ECDC **CORPORATE**

Annual Report of the Director

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European Centre for
Disease Prevention and Control

Annual Report of the Director

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Contents

Abbreviations

ABAC	Accrual-Based Accounting, the EC integrated budgetary and accounting system
ABAC	Accrual-based accounting, the EC integrated budgetary and accounting system
AEFI	Adverse events following immunisation
AF	Advisory Forum
AIDS	Acquired immunodeficiency syndrome
AMR	Antimicrobial resistance
APSED	Asia-Pacific Strategy for Emerging Diseases
BCoDE	Present and Future Burden of Communicable Disease in Europe
BSN	Basic Surveillance Network
CCDC	Chinese Center for Disease Control and Prevention
CCHF	Crimean-Congo haemorrhagic fever
CDC	Centers for Disease Control and Prevention, USA
CFEP	Canadian Field Epidemiology Program
DG JLS	Directorate-General for Justice, Freedom and Security
DG Research	Directorate-General for Research
DG SANCO	Directorate-General for Health and Consumer Protection
DIPNET	European Diphtheria Surveillance Network
DIVINE-NET	Network for prevention of emerging (food-borne) enteric viral infections: diagnosis, viability testing, networking and epidemiology
DPs	Disease programmes (ECDC)
DSN	Dedicated surveillance network
DTP	Diphtheria, tetanus and pertussis
E3	European Environment and Epidemiology Network
EAAD	European Antibiotic Awareness Day
EACCME	European Accreditation Council for Continuing Medical Education
EAHIL	European Association for Health Information and Libraries
EARS-Net	European Antimicrobial Resistance Surveillance System Network
ECCMID	European Congress of Clinical Microbiology and Infectious Diseases
ECDC	European Centre for Disease Prevention and Control
EDEN Project	Emerging Diseases in a changing European Environment
EEA	European Environment Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EFSA	European Food Safety Authority
EISS	European Influenza Surveillance Scheme
EMA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENIVD	European Network for Diagnostics of Imported Viral Diseases
Enter-net	International surveillance network for the enteric infections *Salmonella* and VTEC 0157
ENVI	Committee for Environment, Public Health and Food Safety of the European Parliament
EOC	Emergency Operation Centre
EPIET	European Programme for Intervention Epidemiology Training
EPIS	Epidemic Intelligence Information System
EpiNorth	Co-operation Project for Communicable Disease Control in Northern Europe
ESAC-Net	European Surveillance of Antimicrobial Consumption Network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
ESCMID	European Society of Clinical Microbiology and Infectious Diseases
ESSTI	European Surveillance of Sexually Transmitted Infections
ESWI	European Scientific Working Group on Influenza
EU	European Union
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EU-IBIS	European Union Invasive Bacterial Infections Surveillance
EuroCJD	European and allied countries collaborative study group of Creutzfeldt-Jakob disease
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
EUROPOL	European Police Office
EuroTB	Network for surveillance of tuberculosis in Europe
EUVAC.NET	Surveillance Community Network for Vaccine-Preventable Infectious Diseases
EWGLINET	European Working Group for Legionella Infections
EWRS	Early Warning and Response System
EXC	Executive Committee
FEM	Field Epidemiology Manual
FP EU	Framework Programme for Research
FWD	Food- and waterborne diseases and zoonoses
HAI	Healthcare-associate infections

HAI-Net	Healthcare-Associated Infections Network
HEDIS	Health Emergency and Diseases Information System
HIV	Human immunodeficiency virus
HPA	Health Protection Agency, UK
HPV	Human papillomavirus
HSC	Health Security Committee of the EU
ICT	Information and Communication Technology
IHR	International Health Regulations
IPSE	Improving Patient Safety in Europe
IUSTI	International Union against Sexually Transmitted Infections
JRC	Joint Research Centre
KIS	Knowledge and information services
KM	Knowledge management
MB	Management Board
MDR TB	Multidrug-resistant tuberculosis
MedISys	Medical Information System
MMR	Measles, mumps and rubella
MRSA	Methicillin-resistant *Staphylococcus aureus*
NMFPs	National Microbiology Focal Points
OCS	Office of the Chief Scientist
PHC	Public Health Capacity and Communication Unit
RASFF	Rapid Alert System for Food and Feed
RMC	Resource Management and Coordination Unit
SARS	Severe acute respiratory syndrome
SCG	Scientific Consultation Group
SHIPSAN	Ship Sanitation Project
SRS	Surveillance and Response Support Unit
STI	Sexually transmitted infections
TB	Tuberculosis
TBE	Tick-borne encephalitis
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TESSy	The European Surveillance System
TTT	Threat Tracking Tool
VENICE	Vaccine European New Integrated Collaboration Effort
VIRGIL	European Surveillance Network for Vigilance against Viral Resistance
VTEC	Verotoxin-producing *Escherichia coli*
WHO	World Health Organization
WHO/EURO	World Health Organization, Regional Office for Europe
WHO HQ	World Health Organization, Geneva Headquarters
XDR TB	Extensively drug-resistant tuberculosis

Foreword by the Chairman of the Management Board

My term in office as Chairman of ECDC's Management Board comes to an end in autumn 2012. Since this will be the last foreword I write for ECDC's Annual Report, I would like to take the opportunity to reflect on the development of the Centre during my time as Chairman.

Over the past four years the Centre has faced several important tests. The EU and the world experienced the first influenza pandemic of the 21st century. We saw significant outbreaks of the mosquito-borne disease West Nile Fever in southern Europe, and the world's biggest reported outbreak of Shiga-toxin-producing *E. coli* in northern Europe, while there has been a resurgence of measles in nearly all EU countries. In parallel to this, in 2010, ECDC experienced the transition between its founding director, Mrs Zsuzsanna Jakab, and its current director, Dr Marc Sprenger. ECDC passed each of these tests with flying colours. In these episodes we also learned how important European cooperation and support is in the field of communicable diseases.

As I write this foreword in early 2012, ECDC is a respected and valued player in the EU's system for preventing and controlling infectious diseases. Its role in providing technical support and guidance during major, and indeed also more limited, multi-country outbreaks over the past years has been highly appreciated. The EU institutions and Member States increasingly rely on the data, risk assessments and advice offered by ECDC to inform their action. In 2011, the surveillance activities of the last remaining Dedicated Surveillance Networks were integrated into ECDC, completing a process begun in 2005. All infectious diseases under EU-wide surveillance are now being reported by ECDC's official counterparts (the Competent Bodies) into ECDC's integrated surveillance database, known as TESSy (The European Surveillance System).

ECDC has successfully completed its growth phase, and is now at its full size in terms of budget and staffing. I would like to thank Zsuzsanna Jakab, Marc Sprenger and the ECDC staff for all the hard work and commitment that made these achievements possible. We can be proud of the excellent institution we have built for the European Union.

Looking to the future, then, there are many reasons to be optimistic. The one cloud on the horizon is the difficult economic situation in much of the EU. This casts an ominous shadow over the whole public health sector, including ECDC. National budgets for disease prevention and control are being cut in many EU countries. Over the coming years, ECDC and its Management Board will need to strive continually to demonstrate the value and relevance of ECDC's work. We have to convince our politicians that investing in our sector is a win-win situation: that disease prevention and control improves health, and also saves money in the long term. I wish every success in this endeavour to the new Chair and deputy Chair that the Board elects this autumn.

Professor Hubert Hrabcik
Chairman of the ECDC Management Board
1st March 2012

Chairman of the Management Board Prof Hubert Hrabcik, ECDC Director Dr Marc Sprenger, and the ECDC Management Board, Stockholm, November 2011
Photo: Tobias Hofsaess

Introduction by the Director

After the build-up phase of the Centre (2005 to 2010), ECDC has entered into a consolidation phase. 2011 was another challenging year, but we emerged from it in good shape.

In 2011, among the challenges we faced were implementing a reorganisation, monitoring over 60 threats of EU scope, producing 27 important scientific opinions and guidelines, 28 threat assessments, issuing over 120 scientific publications, and supporting the EU-level response to events, such as the outbreak of Shiga-toxin-producing *E. coli*, outbreaks of malaria and West Nile virus in Greece, or by providing experts in Haiti during the cholera outbreak following the earthquake, just to name a few.

