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## Commissioner John Dalli visits ECDC

On 22 June 2010, the European Commissioner for Health and Consumer Policy, Mr John Dalli, visited the European Centre for Disease Prevention and Control in Stockholm. The visit to ECDC began with bilateral talks with the Director of the Centre, Dr Marc Sprenger. The programme then continued with presentations by staff members about the ECDC added European value and on some of the areas where ECDC is making a difference.

The Commissioner had asked to meet all ECDC staff and, over a coffee, he took the opportunity to talk to many of them about their everyday work and to learn more from the disease-specific programmes coordinators about their different areas of activities. Other major projects currently taking place in the different units of ECDC were also presented to the Commissioner in an exhibition.

In his address to ECDC staff, Commissioner Dalli acknowledged the work done by the Agency so far and emphasised in particular the work undertaken during the influenza A(H1N1) 2009 pandemic. He also congratulated ECDC's recently appointed Director and wished him success in his new assignment. Dr Sprenger thanked the Commissioner for taking the time to meet all staff and continued by saying that ECDC is a new, evolving organisation and the challenges now will be to consolidate the work of the Agency and to further strengthen Europe's defences against infectious diseases. 'I am aware that everyone at ECDC needs to focus on the European added value of our Agency', concluded Dr Sprenger.

The Commissioner's visit ended with a tour of the Agency's Emergency Operations Centre (EOC) and a presentation of the ECDC preparedness plan in the event of a public health event.

## Celebrating EPIET's 15th anniversary

The European Programme for Intervention Epidemiology Training (EPIET) is turning 15. Launched in 1995, the programme aims at developing a European network of intervention epidemiologists; developing a response capacity inside and beyond the European Union (EU) as well as strengthening communicable disease surveillance and control in the EU. Where are we 15 years after its creation?

Although the purpose of the programme is for EU health professional with previous experience in public health and strong interest in epidemiology to gain practical experience in intervention epidemiology, its impact on the harmonisation of epidemiological issues at EU level shall not be underestimated. 'We've been inspired by a vision of excellence and by unity of purpose in building a common language and common tools to solve the problems we share

in Europe', recalled the first president of the EPIET alumni network, Dr Natasha Crowcroft, Director of Surveillance and Epidemiology, Ontario Agency for Health Protection and Promotion (Toronto, Canada). The competency-based programme with a 'learning-by-doing approach' encouraged the exchanges and sharing of knowledge among supervisors, fellows and coordinators. In addition to the three-week introductory course in infectious disease epidemiology hosted since 2004 at the Lazareto, in Menorca (Spain), fellows spend up to 10% of their time attending various training modules and are expected to present the results of their work to the scientific community during the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) (follow-up page 3).

## Editorial by ECDC Director: Marc Sprenger



### Getting our priorities right

One of the first things I did when I arrived in ECDC in May was to initiate a review of ECDC's priorities. This review has two objectives. Firstly, I want to ensure ECDC meets a consistently high standard of scientific excellence in all our activities. If we cannot meet that standard for a certain activity, then I question whether we should be doing it at all. Secondly, health budgets are being cut across Europe. ECDC needs to show it is delivering maximum value for money for every euro it receives if we are to retain the confidence of our partners.

Our internal review of priorities in ECDC involves us looking at the costs and benefits of all our activities. More work needs to be done within ECDC on how we measure these 'costs' and 'benefits' – this

will be a priority for me in the coming years. Nonetheless, the management team in ECDC has made a start on this.

But as well as 'doing things right', ECDC also needs to be doing the right things. ECDC was created to serve the European Union and its Member States. This means that our activities must be relevant to their needs and fit with their priorities. I have therefore been busy over the last few months talking to the European Commission, the European Parliament and ECDC's national counterparts to get their views on what our priorities ought to be. This autumn ECDC will have an intense round of consultations with all of our partners and stakeholders on our work plan for 2011. I would like to invite readers of ECDC Insight to join in this consultation. What sort of activities should ECDC be doing more of? What skills or services do we

need to nurture? Are there any activities you think ECDC should stop doing? I am open to all your suggestions, whether they are for minor changes of direction (that could be implemented already in 2011), or for major changes of strategy (that may have to await our new Strategic Multi-annual Programme in 2014). The one proviso I would make is that – in order to be useful – your suggestions need to relate to prevention and control of infectious diseases, as there is no immediate prospect of ECDC being given a wider public health mandate.

