertise at all levels), procedures and standard operating procedures, communication plans, roles and responsibilities of different sectors and stakeholders (local, national and international), training for both general/expert capacity and procedures/specific roles during a health threat event, and legislation and political commitment.

Question 2: Pandemic influenza preparedness versus generic preparedness: Which components are in place?

Both working groups agreed that generic preparedness provides a framework for capacity and that different components may need to be evaluated with specific regard to the disease, e.g. vaccine availability and stakeholders.

Essential components of generic preparedness were already included in a generic plan for public health emergencies prepared by the Commission in 2005. Essential components include: information management, communications, scientific advice, liaison and command and control structures, preparedness of the health sector, and preparedness in all other sectors and intersectorally².

Question 3: How and in which areas can ECDC provide support in strengthening generic preparedness?

Suggestions by the representatives of the Member States were correlated to the different functions of preparedness and response, scientific advice, communication and surveillance. Areas for ECDC's support included:

1 Preparedness and response:

- risk assessment methods;
- protocols for investigating unknown diseases;
- training; and
- guidance on simulation exercise planning

2 Scientific advice:

- disease fact sheets;
- methods for defining thresholds and alert levels; and
- guidance on legislation, particularly at the EU level.

3 Communication:

- guidance in communication strategies; and
- co-ordination of information during an international event.

4 Surveillance:

- support to surveillance development by Member States; and
- support with case definitions.

Conclusions

Due to the variety of components that need to be considered, defining generic preparedness poses a major challenge. The different actors involved and the various actions that need to be identified at different levels, domestically and internationally, make it very difficult to define generic preparedness. In order to define roles and responsibilities in public health events, it is important to identify stakeholders, actors, and the command structure between different service sectors.

The Health Security Committee is tasked with addressing generic preparedness in the EU. ECDC could have a role in providing technical support to the work of the Health Security Committee and supporting Member States with specific elements of generic preparedness plans. It was agreed that supporting generic preparedness was an important activity of preparedness from ECDC and welcomed by the Member States.

Several ECDC project deliverables for 2009 will address some of the identified needs in supporting preparedness in the EU and strengthening the Member States' capacity. These include:

- toolkits for preparations ahead of mass gatherings; and
- updated status report on pandemic preparedness in the EU.

² Strengthening coordination on generic preparedness planning for public health emergencies at EU level. Communication from the Commission to the Council, the European Parliament, the European Economic and Social committee and the Committee of the Regions, Brussels, 28.11.2005 COM(2005) 605 final. Available at: http://eur-lex.europa.eu/LexUriServ/site/en/com/2005/com2005_0605en01.pdf

Next steps

An updated status report on pandemic preparedness in the EU will be prepared in 2009. The suggestions and proposals from these consultations will be considered for integration in future ECDC work plans.

The following preparedness activities are planned for 2009:

- simulation exercise on mass gatherings;
- guidance on the organisation of simulation exercises;
- guiding principles for responding to vaccine preventable diseases, rabies, and unknown events;
- training activities for managerial skills in regard to outbreak investigations and response;
- guidance for assessing transmission risks in other conveyances than aircraft;
- protocols for investigating the start of a pandemic.

3 Consultation of the Competent Bodies for Response

Objectives of the consultation

The objectives of the third consultation on outbreak investigation and response were

- to review the 'Guiding principles for response to public health threats related to communicable diseases at EU level'; and
- to evaluate the EU added value of threat assessments that are issued in response to EWRS messages.

Recent development in ECDC response activities

Guiding principles

After the 2007 consultation, the standard operating procedures (SOPs) for response documents was thoroughly revised by integrating the Member States' comments and developing the SOPs into a text dubbed 'Guiding principles for response', i.e. a document providing an established sequence of measures at the EU level, addressing response measures and actions in case a communicable disease-related public health alert threatens the EU. It clarifies the procedures undertaken by ECDC in response to a threat, and how different measures are carried out in collaboration and agreement with the main stakeholders. The current version of the document, which was presented later during the meeting, includes the generic framework as well as two disease-specific components, one for food-borne and one for *Legionella* outbreaks. The modules on measles, meningitis, tuberculosis and contact tracing, planned for 2008, are postponed until a consensus on the current document has been reached.