ECDC's involvement in the Shiga-toxin-producing *E. coli* outbreak started on Sunday, 22 May 2011, when the Robert Koch Institute (RKI) in Berlin issued an alert to Germany's EU partners about 30 cases with haemolytic uremic syndrome (HUS) and bloody diarrhoea caused by Shiga-toxin-producing *E. coli*. HUS is a severe, and unusual, complication that involves kidney failure. Seeing a cluster of 30 cases we knew this was a significant event. By July, when the outbreak ended, it had caused 782 HUS cases, 46 deaths, and over 3 000 cases of non-HUS illness. Here is not the place to recount all the details of this event. I will confine myself to two points:

Firstly, even in Europe's richest countries, disease outbreaks are still capable of causing human tragedy. This should motivate all of us working in disease prevention and control to constantly improve the level of protection we offer our fellow citizens.

Secondly, this emergency started just over a month after we implemented a significant reorganisation of ECDC's internal structure.

The close proximity of these two events had some positive aspects to it. One of the main objectives of the reorganisation was to enhance our flexibility and responsiveness. The new structure proved its worth during the *E. coli* outbreak, as it enabled us to rapidly put together a multidisciplinary internal team to support the EU-level response. Our new microbiology team, led by Professor Marc Struelens, also more than proved its worth. The outbreak was caused by a rare serotype of *E. coli* and so ECDC technical support was instrumental in enabling Member States to confirm whether or not they had cases.

Nonetheless, having to respond to an emergency while still bedding down a reorganisation put considerable pressure on the experts, managers and administrators involved. The fact that ECDC also managed to produce literally hundreds of scientific reports – including risk assessments, guidance, surveillance reports and epidemic intelligence reports –, implement 90% of the actions in its work programme, exceed the budget implementation target promised to its Management Board, and respond to several other emergencies is a tribute to the dedication and professionalism of ECDC's staff.

I end this foreword by, once again, thanking the ECDC staff for the amazing job they do. I would also like to thank Professor Hubert Hrabcik for his wise counsel and leadership as Chairman of our Management Board. I can only marvel at what ECDC has achieved under Hubert's chairmanship. It has been both a privilege and a pleasure to work with him.

Dr Marc Sprenger
ECDC Director
1st March 2012

Executive summary

In 2011, ECDC managed to implement most of its Work Programme. At the same time it increased its output, consolidated its structures and further developed its partnerships to address the need for a strengthened response to the threat of communicable diseases in Europe. In addition to presenting the main achievements of the Centre in 2011, this Annual Report includes tables showing the detailed implementation of the Work Programme 2011 (Annex 1), as approved by the Management Board in November 2010.

Resources

The core budget of the Centre decreased from EUR 57.8 million in 2010 to EUR 56.6 million in 2011 (minus 2%). As of 31 December 2011, ECDC had 270 permanent staff (temporary agents (TA), contract agents (CA) and seconded national experts (SNE)).

Disease-related work

ECDC continued to develop tools for scientific work, surveillance activities, databases and networks and organise capacity building and training for the six groups of diseases covered by its remit. This was in line with the Annual Work Programme and the 'Strategies for disease-specific programmes 2010–2013', approved by the Management Board in 2009.

With regard to **antimicrobial resistance and healthcare-associated infections**, the main events in 2011 were the integration of the European Surveillance of Antimicrobial Consumption Network (ESAC-Net) into ECDC and the development of an Epidemic Intelligence Information System (EPIS) module for AMR and HAI. ECDC also produced a risk assessment on the spread of carbapenemase-producing *Enterobacteriaceae* (CPE) through patient transfer between healthcare facilities, with special emphasis on cross-border transfer, as well as an update of its risk assessment on the spread of New Delhi metallo-β-lactamase and its variants within Europe. One further key event was the fourth annual European Antibiotic Awareness Day, coordinated by ECDC in November 2011. The event, which emphasised the increasing resistance to last-line antibiotics, received broad coverage across Europe, generating a total of 611 articles between 15 October and 15 December 2011. Finally, ECDC in collaboration with Euronews released a documentary featuring European patients and their stories on how infection with such multidrug-resistant bacteria had affected their lives. It is estimated that, over six months of broadcasting, this documentary will reach approximately 12 million viewers.

In the area of **emerging and vector-borne diseases**, ECDC consolidated the network for medical entomologists and public health experts on arthropod vector-borne diseases (VBORNET). The network produced updated distribution maps of invasive mosquito species and their surveillance and also started to validate data for other vector groups (sandflies). Based on a survey of Member States' activities and needs conducted in 2010, guidelines for the surveillance of the major exotic human disease vectors were developed. With regard to tick-borne diseases, ECDC focused its work with experts on the notifiable status of these diseases. Regarding mosquito-borne diseases, maps of distribution of confirmed human cases of West Nile fever in the EU and neighbouring countries were produced on a weekly basis. Finally, the ECDC network on imported viral diseases concentrated its activities on response to outbreaks, external quality assurance and specific training support for microbiologists in Member States.

In the programme of **food- and waterborne diseases and zoonoses**, ECDC responded rapidly to the severe national outbreak of Shiga-toxin-producing *E. coli* in Germany by producing risk assessments, providing regular epidemiological updates, organising laboratory and clinical support, and collaborating closely with EFSA, the Commission and the Member States. The outbreak also impacted travellers from other countries. The preparations for developing a technical platform for molecular typing data in TESSy progressed well.

In the field of **sexually transmitted infections, including HIV/AIDS and blood-borne viruses**, ECDC published guidance on the prevention of communicable diseases among people who inject drugs, jointly with the European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA), based on evidence-based evaluation of prevention programmes and expert opinion. The first STI surveillance report was launched containing 20 years of data on five STI, showing the current heterogeneity in care and case reporting and highlighting the challenges to improve the understanding of STI epidemiology in Member States. Euro-GASP revealed a continuous threat to multidrug-resistant gonorrhoea. Enhanced surveillance of hepatitis B and C was implemented, and data collection was conducted for the first time. Several projects were launched with the aim to support Member States to strengthen prevention and control programmes in the future.

With regard to **influenza**, ECDC delivered three workshops on pandemic preparedness jointly with the WHO Regional Office for Europe involving EU countries, while a fourth workshop involving non-EU/EEA countries was undertaken by WHO. This year, ECDC prepared a new influenza toolkit addressed to the general public and healthcare workers. ECDC conducted an evidence-based review on the implications of influenza immunisation in children and pregnant women. In addition, ECDC continued strengthening the European surveillance of severe

disease and deaths from influenza. In the area of seasonal influenza, ECDC delivered a risk assessment for the 2010–2011 season, consolidated communication work and provided support to Member States and the European Commission for the implementation of the 2009 EU Health Council recommendation on seasonal influenza vaccination as well as VENICE surveys of vaccine policies and coverage (pandemic and seasonal influenza).

In the area of **tuberculosis**, European Union standards for tuberculosis care (patient-centred standards targeted to clinicians and public health workers) were developed and will be published in April 2012. The programme successfully coordinated World TB Day activities with activities centred on the challenge of childhood TB. Work continued on providing ECDC evidence-based guidance, which during 2011 aimed at developing guidance on the management of contacts to persons with multidrug-resistant TB.

Major achievements in 2011 for **legionnaires' disease** included the introduction of EPIS to ELDSNet, courses on the disease, and method-specific laboratory tests for Member States, as well as of a survey of laboratory capacities in the Member States. A toolbox for the investigation of legionnaires' disease outbreaks was developed.

In the field of **vaccine-preventable diseases**, the EUVAC network was successfully transferred to ECDC, completing the transfer of all EU surveillance activities to ECDC. ECDC has actively contributed to the development of the Council Conclusion on childhood vaccination, initiated under the Hungarian Presidency. A new surveillance system for invasive pneumococcal diseases in the EU has been started. ECDC strongly supported the safety assessment of pandemic influenza vaccines, carrying out a study on the risk of narcolepsy after Pandemrix vaccination through the VAESCO network. The third Eurovaccine conference was held at ECDC in December 2011, attracting 50 onsite participants in Stockholm and 1357 online participants via webcast.