Please send your suggestions to [director@ecdc.europa.eu](mailto:director@ecdc.europa.eu) I look forward to reading your input!

Marc Sprenger  
Director ECDC

## Ensuring an efficient organisation at ECDC

ECDC should be known for quality, transparency, delivery and independent advice. To ensure an efficient organisation that focuses on scientific excellence, one of the top priorities for the newly appointed Director to ECDC, Dr Marc Sprenger, was to put in place a new structure in 'The Office of the Director'. The Office of the Director is as from 1 June 2010 composed of four advisers and three sections: Corporate Affairs, Corporate Governance and Quality and Planning, with team leaders reporting directly to the Director. By implementing these changes, the Director aims to take a first step towards a lean and efficient organisation that produces the maximum value for the EU and its citizens.

In order to further strengthen ECDC's country collaboration and communication, the Country Cooperation team has become a new section within the Health Communication Unit, which had its name changed to Communication and Country cooperation Unit (CCU). Professor Karl Ekdahl heads the Unit that now counts with 55 staff members divided among four sections: Scientific Communication, Public Communication and Media, Web Services and Country Cooperation. In addition, the Knowledge and Resource Centre on Health Communication (KRC) provides valuable input to the Unit as well as ECDC and the Member States.



## Signature of ECDC Seat Agreement



Ms Maria Larsson, Minister for Elderly Care and Public Health in Sweden, and Professor Dr Hubert Hrabčik, ECDC Management Board Chairman, signed the ECDC Seat Agreement on 30 June. The

Seat Agreement was previously approved by ECDC Management Board during its meeting on 17–18 June and verified by the Legal Service of the European Commission.

## ECDC success story: Celebrating EPIET's 15th anniversary



### The EPIET programme in figures

- Launched in 1995
- Integrated into ECDC on 1 November 2007
- Training over a two-year period
- Cohort 1: 10 fellows
- Cohort 15: 31 fellows
- 239 fellows from 21 countries entered the programme since 1995
- 93 supervisors since 1995
- 38 training sites in the EU and Norway since 1995

The integration into ECDC in November 2007 secured the budget for the European Programme for Intervention Epidemiology Training (EPIET). EU Member States and Norway contribute by hosting fellows and supervising them. Over the last four years, the number of fellows in training doubled. A new training programme, the European public health microbiology training (EUPHEM) was set up in 2008 to increase the response capacity for microbiology. The integration into the programme of the 10 new EU Member States in 2004 has been a wonderful opportunity to extend the programme, with more countries being able to benefit from it.

To Dr Andrea Ammon, Head of ECDC Surveillance Unit and former fellow from Cohort 1 and supervisor of EPIET fellows from 1998 to 2004, EPIET opened the door to Europe and laid the foundation to working relationships around the EU countries that are of immense value for her current work at ECDC.

*'The introductory course and subsequent modules are from basic experience level to enrol in, but in the end also the more experienced participants gain additional knowledge due to the high level of education and outstanding speakers. Besides that, even during EPIET dinners (with a glass of wine in our hands), discussions are often about which study design and method would be most appropriate for a certain situation. Although we may have 20 different nationalities around the table, we all know how to speak the same epidemiological language.'* Mirna Robert, Medical Epidemiologist at National Institute for Public Health and the Environment (RIVM), the Netherlands, and former EPIET fellow.

'EPIET has proved to be a highly effective investment in terms of building field epidemiology capacity in the EU countries, but also in terms of building trust among the scientists working on infectious diseases to share information and to cooperate in multinational investigations', she said. Dr Denis Coulombier, Head of the Preparedness and Response Unit at ECDC and EPIET supervisor from 1995 to 2004, believes that the EPIET programme was instrumental in ensuring a smooth start and the development of ECDC. 'The senior management team recruited at the start-up phase were all exposed to EPIET, as fellows or as facilitators, and therefore shared a common vision, a common approach to epidemiology applied for disease prevention and control which was crucial at the initial phase,' he explained.