It was proposed to the Competent Bodies for Response to distinguish between three levels of support procedures in the response activities:

- guiding principles: setting out the main principles of response on EU level considering all relevant stakeholders;
- internal ECDC response SOPs: detailed procedures on all internal steps taken by ECDC in response activities, specifying internal collaborations between ECDC's sections/units and disease-specific programmes; and
- recommended practices: outlining the latest disease-specific scientific evidence to be considered in response activities.

Outbreak assistance teams

Major progress was achieved in the development of the laboratory component of outbreak assistance teams: an outbreak assistance lab network (OAL) was established, supporting epidemic intelligence activities and providing specific support during outbreak situations, as well as quality assurance and training. The integration of two lab experts in the 'European Programme for Intervention Epidemiology Training' (EPIET) is a true milestone in strengthening collaboration between epidemiological and diagnostic expertise. More information can be found at: www.epiet.org.

Comments from Member States

Concern was raised with regard to potential conflicts between the national microbiology focal points, nominated at the national level, and the OAL partners. Over the coming months, it will be a priority to produce — in close collaboration with the national microbiology focal points — a directory of all OAL partners and their expertise.

The communication flow between the OAL network, the Competent Bodies for Response, and ECDC needs to be clarified. The weekly threat reports are a useful tool to ensure good communication between all partners.

Vector-borne diseases

The Preparedness and Response Unit (PRU) at ECDC hosts the disease-specific programme on 'emerging and vector-borne diseases' (EVD). With the past chikungunya outbreaks in the Indian Ocean and Italy, vector-borne diseases continue to be high on the response agenda and several projects were undertaken in 2008. The

challenge for ECDC as an agency is to make sure that these projects deliver results, and then share the project results as soon as possible with the Member States and eventually with the general public through publication on its website. An example of the output in this area of work is available at: http://ecdc.europa.eu/en/Activities/Disease_Projects/_ezo/maps.aspx.

Comments from Member States

There was a request from the Member States to ensure that ECDC provides opportunities to comment on project reports before the actual publication, particularly when reports propose specific response activities.

Threat assessments

According to the 'Guiding principles for response', EU-level threat assessments may be prepared in response to EWRS event notifications by the Member States, or when EWRS notification criteria apply to a certain event. Between 1 January and 16 October 2008, a total of 81 EWRS event notifications were issued, for which 23 EU-level threat assessments were posted.

An in-depth discussion on the trigger for and the added value of threat assessments followed later during the meeting (see below).

Comments from Member States

Due to the close link to response activities, the Member States showed an interest in an overview of future epidemic intelligence activities and the annual threats report. This information is currently presented at the annual meeting for ECDC's Competent Bodies for Threat Detection.

Response expertise

ECDC gave a brief overview of expert support and consultation meetings held in 2007–08. More information is available at: <http://ecdc.europa.eu/en/Activities/Response/>.

Guiding principles for response

An overview of the guiding principles was presented, including the generic framework and the two disease-specific components on food-borne and *Legionella* outbreaks (Annex 3 and 4).

Comments from Member States

The general feedback was that the guiding principles document represents a common understanding of European-level response activities, and it was therefore welcomed by the Member States. It was agreed to first obtain a consensus on the generic framework with the main stakeholders (Member States, Commission, WHO) before addressing the disease-specific modules in detail.

It was noted that the actual management of an international outbreak is an issue not addressed in the guiding principles document. Information is lacking on who leads the investigation, who coordinates the line listing of cases, and who coordinates potential analytic studies. In past experiences, this coordination role was assigned on a case-by-case basis and could be undertaken by, for example, the index country or ECDC. However, for the future a clear decision needs to be taken by all involved actors. A note on this issue should be added to the final document.