Public health functions

Since its establishment five years ago, ECDC has placed heavy emphasis on the continued development of its public health functions: surveillance, scientific advice, preparedness and response, training, and health communication. Now that ECDC has entered a consolidation phase, the public health functions are firmly established. In 2011, ECDC further strengthened and fine-tuned the infrastructure of these functions. In combination with the Disease-Specific Programmes this provides high-quality deliverables to our stakeholders and the citizens of Europe.

Surveillance

By autumn of 2011, with the transfer of EUVACNET, all previously outsourced dedicated surveillance networks were transferred to the coordination of ECDC. ECDC also supported TESSy users in Member States with documentation, training and increased functionality for the platform. The procedure for sharing TESSy surveillance data with third parties was extended and further simplified. 2011 also marked the year of the highest level of data collection since ECDC started operations. In addition to its Annual Epidemiological Report, ECDC published 63 specific surveillance reports on a variety of diseases. A very large number of articles, abstracts and presentations were also based on the analysis and interpretation of surveillance data collected throughout 2011.

Scientific support

In 2011 ECDC organised the fifth annual ESCAIDE conference in Stockholm, attended by almost 600 public

ESCAIDE poster session, Stockholm, November 2011
Photo: Johan Jeppsson

health experts, epidemiologists, and microbiologists. 180 oral presentations were given and 180 posters exhibited. ECDC has been asked to provide risk assessment and technical advice on several issues, including e.g. scientific advice for tissue and cell safety. During the entire year, the Scientific Advice Repository and Management System (SARMS) was used to manage and record the provision of guidance.

ECDC held a climate change meeting in November 2011 to provide Member State representatives access to a series of resources and decision-support tools that ECDC developed for climate change adaptation. An easy-to-use software toolkit was developed that will allow Member States to estimate their national burden of communicable diseases, expressed in disability-adjusted life years (DALYs). In December, this toolkit and its implementation strategies in 2012, as well as the main features of the BCoDE methodology were presented to interested Member States. The final report of the working group on evidence-based medicine (EBM) methodologies for public health was published in 2011. It addresses questions related to giving evidence-based advice in typical situations in which the Centre operates, i.e. where there is little evidence and shortness of time. ECDC also established a training programme on EBM for public health/infectious diseases prevention and control for ECDC staff and Member States and delivered the first course for externals in May 2011.

Preparedness and response

In 2011, a new platform for the risk assessment of vaccine-preventable diseases became operational. ECDC assessed and monitored the communicable disease risks for one mass-gathering event. Sixty-four threats of EU scope were reported through the ECDC-run EWRS. In all, 28 threat assessments were produced and shared with Member States. ECDC also provided experts in the field to support Member States in response to outbreaks of malaria and West Nile virus in Greece. Outside the EU, ECDC experts were on location in Haiti during the cholera outbreak following the earthquake on 12 January 2010.

Based on lessons learnt from the *E. coli* (STEC) outbreak in 2011, ECDC revised its internal Public Health Event Operation Plan (PHE-OP) and finalised its business continuity plan. ECDC organised several workshops on simulation exercises for ECDC staff and Member States experts. In 2011, ECDC and Europol organised a workshop entitled 'European perspectives for interagency cooperation in the field of CBRN-related threats and risks (EPICO)'. Other relevant agencies and institutions were invited to exchange recent collaboration strategies, identify possible gaps, and discover new possibilities. The workshop contributed to the further promotion of interoperability and synergy in preparedness and dealt with the detection of, and response to, intentional CBRN threats and hazards.

Training

Training activities for capacity building were conducted, including two-year fellowship programmes such as EPIET and EUPHEM. Following the evaluation of EPIET, a 'Member States track programme' was added to the existing EU track, in order to increase Member States' ownership over the programme. In addition, four Member States requested that fellows from their National Training Programmes would be included in the cohort 2011 as fellows from 'EPIET-associated programmes'. This brought the total cohort size in 2011 to 40 fellows. A total of 24 visits to Member States were organised as part of the internal quality control activities of the EUPHEM and EPIET programmes. ECDC also organised several specific training programmes and developed the Field Epidemiology Manual Wiki (FEM Wiki). In 2011, ECDC received full UEMS accreditation (continuous medical education) for all ECDC training courses. Specific training was provided for influenza immunisation and implementation of the EU Council Recommendation.

Health communication

In 2011, ECDC issued 122 scientific publications. The ECDC website, launched in 2009, constitutes an important European source of information for public health issues, with approximately half a million visitors in 2011. Media is an important channel to reach out beyond the website, and the press office nurtures the relationship with health journalists. ECDC's press office was heavily engaged during the STEC outbreak. In 2011, Eurosurveillance celebrated its 15th anniversary. The journal published 190 rapid communications and regular articles, as well as 16 editorials, 10 letters and 39 other items. ECDC continues to develop health communication research and to support Member States' health communication activities through a systematic mapping of health communications activities in Europe, sharing of best practices related to vulnerable populations and barriers to vaccination as well as publishing a series of publications entitled 'Insights into health communication'.

Partnerships

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States, and in 2011 one national Coordinating Competent Body was designated in each country. Several country visits were organised in 2011, the country information project continued, and implementation of the ECDC policy for collaboration with third countries, adopted by the ECDC Management Board in November 2010, was successfully continued. Cooperation with EU candidate countries and potential candidate countries was further strengthened, with a focus on two key activities: implementation of the ECDC IPA project 2009/202-963, the initiation of a new ECDC project 2011/282-291, and the development of a new assessment tool, produced in close collaboration with the European Commission/Directorate-General for Health and Consumer Protection (DG SANCO). Inter-institutional relations were further strengthened, with the European Parliament, the Council of Ministers, the European

Commission, other European agencies, WHO, ECDC peer institutes in the US, China and Canada, and several international NGOs working in the same or similar fields as ECDC. Of particular note were the signing of an administrative agreement by the Director of ECDC and the WHO Regional Director for Europe, and a visit to ECDC by a delegation from the European Parliament led by the Chairman of the Committee on the Environment, Public Health and Food Safety (ENVI).

Leadership

ECDC continued to work according to the set of values adopted in 2010 for the organisation: to be quality driven, service oriented, and collaborate as one unified ECDC team. A total of three Management Board and four Advisory Forum meetings were organised, supported by a dedicated collaborative 'extranet'.

On 1 April 2011, ECDC implemented important changes to the way in which the Centre is structured in order to enhance the focus on excellence, cohesion, and flexibility in our work. After the reorganisation, the implementation of the Work Programme 2011 moved forward as planned for the majority of activities. Following an audit by the Internal Audit Service, a number of new elements were introduced for the preparation of the Work Programme 2012; these included a full activity-based budget, objectives, indicators and targets, and a risk assessment. The quality management policy is now in operation, with the CAF[1] process having started at the end of 2011. This self-assessment will result in five priority actions to improve the organisational performance as part of the 2013 Work Programme.