Does that mean that the time of challenges is over? Not necessarily, as capacity building in the EU still need to be reinforced. Challenges still exist in terms of training capacity, resources and communication. Strengthening capacity in intervention epidemiology is key to the overall goal of responding to the challenge to detect and counter threats posed by infectious diseases in the EU. Even though the number of fellows increased substantially over the past six years, it is still insufficient to fulfil the needs in all 27 EU Member States. Training of fellows from new Member States is of utmost importance. ECDC and Member States need to consider developing strategies to facilitate the return of EPIET alumni to their countries of origin. This is what Dr Irena Klavs, Head of Unit in the National Institute for Public Health in Slovenia and EPIET supervisor, confirms. 'The EPIET is clearly one of the most important ECDC activities that aims at capacity building in communicable diseases surveillance, research, prevention and control in EU Member States,' she said. Dr Klavs believes that the programme is essential for intervention epidemiologists across the EU 'speak the same language', and

access to such training is especially important for smaller, less well resourced countries.

A growing number of fellows also leads to a strong need for new training sites – especially in the new Member States, where only a few training sites are located – with experienced training sites supervisors, teachers and facilitators. Also, the number of experienced trainers available to teach highly specialised topics in intervention epidemiology is limited.

Meeting the challenges linked to the steady growth of the EPIET programme while preserving its recognised strengths as well as adapting it to support the changing needs of the Member States are some of the key action points for EPIET in the coming years. New directions for the programme will also benefit from the evaluation that took place in 2009.

Dr Sprenger, ECDC Director and one of the founding fathers of EPIET, recalls when more than 15 years ago, a few infectious diseases experts in Europe started to think about creating a European CDC. 'It was Frank Van Loock, who at the time was at the Belgian public health institute, that took the brave initiative to start the EPIET programme. I consider this as one of the most important developments in creating a European virtual CDC.' In Dr Sprenger's view, the programme has largely contributed to building bridges between 'those who learn and those who teach; between training institutes and various disease specific networks'. He concludes: 'As a logical consequence of this, ECDC was created five years ago. As long as the capacity building task of ECDC is needed in Europe, EPIET will continue and expand its contribution to workforce development for disease prevention and control. Our challenge now will be to see how we can further improve the EPIET programme, making it more tailor-made and taking into account the diversity in Europe.'

Read more: [www.epiet.org](http://www.epiet.org)



## Lessons learned from the H<sub>1</sub>N<sub>1</sub> pandemic – the surveillance perspective

The European Centre for Disease Prevention and Control (ECDC) integrated in 2007 the Disease Specific Network (DSN) responsible for influenza under the new name of European Influenza Surveillance Network (EISN). EISN consists of over 100 epidemiologists and virologists from EU Member States, nominated by the respective competent bodies for surveillance. The final stage of the transferring process coincided with the first influenza pandemic in nearly 40 years, requiring significant new surveillance challenges at national, EU and global levels.

Data collection, validation, analysis and reporting related to influenza-like illness (ILI)/acute respiratory infection (ARI) sentinel surveillance, case-based reporting of severe acute respiratory infection (SARI), including fatal outcomes and the aggregate reporting of deaths due to pandemic A(H<sub>1</sub>N<sub>1</sub>) 2009 virus is carried out directly by the ECDC flu experts. In order to assist ECDC with the virologic sentinel and non-sentinel surveillance, including monitoring of antiviral resistance, the coordination of the Community Network of Reference Laboratories for Human Influenza (CNRL) was outsourced via

a public tender. All surveillance data are collected and reported by the EU Member States to The European Surveillance System (TESSy) and are summarised in a Weekly Influenza Surveillance Overview report (WISO) that is published on the ECDC portal.

### Annual EISN meeting

The 2010 annual meeting of EISN took place in Sofia, Bulgaria, on June 13, 2010, and its objectives were to:

- describe the epidemiological and virological situation of influenza during the pandemic, including the last winter season 2009/2010 in Europe;
- discuss any changes in the current surveillance and reporting of influenza that should be made in the aftermath of the pandemic;
- make proposals for any new activities or improvements that the network wishes to see introduced in the near future; and
- identify key messages for the Belgian EU Presidency.