When preparing a threat assessment, it is important for ECDC to liaise with all concerned Member States in order to ensure a coordinated response that includes all available and necessary information. The Competent Bodies for Response play an important role in this, while the role of the ECDC Advisory Forum on this specific issue needs some clarification. Similarly, the importance of coordination between ECDC, the Competent Bodies for Response and the Competent Bodies for Health Communication when planning publications on threat assessment was highlighted.

The notification levels and the extent of information sharing through EWRS were also mentioned during the discussions. It was suggested to address these items during one of the next EWRS focal point meetings. At the same time, the existence of several parallel communication channels (e.g. EWRS, EPIS, Hedis, RAS-Bichat, etc.) raises the need to clarify the role of each of the platforms in order to avoid overlap. The confidentiality level of the shared information also needs to be addressed.

Finally, it was discussed how well the guiding principles would hold up in case of a serious large-scale health threat, such as SARS in 2003. While the extent of collaboration and coordination would certainly change, it was felt that the main principles of response would remain the same.

EU-level threat assessments in response to EWRS event notifications

The meeting participants were divided in two groups to address four questions. The results of the group discussions were presented in plenary.

Question 1: How would you define the added value in ECDC threat assessments? What are the Member States looking for?

The Member States agreed that, all in all, there was an added value in EU-level threat assessments, although this might be more obvious for Member States with more limited resources. The added value is mainly linked to additional information, the provided overview, and the latest scientific evidence on the presented issue. EU-level threat assessment may also be used as a basis or reference for the Member States to finalise threat assessments at the national level.

When presenting options for a public health response, it is important for ECDC to consider the different national contexts, e.g. with regard to vaccination schedules or coverage. Interestingly, the two discussion groups had a different view on whether or not clear conclusions need to be drawn based on the interpretation of the data in each threat assessment, or whether it might be sufficient to limit the content to scientific updates. Cross-referencing previously published threat assessments with current ones might also be useful.

Question 2: What circumstances should trigger a threat assessment?

What should trigger a threat assessment? The EWRS content level? Should each EWRS message be assessed individually? Are there other factors?

There was a clear consensus that the ECDC response team should assess each EWRS message, independent of the assigned content level, and use its own judgement when deciding whether or not an EU-level threat assessment is needed. It needs to be noted that threat assessments may also be prepared upon specific request from the Commission or any Member State.

In order to ensure consistency, it was recommended that ECDC should develop a set of criteria that would guide the decision on whether or not to prepare a threat assessment in response to a particular EWRS event notification. This decisive criterion should then be systematically included in the final threat assessment.

Question 3: Do you see opportunities for ECDC to further develop its threat assessment role? (Expectations)

Member States stated that they need to know whether or not an EU-level threat assessment was being prepared following a EWRS event notification, and, if so, within which time frame. It was suggested that ECDC should explore possible approaches to systematically provide this feedback to all Member States, without overloading the EWRS exchanges.

The preparation of each threat assessment should be done in close coordination with the concerned Member States through the whole process, from its start to its finalisation.

Question 4: What are the possible challenges with ECDC's threat assessment role?

Member States insisted that confidentiality and privacy in EWRS exchanges should be respected, particularly with regard to the use of names in identified cases.

The time required to prepare and post EU-level threat assessments on EWRS should not be predetermined. Instead, it was recommended to determine the level of urgency on a case-by-case basis, and thus avoid any additional pressure.

Conclusions

ECDC's founding regulation, Regulation (EC) No 851/2004, established ECDC as an EU agency, yet ECDC will not be included in the regulatory framework of existing legal bodies until after the completion of a revision process which will not start until 2010. Until then, the legal value of newly produced procedures such as the 'Guiding principles for response' remains unclear. Yet ECDC, supported by the Commission and the Member States, needs to remain productive during this interim period of legal uncertainty. Therefore, it was suggested to reach — at least for now — a consensus on the guiding principles document among the Competent Bodies for Response, and to further develop collaboration in the field of outbreak response activities.

When discussing the current version of the 'Guiding principles for response' it became clear that significant progress was made; further fine tuning based on the feedback from the meeting will allow moving towards the required consensus. Continuous coordination with the Member States and the Commission is essential to ensure this process.