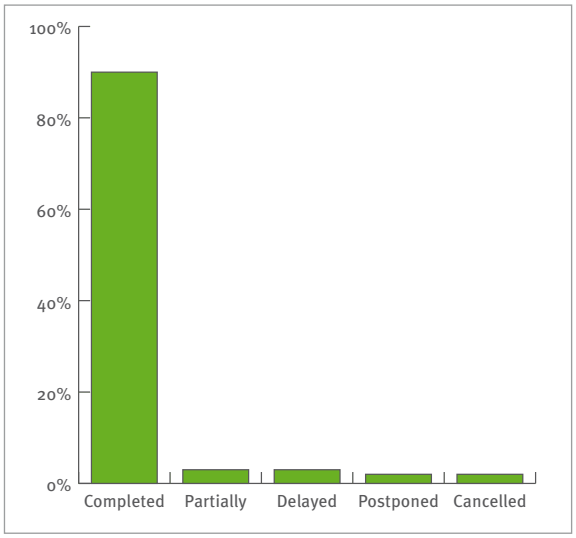
Administration

The Resource Management and Coordination Unit continued to support ECDC's operational activities throughout the year. The core budget of the Centre decreased from EUR 57.8 million in 2010 to EUR 56.6 million in 2011 (minus 2%). In June 2011, the Management Board issued a positive opinion on the annual accounts of the Centre for 2010. A number of new staff were recruited, reaching a total of 270 employees by year's end. Human Resources were heavily involved in supporting the reorganisation of ECDC: producing new organisational charts and staff lists, appointment of new managers, preparing the new managers for their tasks by setting objectives for their staff. The Centre launched its new internal procedure on recruitment and selection to further strengthen the transparency of the selection and recruitment process. In 2011, over one thousand missions were organised for ECDc staff, 238 meetings were held, and more than 3000 external participants attended ECDC meetings or interviews. Over 130 procurements were conducted. ECDC invested about eight million euros in 2011 in ICT; half of this amount was used to develop operational applications for ECDC, its external partners, and the Member States; the other half goes to maintain and provide support for the existing applications and services. Internal communication was established, with the support of various tools (intranet, newsletter) to improve the internal flow of information and increase the efficiency of the Centre.

Implementation of the Work Programme 2011: Overview

ECDC was able to implement 90% of the actions in its work programme and exceed its budget implementation target: budget execution at year-end 2011 reached 96% for commitments and 76% for payments.

Figure 1. Implementation of the Work Programme 2011 by target



Note: Details can be found in Annex 1

1 Common Assessment Framework, a total quality management tool designed by the European Institute for Public Administration (EIPA) following the EFQM Excellence Model and that of the German University of Administrative Sciences in Speyer.

Table 1. Implementation of the Work Programme 2011 by target

Target/DSP	Total	Completed	Partial	Delayed	Postponed	Cancelled
ARHAI	15	13		1	1	
EVD	7	7				
FWD	9	7	1		1	
Legionellosis	9	8	1			
HASH	12	12				
Influenza	10	7		1	1	1
TB	8	5		2		1
VPD	12	11	1			
Surveillance	9	9				
Scientific advice	11	11				
Preparedness/response	13	11		2		
Training	8	8				
Health communication	14	13	1			
Partnerships	9	8				1
Leadership	9	8			1	
Administration	21	20	1			
TOTALS	**176**	**158**	**5**	**6**	**4**	**3**
%	100%	90%	3%	3%	2%	2%

The ECDC vision

ECDC strives for excellence in the prevention and control of communicable diseases in order to help achieve better health and improved quality of life for all European Union citizens. In the pursuit of this aim we need to ensure that our scientific excellence, organisational performance and partnerships are aligned with the Centre's core values.

The next decade is a crucial period during which we must consolidate our organisational achievements and focus on increasing our impact on public health. ECDC needs to improve performance in order to strengthen Europe's capacity to tackle communicable diseases and their determinants.

The ECDC mission and mandate

The Centre's mission is laid down in Article 3[2] of the Founding Regulation which states that 'the mission of the Centre shall be to identify, assess and communicate current and emerging threats to human health from communicable diseases. In the case of other outbreaks of illness of unknown origin which may spread within or to the Community, the Centre shall act on its own initiative until the source of the outbreak is known. In the case of an outbreak which clearly is not caused by a communicable disease, the Centre shall act only in cooperation with the competent authority, upon request from that authority.'

The Centre's mandate can be derived from Article 168 of the Treaty on the Functioning of the European Union (EU), which defines an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities. ECDC's role is to provide necessary scientific support for EU actions defined in Article 168: encourage collaboration between the Member States and coordination of their actions; support to the European Commission in initiatives that aim at the establishment of guidelines and indicators; exchange of best practices; and the preparation of the necessary elements for periodic monitoring and evaluation.

Key tasks

Key tasks of ECDC include:

- operating dedicated surveillance networks;
- providing scientific opinions and promoting and initiating studies;
- operating the Early Warning and Response System;
- providing scientific and technical assistance and training;
- identifying emerging health threats;
- collecting and analysing data; and
- communicating its activities to key audiences.

The specific tasks of the Centre are described in Article 3(2) and subsequent articles of the Founding Regulation. The tasks of the Centre are transposed into annual work programmes.

Structure of the Work Programme

In accordance with ECDC's Founding Regulation, an Annual Work Programme based on the 'Multi-annual Programme 2007–2013', adopted by the Management Board in June 2007, guides the Centre's work. In order to provide better accountability, the annual report of the Director follows the same structure.

The Work Programme outlines the major priorities through nine target areas:

- Disease-specific programmes
- Communicable disease surveillance
- Scientific support
- Detection, assessment, investigation and response to emerging threats from communicable diseases
- Training for the prevention and control of communicable diseases
- Health communication
- Partnerships and international activities
- Leadership
- Administration

2 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. Official Journal of the European Union. 2004;L 142:1–11.

Target 1 – Disease-specific programmes

ECDC's disease-specific activities are managed in seven Disease Programmes (DPs).

The DPs represent the cornerstone of the Centre's disease-specific scientific output and cover all diseases under EU-wide coverage. In 2011, ECDC continued to build the tools, databases, networks and methodologies for the scientific work related to specific diseases.

The activities developed in the area of disease-specific programmes follow the key long-term strategies for the individual Disease Programmes, adopted by the Management Board in November 2009. These strategies clarify what is expected of ECDC in each disease group by 2013.

In conjunction with the reorganisation of ECDC, the Disease Programmes were established as a section within the Office of the Chief Scientist in order to further improve work flows.

Antimicrobial resistance and healthcare-associated infections

Long-term objectives of the Programme

- To improve coordination, methods and capacities for surveillance of antimicrobial resistance (AMR), antimicrobial consumption and healthcare-associated infections (HAI).
- To develop an Epidemic Intelligence Information System (EPIS), a web-based platform for rapid communication on AMR and HAI events among Competent Bodies and experts.
- To provide evidence-based guidance and systematic reviews on the prevention and control of AMR and HAI in healthcare settings and in the community.
- To contribute to training on surveillance, prevention and control of AMR and HAI.
- To support Member States activities in the field of AMR, antimicrobial consumption, and HAI.

Background of disease(s)/health topic area

Antimicrobial resistance (AMR) and healthcare-associated infections (HAI) are among the most serious public health problems, both globally and in Europe. ECDC estimates that in the 27 Member States every year approximately four million patients acquire an HAI and that approximately 37 000 deaths result directly from these infections. A large proportion of these deaths are due to the most common multidrug-resistant bacteria, i.e. *Staphylococcus aureus*, *Enterobacteriaceae*, and *Pseudomonas aeruginosa*, for which the number of directly attributable deaths is currently estimated at 25 000.

The latest AMR data reported to EARS-Net and a trend analysis for EU countries covering the last four years show that AMR in Gram-negative bacteria such as *Klebsiella pneumoniae* and *Escherichia coli* has been increasing Europe-wide for all antibiotic classes under surveillance. These bacteria, which are part of the normal human gut flora, are also commonly causing infections such as urinary tract infections, bloodstream infection or healthcare-associated infections. Another particularly worrisome trend in the data reported to EARS-Net is the increasing percentage of *K. pneumoniae* isolates that are resistant to carbapenems, one of the major last-line classes of antibiotics. Options for the treatment of patients infected by such bacteria are limited to only a few antibiotics.

Major achievements in 2011

ECDC risk assessments on carbapenemase-producing Enterobacteriaceae

Over the last decade, resistance to carbapenems has become a serious public health treat, especially since the emergence and spread of carbapenemase-producing *Enterobacteriaceae* (CPE). These bacteria produce enzymes such as *Klebsiella pneumoniae* carbapenemase (KPC), New Dehli metallo-β-lactamase (NDM), which efficiently hydrolyse most β-lactams, including the carbapenems. CPE are particularly feared in hospitals where they are associated with higher in-hospital mortality.