Participants reached a series of general/main conclusions related to lessons learned about the A(H<sub>1</sub>N<sub>1</sub>) pandemic and a set of specific

conclusions that are related more to EISN and CNRL. These were:

#### Main conclusions:

- There is a need to revise the existing pandemic preparedness plans (including the surveillance parts), in order to increase flexibility while ensuring the systems can cope with a more severe pandemic.
- Reporting of severe cases has to improve, as well the estimation of the true extent of the deaths from influenza.
- Serology research and results need to be improved – better data should be available faster.
- Network needs to improve internal communication and increase timely exchange of information and research – including sharing early analysis as soon as it is available.
- Good surveillance systems that are appropriate for a crisis need to be put in place and in use already before the crisis if they are to be effective – the pandemic is coming to an end, but the current systems should not be downsized now.

**Specific recommendations**

- CNRL and ECDC will improve internal regular communication with the network, e.g. extranet, teleconferences, videoconferences, etc.
- There was agreement among participants to revise ILI case definition.
- A standardised baseline for ILI and possibly ARI data should be introduced.
- The SARI surveillance protocol in Europe should be revised, based on working with the World Health Organisation (WHO) to revise the former WHO Guidelines.

**Conference on lessons learned from the A(H1N1) pandemic**

Both sets of conclusions were presented during the high level expert conference that took place on July 12 2010, in Brussels, as an opening

event for the Belgian Presidency of the EU and that involved more than 300 experts from all Member States.

Four themes were debated in a spirit of constructive criticism: surveillance, multisectoral aspects, communication and medical measures (antiviral medication and vaccines). ECDC was actively involved in the discussions on surveillance and the key conclusions this group reached were the followings:

- Investment in national surveillance centres should continue, in order to have reliable figures on the number of cases, severity of diseases, the at-risk groups, etc. The investment should continue in all the areas of epidemiological, virological and serological surveillance, in order to have a picture as complete as possible of the public health crisis.
- A minimum set of data should be compulsory to be shared, in order to enable

decision-making process and also to avoid excessive pressure on surveillance systems. This set should be established prior to the crisis period but data should be harmonised at the EU level and integrated in national plans, so data sharing and comparability is possible.

- Investment in research has to continue in order to better assess and predict the impact of influenza during interpandemic periods as well as very early at the beginning of a pandemic.
- Multidisciplinary teams – scientists, communicators, sociologists – are key to be able to better communicate the risks and explain thinking behind measures taken during a pandemic.

**ECDC, a player in the 2010 FIFA World Cup**

From 7 June to 16 July, ECDC conducted a 24/7 targeted event-based surveillance on the 2010 FIFA World Cup, which took place in South Africa. This surveillance was based on a previously conducted risk assessment. ECDC's objective was to detect any health events indicating possible health risks for persons attending the event. To achieve this, experts – who remained contactable 24/7 for any queries – used search tools to daily monitor media, national websites and other public sources based on keywords. The focus was two-fold:

1. any infectious disease 'news/event' associated with South Africa;

2. undertaking the usual ECDC worldwide monitoring of diseases and other news events, taking into account any impact to the World Cup (travellers or products).

A daily short bulletin listing any detected events was shared with the South Africa World Cup public health team, the World Health Organisation (WHO) and public health bodies of EU Member States to assist epidemiologic intelligence activities undertaken for the mass gathering and support any public health action.

**Addressing/limiting disease transmission on aircraft**

In the closed cabin environment of modern airplanes, passengers may be exposed to various infectious diseases that afflict their fellow passengers. In order to provide viable options for decision makers, the ECDC RAGIDA ('risk assessment guidelines for infectious diseases transmitted on aircraft') project, carried out under the lead of the Robert Koch Institute (Germany), combines evidence retrieved from scientific literature with expert knowledge.