ECDC's role (i.e. providing EU-level threat assessments following EWRS event notifications; reporting according to EWRS criteria; or providing threat assessments upon specific requests) was fully supported by the meeting's participants. In addition, the added value of the threat assessments was recognised. However, participants emphasised the need to develop a set of criteria that determine when to initiate threat assessments. Participants also emphasised the importance of preparing all assessments in close coordination with the concerned Member States.

Most of the Competent Bodies for Response had also participated in the first annual meeting of the Competent Bodies for Preparedness one day earlier and had appreciated the opportunity to do so; they expressed their interest in being included in a similar way on threat detection issues. Therefore, it was suggested that ECDC should support and strengthen the communication and information flow between the Competent Bodies for Threat Detection, for Preparedness, and for Response.

Next steps

Based on the comments of the Competent Bodies for Response, the document on 'Guiding principles for response' will be amended, and criteria on when to initiate EU-level threat assessments will be proposed.

The final document will be shared with all stakeholders in order to reach a consensus on its content. The issue of if and how to formalise commitment to these guiding principles during the interim period still needs to be clarified.

Annex

Annex 1: Agenda: Consultations on preparedness activities

09:00 – 09:10	Welcome and opening of the meeting. Denis Coulombier
09:10 – 09:30	Update on preparedness activities in 2008 and 2009. Peter Kreidl
	Mass gatherings
09:30 – 10:00	Current and future strategies in preparedness for mass gatherings. Denis Coulombier
10:00 – 10:25	Austria: Preparedness activities for the Euro 2008. Robert Muchl
10:25 – 10:50	Break
10:50 – 11:15	What can we learn from the Boom Festival in Portugal? Teresa Fernandes, Eugenio Cordeiro
11:15 – 12:45	Working groups on mass gatherings
12:45 – 13:45	Lunch break
	Generic preparedness
13:45 – 15:30	Working groups on generic preparedness
15:30 – 16:30	Plenary and feedback from both working groups
16:30 – 17:00	Next steps and conclusions

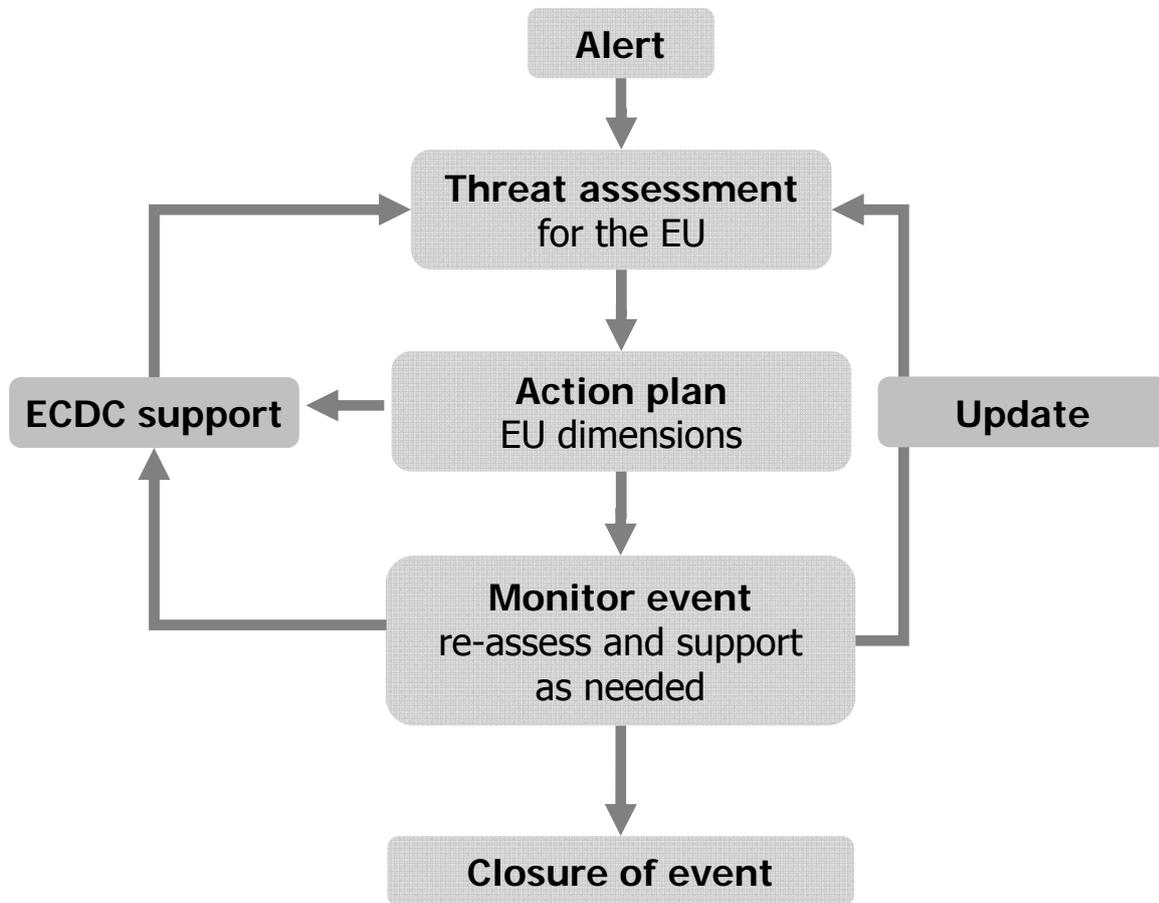
Annex 2: Agenda: Consultations on response activities