In 2011, ECDC published its risk assessment on the spread of CPE through patient transfer between healthcare facilities, with special emphasis on cross-border transfer, as well as an update of its risk assessment on the spread of New Delhi metallo-β-lactamase and its variants within Europe. These risk assessments concluded that patient transfer between healthcare facilities, and in particular across country borders, is a risk factor for the spread of CPE. Most EU Member States lack systematic surveillance systems and policies to detect patient carriage or infection with CPE, and the magnitude of the risk that these highly antibiotic-resistant bacteria represent for Europe remains poorly understood. ECDC emphasises the need for implementation of appropriate infection control measures to effectively halt the spread of CPEs within healthcare facilities and countries.

Epidemic Intelligence Information System (EPIS) module for AMR and HAI

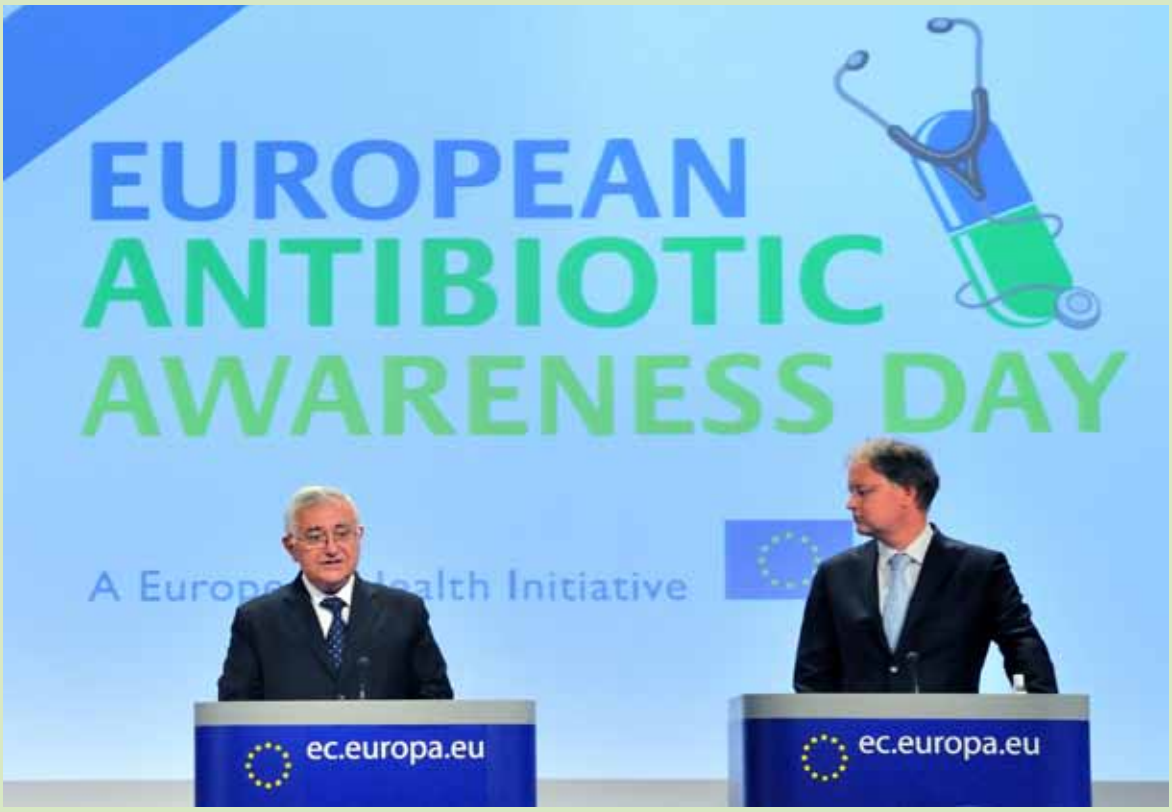
In 2011, ECDC developed a module of the EPIS real-time communication platform specifically designed for secure and rapid exchange of AMR and HAI information between Member States and ECDC. The EPIS AMR-HAI module focuses on health threats related to microorganisms with

Fourth European Antibiotic Awareness Day

European Antibiotic Awareness Day is a European health initiative coordinated by ECDC to raise awareness about the prudent use of antibiotics. It provides support to European countries by providing toolkits that contain key messages and template communication materials for adaptation and use in national campaigns, at EU-level events, and as strategy and media materials.

During the week of 18 November 2011, 37 European countries participated in the fourth European Antibiotic Awareness Day. These included all EU Member States, 2 EEA/EFTA countries and all EU candidate and potential candidate countries. In an effort to show global solidarity, the US 'Get Smart About Antibiotics' Week and the Canadian initiative 'AntibioticAwareness.ca' were also launched during the same week. In Europe, the Day was officially launched on 17 November during a press briefing at the European Commission, followed by a stakeholder event organised by ECDC. In 2011, the campaign emphasised increasing resistance to last-line antibiotics such as carbapenems in Europe and ECDC, and, in collaboration with Euronews, released a documentary featuring European patients and their stories on how infection with such multidrug-resistant bacteria had affected their lives. It is estimated that, over six months of broadcasting, this documentary reached approximately 12 million viewers.

The fourth European Antibiotic Awareness Day attracted strong media interest across Europe. Between 15 October and 15 December 2011, 611 articles (in print or online) referred to European Antibiotic Awareness Day (compared to 476 articles in 2010). It is estimated that these articles reached 78.9 million readers (compared to 52.9 million in 2010).



Commissioner John Dalli (Health and Consumer Policy) and ECDC Director Dr Marc Sprenger at the launch of the European Commission's action plan on combating antimicrobial resistance, Brussels, November 2011

previously unreported or emerging AMR, as well as to HAI that are, or may become, relevant for public health in the EU. It is expected that this new module of EPIS will ensure coordination and strengthen collaboration between Member States with regard to the early detection of AMR and HAI threats. The EPIS AMR-HAI module will be launched in February 2012.

European Surveillance of Antimicrobial Consumption Network (ESAC-Net)

For more than 10 years, the European Surveillance of Antimicrobial Consumption (ESAC) project provided validated data on human antimicrobial consumption in Europe. In July 2011, ESAC was integrated into ECDC surveillance activities and renamed the 'European Surveillance of Antimicrobial Consumption Network (ESAC-Net)'. ESAC-Net continues to collect and analyse

data from EU and EEA/EFTA countries, both in the community (primary care) and in the hospital sector, and thus provides independent reference information on antimicrobial consumption in Europe. A new ESAC-Net website was launched in September 2011. The launch of the ESAC-Net interactive database is planned for early spring 2012.

Emerging and vector-borne diseases

Long-term objectives of the Programme

- To define priorities for prevention and control, based on EU-wide risk assessments regarding emerging and vector-borne diseases.
- To assess the needs for vector surveillance and identify priorities for surveillance actions.
- To identify the scientific expertise and diagnostic laboratory capacity in Europe and ensure full support to outbreak assistance teams in terms of diagnostic capacity, updated scientific advice and surveillance activities.
- To provide both epidemiologic updates on the current situation in Europe and fact sheets on threatening diseases and vectors.
- To reinforce links with veterinary public health in the field of emerging and vector-borne zoonoses.
- To develop new strategies for the prevention and control of vector-borne diseases through a coordinated approach on pest control issues at the EU level.

Background of disease(s)/health topic area

Several thousand cases of tick-borne encephalitis and haemorrhagic fever with renal syndrome (hantavirus infection) are reported in Europe each year. The burden of Lyme disease in Europe is unknown (60 000 to 80 000 case are supposed to occur yearly in Germany), and leishmaniasis seems to be spreading in southern Europe. 2011 was marked by several outbreaks of West Nile fever in new areas in Greece and Italy (96 cases were reported from Greece, Italy, Hungary, and Romania), highlighting the risk of transmission by blood donations or organ transplants. Crimean-Congo haemorrhagic fever is present in the Balkans and was detected in deer in Spain in 2011; it remains a major public health concern in Turkey. Diseases linked to the spread of the *Aedes albopictus* mosquito have increased in Europe since the 1990s. Hundreds of cases of malaria or dengue are imported each year by tourists and travellers from endemic countries. 2011 was marked by the upsurge of malaria in Greece (63 cases) due to *Plasmodium vivax*, partly in people who never travelled to endemic areas; Greece had been declared malaria-free in 1974. In November 2011 a new orthobunyavirus, called Schmallenberg virus, was discovered in livestock in Germany, the Netherlands, and Belgium. ECDC will continue to monitor the risk to human health, even if a clinical disease is yet to be identified.