The second phase of the project uses disease subject matter experts for the validation and final production of a series of operational guidance documents for assisting in the evaluation of risk for transmission of diseases on aircraft. For this purpose, experts gathered on 1 June 2010 in Brussels to produce an evidence-based guidance on how to assess the risk of transmission of measles, rubella, Ebola, Marburg, Lassa, smallpox and anthrax on aircrafts and advice on adequate public health measures for containment. It complemented the First RAGIDA

meeting convened in June 2009 on tuberculosis, new emerging airborne disease (e.g. SARS) and meningococcal infections. During the first phase in 2007–2008, a systematic review of over 3 700 peer-reviewed articles and grey literature was performed for 12 infectious diseases<sup>1</sup>. In addition, general guidelines on risk assessment and management from international aviation boards, and national or international public health agencies were systematically searched. Standardised questionnaires were used to interview national and international experts to systematically assess case-based information on events.

See reports published on ECDC's website:

- ECDC Guidance – Risk assessment guidelines for diseases transmitted on aircraft



- Technical Report – Risk assessment guidelines for infectious diseases transmitted on aircraft (1st RAGIDA meeting);
- Technical Report – Risk assessment guidelines for infectious diseases transmitted on aircraft (2st RAGIDA meeting) – to be released by the end of 2010.

<sup>1</sup> TB, influenza, SARS, meningococcal disease, measles, rubella, diphtheria, Ebola haemorrhagic fever, Marburg haemorrhagic fever, Lassa fever, smallpox, and anthrax.



## Member States agree on core functions of microbiology reference laboratories for communicable diseases

The current systems of reference laboratories in the European Union vary considerably between countries. There is reference laboratory capacity for all the diseases listed in Decision No 2119/98/EC including amendments. However, countries use different definitions of the term ‘reference laboratory’ as well as different selection and evaluation procedures. Based on a survey and discussions in working groups, Member States – through their National Microbiology Focal Points (NMFPs) – reached a consensus on key activities of microbiology reference laboratories as part of public health microbiology. They agreed on the general terms and conditions that constitute the basic requirements for performing core functions and thus make it possible for a laboratory to operate as a microbiology reference laboratory in the public health field. These

are the main results released in the recently published ECDC technical report ‘Core functions of microbiology reference laboratories for communicable diseases’<sup>1</sup>. Following their official nomination by the Member States in 2007, the NMFPs have been regularly consulted by ECDC. Building consensus on such complex issues takes time and the above report would not have been developed without the crucial inputs from the NMFPs. The seventh meeting of the forum is scheduled for 19–20 October 2010 to further work on microbiology reference laboratory capacity building and country perspective on molecular typing for public health purposes.

<sup>1</sup> European Centre for Disease Prevention and Control. Core functions of microbiology reference laboratories for communicable diseases. Stockholm: ECDC; 2010.

Microbiology and epidemiology are closely linked and microbiology issues are integrated in all ECDC’s activities, including scientific advice, surveillance, preparedness, response, training and communication. To emphasise the importance of microbiology activities at ECDC, a dedicated section of the ECDC website was launched in March 2010. The ‘Microbiology Cooperation’ website summarises the microbiology projects ECDC is currently funding, provides key publications on public health microbiology and information on quality systems, biosafety, typing issues, and training. Additionally, the profiles of the NMFPs are available.

Read more: [www.ecdc.europa.eu/en/activities/microbiology/Pages/Activities\\_MicrobiologyCooperation.aspx](http://www.ecdc.europa.eu/en/activities/microbiology/Pages/Activities_MicrobiologyCooperation.aspx)

## Epidemic Intelligence Information System (EPIS): initial experiences with disease specific networks

Since 1 March 2010, over 200 members of the Food- and Waterborne Diseases and Zoonoses (FWD) Network have been granted access to the Epidemic Intelligence Information System (EPIS), a central web-based communication platform in which experts in epidemiology and microbiology related to FWD can share technical information and alerts on unusual increases of cases at national level (urgent inquiries).

The FWD Network is the first disease specific network for which EPIS has gone live. Between March 1 and July 31, 2010, 13 urgent inquiries have been posted, by 11 countries, yielding a total of 175 replies from the network. One dedicated ad-hoc expert forum was opened, related to an urgent inquiry from Finland on an unusual increase in a specific strain of *Listeria*. In addition, one ‘for information exchange’

occurred related to the contamination of raw oysters with norovirus. Experts value the fact that information can be shared quickly and transparently, and that all information related to specific threats is gathered in one single place. The vision is that the information sharing will gradually improve in terms of content, timeliness and coverage of the contributing network members.