09:00 – 09:15	Welcome and opening of the meeting. Denis Coulombier
09:15 – 10:45	Developments in ECDC response activities. Evelyn Depoortere/Katrin Leitmeyer
10:45 – 11:15	Break
11:15 – 12:30	'Guiding principles for response to public health threats related to communicable diseases at EU level'. Lara Payne
12:30 – 13:30	Lunch break
13:30 – 15:30	EU threat assessments: <ul style="list-style-type: none"> ▪ Review of past assessments ▪ Expectations toward threat assessments in the EU Evelyn Depoortere
15:30 – 16:00	Next steps and conclusions

Annex 3: Meeting participants

Name	Country
Robert Muchl	Austria
Daniel Reynders	Belgium
Dominique Wagner	Belgium
Tenev Tencho (Preparedness)	Bulgaria
Radosveta Filipova	Bulgaria
Aleksandar Simunovic	Croatia
Chryso Gregoriadou	Cyprus
Jozef Dlhy	Czech Republic
Irina Dontsenko	Estonia
Markku Kuusi	Finland
Danièle Ilef (Preparedness)	France
Didier Che (Response)	France
Gabriele Poggensee	Germany
Beatrix Oroszi	Hungary
Darina O'Flanagan	Ireland
Ainars Civcs	Latvia
Martins Sics	Latvia
Vytautas Gailius	Lithuania
Tanya Melillo Fenech	Malta
Aura Timen	The Netherlands
Karin Nygård	Norway
Aleksandra Czyrznikowska	Poland
Teresa Fernandes	Portugal
Eugenio Cordeiro	Portugal
Adriana Pistol	Romania
Lucia Hrivniakova	Slovak Republic
Sočan Maja (Preparedness)	Slovenia
Eva Grilc (Response)	Slovenia
Anders Tegnell	Sweden
Agneta Holmström	Sweden
Johan Carlson	Sweden
Ercan Bal Ismail	Turkey
Ian Fisher (Response)	United Kingdom
Roberta Andraghetti (Response)	World Health Organization, Regional Office for Europe
Frank Van Lock	European Commission, Directorate-General for Health and Consumers (SANCO) C3
Alain Moren (Preparedness)	EpiConcept
Denis Coulombier	ECDC
Evelyn Depoortere	ECDC
Peter Kreidl (Preparedness)	ECDC
Katrin Leitmeyer	ECDC
Lara Payne	ECDC

Annex 4: Responding to a public health threat at the EU level: main steps



Annex 5: Responding to a public health threat at the EU level: actions, actors and outputs