Major achievements in 2011

Tick-borne diseases

More comprehensive information about the epidemiology and surveillance of main tick-borne diseases in the EU was obtained through study reports. A case definition for tick-borne encephalitis is now proposed for notification at the EU level. Lyme disease surveillance and reporting is continually updated.

West Nile fever

Distribution maps of confirmed human cases in the EU and neighbouring countries were produced on a weekly basis from the end of June until mid-November. Maps are primarily used by blood banks for blood safety measures. Information on cases in animals was also provided through direct links to the World Organisation of Animal Health (OIE) website.

Malaria

An assessment of the risk of transmission was performed during two ECDC/WHO joint missions to Greece in September and October. The number of potential carriers of the parasite increased over the last years, due to an influx of people from malaria-endemic countries. An expert meeting was organised to analyse the lessons learnt from the Greek situation, evaluate the risk of re-establishment of malaria in Europe, and enhance preparedness in the EU in order to preserve the status of the EU as a malaria-free area.

Food- and waterborne diseases and zoonoses

Long-term objectives of the programme

- To improve and harmonise surveillance of FWD and legionnaires' disease.
- To improve knowledge on prevention and control of FWD and legionnaires' disease.
- To strengthen laboratory capacity in the Member States.
- To improve early detection of, and coordinated responses to, EU-wide outbreaks due to FWD and travel-associated legionnaires' disease.
- To facilitate collaboration between public health, veterinary, food, and environmental sectors.

Background of disease(s)/health topic area

Food- and waterborne diseases

The trend of campylobacteriosis and STEC/VTEC infections has been increasing in the past few years, whereas the trend of salmonellosis, shigellosis and yersiniosis continued to decrease. The reporting of listeriosis has remained stable. Campylobacteriosis and salmonellosis were the two most commonly reported enteric diseases in the EU.

Legionnaires' disease

For the past years, travel-associated legionnaires' disease has annually accounted for almost 1000 cases and approximately 100 clusters are identified yearly by the network. The case-fatality rate has been around 5%. A large majority of cases and clusters have occurred in France, Italy and Spain.

Generally, the trend in total annual number of cases of legionnaires' disease is increasing in Europe, but the number of travel-associated cases seems to be affected by the economic recession, with 864 cases reported in 2010 and a similar number in 2011.

Major achievements in 2011: Food- and waterborne diseases

- The technical development of a molecular surveillance platform for the three major enteric pilot pathogens (*Salmonella*, *Listeria* and STEC/VTEC) progressed well, and the historical PFGE typing data, as collected in the PulseNet Europe project, was successfully transferred to ECDC. The historical data set contains over 19 000 *Salmonella* PFGE patterns.
- The support to implement validated MLVA[3] typing method for *Salmonella* Typhimurium was provided to 11 public health laboratories and international agreement with PulseNet International was achieved on principles how to standardise MLVA for *Salmonella* Typhimurium.
- A nation-wide, exceptionally large Shiga-toxin-producing *Escherichia coli* (STEC) O104:H4 outbreak occurred in Germany with impact on travellers from other countries. Almost 4000 cases were recorded. In Germany, 855 HUS (haemolytic uremic syndrome) cases and 53 deaths were recorded. Of the 125 cases reported from EU/EEA countries (as of 26 July 2011), 49 HUS cases and one death were reported. Fenugreek seeds imported from Egypt were defined as the source of the outbreak. ECDC assisted the laboratories in the Member States by providing antisera for the detection of the serogroup O104 and a set of control strains.
- The fourth meeting of the FWD network was held in collaboration with the EFSA task force on zoonoses data collection. The first day, a joint EFSA-ECDC effort, provided an overview of public health and food safety activities during the STEC O104:H4 outbreak and allowed networking between EU public health and food safety experts. The second day of the meeting was reserved for the members of the FWD network and focused on the epidemiology of yersiniosis, shigellosis and campylobacteriosis.

Major achievements in 2011: Legionnaires' disease

- The introduction of EPIS ELDSNet in June 2011 simplified work flows for travel-associated cases. All forms are now processed directly in the system and do not need to be e-mailed. In addition, a new feature allows all cases and clusters to be traced. An e-tutorial was produced to facilitate the use of the system.
- A course entitled 'Legionnaires' disease: risk assessment, outbreak investigation and control' was held with 15 participants from five Member States in June. The course applied a multidisciplinary approach: each country sent one epidemiologist, one microbiologist, and one environmental health officer –ideal for the future creation of investigation teams in the Member States.
- A survey of the laboratory capacities in the Member States was conducted. This survey highlighted the big differences in the EU.
- Three method-specific laboratory courses were held in order to strengthen laboratory capacities in the Member States.
- A toolbox for the investigation of legionnaires' disease outbreaks was developed. This toolbox, together with the updated EPIS ELDSNet, facilitated the investigation of two travel-associated outbreaks in the autumn of 2011.

Sexually transmitted infections, including HIV/AIDS and blood-borne viruses

Long-term objectives of the Programme

The main objectives (medium-term) are to:

- implement and strengthen STI, HIV/AIDS and hepatitis B and C surveillance in Europe;
- provide technical support for the implementation of STI/HIV behavioural surveillance;
- provide evidence-based guidance for key prevention interventions, including HIV testing guidance, prevention measures for men who have sex with men (MSM) and people who inject drugs (PWID), and the prevention and control of hepatitis B and C;
- develop a flexible monitoring and evaluation system to monitor political commitments at national and international levels.[4]

Background of disease(s)/health topic area

HIV/AIDS remains a public health problem in the EU/EEA, with significant heterogeneity across countries and evidence for continuing transmission. The most affected populations include men who have sex with men (MSM), heterosexuals, migrants from countries with generalised epidemics, and people who inject drugs (PWID). HIV-related morbidity and mortality is decreasing in most countries due to the availability of antiretroviral

3 MLVA = Multiple-loci variable-number tandem repeat

4 The overall strategy is to build capacity in ECDC to ensure that the Centre becomes (a) a key player in Europe with respect to HIV/AIDS, STIs and hepatitis epidemiology, surveillance, risk assessment, and communication in order to guide, monitor, and evaluate prevention and control programmes; and (b) the reference centre for such activities for all Member States through close collaboration with Member States, the Commission, and other relevant international bodies and networks.

treatment. For other STIs, the situation is more complex and shows diverging trends in risk groups with apparent outbreaks among MSM. Cases of gonorrhoea and syphilis have increased in many countries (and decreased in several others); antimicrobial resistance in gonorrhoea has increased significantly in recent years. Although chlamydia is the most prevalent bacterial STI in Europe, trends are highly affected by testing and screening practices. With respect to hepatitis B and C, there is a distinct geographical variation in incidence and prevalence. Both diseases are concentrated in subpopulations, especially in PWID and in some migrant populations. Hepatitis surveillance systems vary across countries and limit the possibilities for measurement of disease burden and impact forecasting.

Major achievements in 2011

- Joint ECDC/EMCDDA[5] guidance on the prevention of communicable diseases among people who inject drugs, based on evidence-based evaluation of prevention programmes and expert opinion. The guidance was launched at a critical moment when HIV outbreaks were reported among PWID in several Member States. An assessment at the request of the European Commission showed that several other Member States are at risk for outbreaks. The guidance was translated in 19 languages and will support Member States to strengthen control programmes, including harm reduction services.
- The report on STI in EU/EEA in 1990–2009 shows significant heterogeneity in the EU/EEA with respect to STI care and case reporting, but also highlights similarities in trends among risk groups (MSM, young people). The European gonococcal antimicrobial surveillance programme report shows a decreasing susceptibility of gonococci to first-line treatment regimens in the EU/EEA and emphasises the importance of monitoring the AMR situation to inform treatment guidelines.
- The HIV surveillance report 2010 showed an increase in the number of newly diagnosed HIV cases in 2010, especially among MSM; the heterogeneity in the epidemic across countries underlines the need to tailor national prevention intervention strategies. The need for a more regionalised approach to monitoring and evaluation which takes into account indicators relevant to the HIV epidemic in Europe (and aims to reduce reporting burden for Member States) was addressed in a special seminar at the 2011 United Nations high-level meeting on HIV/AIDS.
- The evaluation of STI and HIV prevention programmes among MSM shows that there is little evidence from European studies for effective interventions to reduce the burden of disease. It also highlights the challenges when tackling the ongoing transmission of STI/HIV among MSM. This evaluation will be followed up in 2012/2013 to develop a comprehensive approach to disease prevention to support Member States in strengthening their control programmes.