## Implementation of the Dublin Declaration: Progress report 2010

This autumn ECDC will issue its first progress report on the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and central Asia. This report documents progress using country-based reports against a selected number of indicators of relevance to the countries of the region. The report is based on data from 49 countries and reflects the contributions of a wide range of individuals and organisations. A summary of this report was released at the occasion of the World AIDS Conference in July. The full report is expected to be published by ECDC soon.

Below are just some examples of specific conclusions for each thematic area that have been identified.

- There is evidence of strong political commitment for the response to HIV in European and central Asian countries. Since the adoption of the Dublin Declaration in 2004, there has been an increase in disbursement from donor countries as international AIDS

assistance. These increased from USD2.8 billion in 2004 to USD7.7 billion in 2008. In times of economic downturn strong political commitment and strategy is needed for ensuring sustainability of future financing for AIDS assistance.

- Strong political leadership is needed to ensure that evidence-based policies and programmes are developed and implemented and laws, regulations and policies that present obstacles to effective prevention, treatment and care for key populations affected by HIV are removed. Focusing on key populations affected by HIV would result in a more effective HIV response and efficiency savings, i.e. services being delivered at a lower overall cost.
- Although there is an increase in the number of PLHIV receiving ART in some countries of the region since 2004 there is also evidence that rates of late diagnosis of HIV infection remain unacceptably high with many PLHIV

presenting with CD4 counts < 350 cells/mm<sup>3</sup> at the time of diagnosis. This is a significant issue because these people are starting treatment later than medically advised. Evidence shows that late diagnosis leading to later introduction of treatment results in higher rates of AIDS-related morbidity and mortality.

- The role of civil society in responses to HIV is recognised across countries of Europe and central Asia. However, civil society organisations still face considerable challenges in ensuring sustainable funding for their activities.
- Although the value of international reporting on HIV responses is recognised in the region, there are strong aspirations from countries that the reporting burden must be reduced. ECDC is working to introduce a single data collection process that could satisfy all current international reporting requirements.

## A new way of communicating with scientific audiences: ECDC spotlights



ECDC has recently launched a new activity to promote its scientific output and provide relevant information about certain aspects of selected infectious diseases or the prevention and control of these in a multimedia format via its website. Coordinated by the Communication and Country Cooperation Unit, a webpage is created for each of the spotlights on which will find key messages highlighting important issues and providing the readers with comprehensive information about ECDC's activities related to these key messages. Furthermore, the

page contains a wide range of offerings such as downloadable ppt slides, ECDC comment videos with an ECDC expert providing background on the key messages and a short animations illustrating the messages graphically. The spotlight pages are available for a couple of weeks from our homepage [www.ecdc.europa.eu](http://www.ecdc.europa.eu) clicking on a specific banner. So far themes for the spotlights were tuberculosis, chlamydia, measles and tick-borne diseases. A spotlight on surveillance will be launched soon.

## Tools for supporting countries' communication activities on disease prevention

Developing communication materials on disease prevention for different audiences can be a challenge, as this implies taking into account issues such as the audiences' existing levels of knowledge, information needs and cultural context. For example, how can you explain to the general public what Chikungunya fever is and how it is transmitted? Or, how can you show children the simple measures they can take to avoid spreading flu? In order to support Member States in this complex process of developing communication strategies and activities to raise awareness on prevention and control of specific communicable diseases, ECDC is developing communication toolkits and guidance documents.

These tools serve as a resource for public health authorities in Member States. Resources can include key messages, logos, slogans and template materials such as posters, leaflets or factsheets for different target audiences such as children,

adults or healthcare practitioners. Input is also provided on how the materials can be used. These are not intended to replace existing national campaigns, but can rather be adapted and implemented by countries if they so wish, according to national plans, health communication needs and contexts.

ECDC has developed communication toolkits on seasonal influenza (2007), Chikungunya fever (2008) and most recently on tick-borne diseases. It is also developing communication guidance documents to support Member States in the planning and implementation of health communication initiatives focused on areas such as immunisation.