Influenza

Long-term objectives of the Programme

- Supporting the work in European Member States to prevent and mitigate influenza by being the preeminent public health and scientific centre for influenza prevention and mitigation in Europe, with specific work on surveillance, science and communication.
- Coordination, further development and strengthening of the European Influenza Surveillance Network (EISN) and preparation of various papers and annual reports.
- Maintenance of the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL), managing and monitoring specific contracts.
- Responding to epidemic intelligence, news screening and research and selected scientific publications in the area of influenza.
- Managing and monitoring influenza sequencing database contracts.
- Contributing to reducing the burden of seasonal influenza in Europe through supporting and promoting the implementation of the 2009 Council

5 European Monitoring Centre for Drugs and Drug Addiction

Influenza workshop in Brussels, November 2011
Photo: Sebastien Pirlet

recommendation on influenza vaccination by Member States and the Commission, and assisting the Commission in the monitoring and evaluation of the recommendation.

- Improving European pandemic preparedness and response by working with the Commission and WHO to assist Member States in improving their pandemic planning and preparedness.
- Producing the Weekly Influenza Surveillance Overview (WISO), a weekly or fortnightly influenza digest, scientific advice, and organising the Annual EISN meeting.

Background of disease(s)/health topic area

Influenza remains a serious personal and public health threat in Europe. Seasonal influenza is an annual threat and burden, but the volume of that threat varies year on year and it is only settling down into a new inter-pandemic phase. The 2010–2011 season was more severe than expected in some countries, with A(H1N1) predominating. The 2009 pandemic revealed many weaknesses in European preparedness and response which need to be rectified. Animal influenzas remain a constant and unpredictable threat. In terms of countermeasures, the most effective single response to seasonal influenza is annual vaccination. Current policies on vaccination in Europe focus on immunising older people and those with chronic medical and physical conditions. Early self-isolation and personal hygiene measures are also important. Few European countries have a formal control or immunisation programme, and there are major differences in the use of vaccines across Europe. In 2010, the likelihood of an older person being immunised varied 40-fold between countries, from two to eighty percent. At the same time, influenza will become more burdensome and hence immunisation more worthwhile in Europe, where an ageing population with larger numbers of people living with well controlled chronic illnesses are particularly vulnerable.

Major achievements in 2011

- Describing the first influenza season after the pandemic, including the monitoring of vaccine effectiveness, the incorporation of severe disease data, and a seasonal risk assessment.
- Supporting the European Commission before the World Health Assembly in getting agreement on the virus-sharing agenda.
- Production of a potential framework for monitoring implementation of the Council recommendation on immunisation.
- Scientific demonstration (in-season) of a lowered seasonal influenza vaccination effectiveness.
- Three joint pandemic preparedness workshops held with the WHO Regional Office for Europe leading towards the development of new indicators on preparedness, which would contribute to the Commission's initiative on health security.
- Production of the Flu Digest and over 10 peer-reviewed papers.

Tuberculosis

Long-term objectives of the Programme

- Strengthening tuberculosis prevention and control.
- Strengthening and enhancing EU-wide tuberculosis surveillance and laboratory capacity.
- Providing guidance on TB control among vulnerable populations.
- Providing guidance on the introduction of new tools for TB control.

Background of disease(s)/health topic area

The Tuberculosis (TB) Programme's key areas of work and prioritisation are based on the principles and strategic areas of the 'Framework action plan to fight TB in the EU'. To assess the impact of efforts and identify needs and challenges in the EU/EEA, the Programme further developed the monitoring framework 'Progressing towards TB elimination: A follow-up to the action plan to fight TB in the EU'.

The incidence of TB in the EU has declined steadily over the past decades, with the EU having one of the world's lowest incidence rates. However, in recent years there has been a re-emergence of the disease fuelled by the HIV epidemic, multidrug-resistant TB (MDR-TB) and the aggregation of burden among vulnerable populations. The situation is thus heterogeneous, and approaches to prevent and control TB need to be tailored to each setting. To provide strategic and technical support to the EU and its Member States toward TB elimination, the TB Programme's activities aim to address this heterogeneity.

Major achievements in 2011

- World TB Day (24 March): several activities highlighted the theme 'Tackling tuberculosis in children: towards a TB-free generation'. A documentary on childhood TB produced with Euronews was viewed by more than 12 million viewers. The 'International Childhood TB Meeting', held jointly with the Stop TB Partnership, brought together international TB experts and advocacy groups to achieve a concerted advocacy approach in the fight against TB in children.
- 'European Union standards for tuberculosis care': this set of patient-centred standards is targeted to clinicians and public health workers, providing an easy-to-use resource. It comes complete with activities required to ensure the optimal diagnosis, treatment and prevention of TB, helping EU health programmes to identify and develop procedures for TB care, control and elimination. The publication of these standards was a collaborative effort with the European Respiratory Society (ERS), in response to a 2010 survey which indentified challenges in the

management of MDR-TB cases in the EU/EEA. The document was published in April 2012.

- 'ECDC guidance on the management of contacts to MDR-TB cases': a response to the need for guidance on how to manage individuals that have been infected by patients with multidrug-resistant TB and extensively drug resistant TB. The document was published in March 2012.

Vaccine-preventable diseases

Long-term objectives of the Programme

- Identification and assessment of threats posed by vaccine-preventable diseases (VPDs) or adverse events following vaccination.
- Surveillance data collection, analysis and reporting.
- Organisation and participation in international collaboration on overreaching issues by working groups of experts, workshops, scientific panels.
- Coordination and conducting of scientific working groups.
- Assessment of the national immunisation programmes.
- Communication activities promoting vaccination.

Background of disease(s)/health topic area

Vaccination has become a victim of its own success. In fact, the virtual disappearance of severe VPDs like polio, tetanus and diphtheria has meant that vaccines now evoke a mixed and often confused response from the public. Frequently, perception of risk has shifted from the disease to the vaccine. Such perception is considered one of the main causes of the resurgence of diseases like measles in many EU countries, with about 30 000 cases in 2011. This is particularly worrisome as measles and rubella are targeted for elimination in 2015.

Major achievements in 2011

- ECDC has actively contributed to the meeting on childhood vaccination under the Hungarian Presidency of the Council of the European Union. As a result of that meeting, a Council Conclusion on childhood vaccination was adopted. The Council Conclusion is an important step towards improving EU immunisation programmes and supporting disease elimination efforts.
- The EUVAC network was successfully transferred to ECDC, completing the transfer of all EU surveillance activities to ECDC. At the same time, ECDC started the production of the European Measles Monthly Monitoring (EMMO) bulletin which provides EU citizens and professionals with updates of the epidemiological situation.
- A new surveillance system for invasive pneumococcal diseases in the EU was set up and a surveillance report on invasive bacterial diseases was published.
- The measles and rubella self-assessment generating tool was developed in collaboration with the WHO Regional Office for Europe. The goal of the tool is to facilitate the assessment of the progress made towards measles and rubella elimination. The tool helps public health programme experts implementing preventive

Battling the resurgence of polio: Information stand of the Global Immunization Division at the 2011 ESCAIDE conference in Stockholm
Photo: Johan Jeppsson

and control actions to assess adopted policies and procedures for the elimination of measles and rubella.