More information on these ECDC health communication resources is available on the following link to the Knowledge and Resource Centre on Health Communication's pages, under the sub-heading "ECDC Communication Toolkits": [http://ecdc.europa.eu/en/activities/health\\_communication/Pages/Communication\\_toolkits.aspx](http://ecdc.europa.eu/en/activities/health_communication/Pages/Communication_toolkits.aspx)

## New publications

### Core functions of microbiology reference laboratories for communicable diseases

This document is intended to provide a common understanding of the core functions and activities of microbiology reference laboratories. The five core functions included in this report are reference diagnostics; reference material resources; scientific advice; collaboration and research; and monitoring, alert and response.

### First annual meeting of the European Reference Laboratory Network for Tuberculosis

Delegates from nominated TB reference laboratories in EU and EEA Member States, along with others from EU candidate countries, attended the meeting. Key outcomes were an agreed outline and writing plan for a handbook on diagnostic methods and practices for TB reference laboratories and implementation plans for external quality assurance.

### Meeting report: Expert consultation on healthcare-associated infection prevention and control

The purpose of this meeting, held from 25 to 26 February 2010, was to consult with a group of experts from across Europe and representatives of the WHO and European Commission to reach a consensus on the current needs and key priorities for developing evidence-based guidance on prevention of HAI at the European level. During the meeting, experts were asked to rank priority guidance topics for the top five organisational elements of hospital infection control programmes and top five care-specific measures. The criteria for priority ranking were based on the perceived level of effectiveness of interventions and extent of potential benefit in reducing the burden of HAI disease across Europe. Draft outlines on methods of development and content of ECDC guidance were also reviewed and agreed upon.

### Biweekly influenza surveillance overview

Published every other Friday, the biweekly influenza surveillance overview is a collection of timely and relevant information regarding influenza activity in Europe. It provides key statistical data on a variety of issues, including the following: sentinel surveillance of influenza-like illness (ILI) and acute respiratory illness (ARI); virological surveillance; aggregate numbers of pandemic A(H<sub>1</sub>N<sub>1</sub>) 2009; hospital surveillance of severe acute respiratory infection (SARI); mortality surveillance; and qualitative reporting.

For more information: [publications@ecdc.europa.eu](mailto:publications@ecdc.europa.eu)

ISSN 1830-7965



9 771830 796005

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## Upcoming events

**30.08–03.09.2010**

EPIET Project Review module, Rome, Italy

**06–08.09.2010**

Burden of Communicable Disease Working Group Meeting, ECDC Stockholm

**13–17.09.2010**

ECDC Briefing Session, ECDC, Stockholm

**15.09.2010**

First Annual Meeting of the European Legionnaires' Disease Surveillance Network (ELDSNet), Copenhagen, Denmark

**20.09–15.10.2010**

EPIET Introductory Course, Menorca, Spain

**21–22.09.2010**

Workshop on Regional Synergies for Immunisation in Hard-to-reach Population Groups, Sofia, Bulgaria

**23–24.09.2010**

ECDC National Microbiology Focal Points meeting, ECDC Stockholm

**23–24.09.2010**

Behavioural Science meeting, ECDC, Stockholm

**23–24.09.2010**

ECDC National Microbiology Focal Points meeting, ECDC, Stockholm

**27.09.2010**

Using Social Media to Preserve your Reputation Conference, ECDC, Stockholm

**27–29.09.2010**

Simulation Exercise, ECDC, Stockholm

**29–30.09.2010**

23rd Advisory Forum meeting, ECDC Stockholm

**04–05.10.2010 and 07–08.10.2010**

HAI TESSy training, ECDC, Stockholm

**07.10.2010**

Lunch workshop on "Risk Communication", 13th European Health Forum Gastein, Bad Hofgastein, Austria

**15.10.2010**

The 5th Knowledge Management Working Group Meeting, ECDC, Stockholm

**18–19.10.2010**

Eurosurveillance Associate Editors and Editorial Board meeting, ECDC, Stockholm

**25–29.10.2010**

ECDC Briefing Session, ECDC, Stockholm

**28.10.2010**

Annual Meeting of the National Surveillance Contact Points, ECDC, Stockholm

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Printed on chlorine-free paper

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