- ECDC strongly supported the assessment of the safety of pandemic influenza vaccines and estimated the background incidence rates in the EU for twelve medical outcomes (potential adverse events to vaccination) that were selected by the European Medicines Agency (EMA) to be monitored in relation to the pandemic vaccine campaigns. The established rates were used for the analysis of reported adverse events (observed versus expected analysis). A case-control association study to evaluate the risk of Guillain-Barré syndrome in relation to the use of adjuvanted pandemic vaccines was performed. No significant increased risk was observed.
- The third Eurovaccine conference was held at ECDC on 5 December 2011. The conference gathered experts in vaccine-preventable diseases in Europe to discuss the latest developments in the field of vaccines and immunisation and their impact on public health. Apart from the 50 onsite participants in Stockholm, 1357 participants followed and interacted online via webcast.

Target 2 – Communicable disease surveillance

Strategy 1: Improving data collection

Transfer of additional dedicated surveillance networks (DSNs)

At the end of 2011, the last of the 17 dedicated surveillance networks still in operation was transferred to ECDC's surveillance database TESSy. Four transfers were performed in 2011 (EUCAST, EuroCJD, EUVACNET and ESAC, see Table 2). These transfers required intense collaboration between the respective DSN hub and ECDC and involved the transfer of databases, historical data and website content. Further transfer issues included the establishment of variables to be collected in TESSy, the training of experts from Member States, the outsourcing of laboratory work and the nomination of disease-specific contact points, together with the Competent Bodies for surveillance.

Some activities had to be outsourced as ECDC has not developed sufficient expertise in these areas. ECDC continues to work with the experts from all transferred networks on the future development of disease-specific surveillance through annual meetings and workshops.

TESSy was further improved and fine-tuned to the needs of enhanced surveillance of pneumococcal disease, measles, mumps, rubella, pertussis, varicella, antimicrobial consumption, vCJD, hepatitis B and C, and healthcare-associated infections.

Geo-coding was added on a trial basis to give more detailed insight in the geographical distribution of the diseases under surveillance.

In 2011, development of a module to include molecular typing data into TESSy was initiated, with actual data collection starting on a trial basis in 2012.

Training activities for experts from the Member States included courses on vaccine-preventable disease reporting (16 and 17 June 2011), antimicrobial consumption surveillance (28 and 29 November 2011), and hepatitis B and C reporting (online, December 2011).

Table 2. Overview of the evaluation and status of the 17 dedicated surveillance networks (DSNs)

Network	Area	Integration in ECDC					
		2006	2007	2008	2009	2010	2011
BSN	Core set: all diseases	December					
Enter-net	Food-borne infections		October				
EU-IBIS	Invasive meningococcal and Haemophilus influenzae infections		October				
EuroHIV	HIV/AIDS		December				
EuroTB	Tuberculosis		December				
IPSE	Healthcare-associated infections			July			
EISS	Influenza			September			
ESSTI	Sexually transmitted infections (STI)				January		
EARSS	Antimicrobial resistance				December		
DIPNET	Diphtheria					February	
EWGLINET	Travel-associated legionnaires' disease					April	
EUVACNET	Measles, rubella, mumps, pertussis, varicella						September
ESAC	Antimicrobial consumption						December
EUCAST	Harmonisation of antimicrobial susceptibility testing						September
EuroCJD	Variant Creutzfeldt-Jakob disease (vCJD)						December
DIVINE	Norovirus	Surveillance discontinued					
ENIVD	Imported viral infections	Outsourced to outbreak-assistance laboratories					

Some statistics on TESSy usage in 2011

- 845 active users from 53 countries* (up from 628 in 2010)
- 11.2 million unique records in the database (up from 9.8 million in 2010)
- 0.5 million existing records updated
- 49 diseases covered
- Enhanced surveillance covering 33 topics

* HIV surveillance for the European region is jointly conducted by ECDC and WHO/EURO, with TESSy as the database of choice.

Figure 2. Number of active TESSy users

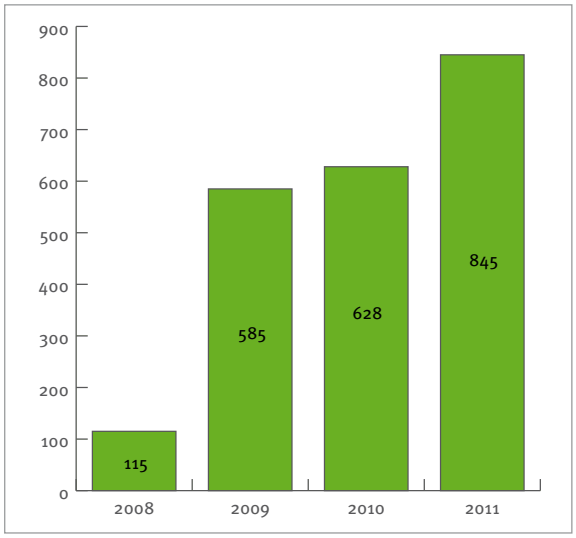
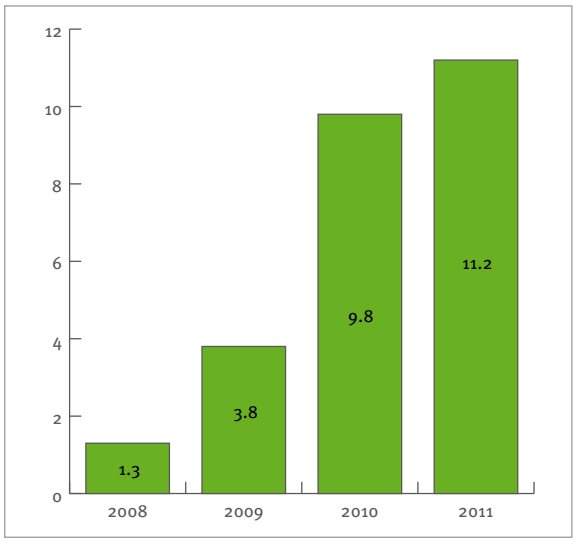


Figure 3. Number of unique records in the TESSy database (millions)



Support of TESSy users in Member States

At the end of 2011, more than 1148 experts from Member States and collaborating organisations participated in the European Surveillance System. All users in the various Member States were offered training (mostly on-site, but also online). The TESSy training programme offers an introduction to the TESSy database and focuses on data exchange and data conversion tools.

The TESSy helpdesk assists users in Member States with data upload, variables and coding, coordination of user account nominations, and training materials. The helpdesk also works together with ECDC's disease-specific experts on technical and epidemiological questions.

Finalisation of data sharing model

The procedure for sharing surveillance data from TESSy with third parties was amended. The procedure had initially been adopted by the Management Board in 2009 as a one-year pilot project; an updated version was approved in November 2011.

The changes concern two areas:

- restricted use of generic (non-personal) user accounts is now possible;
- data already published by ECDC can be provided in aggregations different from the ones available in the original publication (subject to technical feasibility). In case of new aggregations, Member States will be informed.

Strategy 2: Improving data analysis

Regular data analysis and data quality

In order to ensure the quality of submitted data, particularly core data and data from enhanced surveillance, the TESSy team reviewed and further improved its validation rules. The amount of data in TESSy, their level of completeness and their quality made it possible to carry out more complex and specific analyses. In 2011, the TESSy team used time series analyses to identify trends in disease occurrence. In addition, a series of tools was produced to allow for a better geographical presentation of disease data and other health indicators.

An online query facility was introduced in TESSy in December 2011 which provides easier access to the surveillance data.

Data collection in 2011

The following data collections were conducted in 2011 (continued from 2010):

- All diseases specified by ECDC's mandate (Annual Epidemiological Report for 2010)
- Zoonoses (EFSA report for 2010)
- Zoonoses (quarterly reports for 2010)
- HIV/AIDS (annual report for 2010)
- Tuberculosis (annual report for 2010)
- Haemophilus influenza and meningococcal disease (annual report for 2010)
- Sexually transmitted infections (STIs) for 2010

Strategy 3: Improving reporting and outputs

Disease surveillance information for action

Extensive use was made of the surveillance data collected in 2011. The data served as a basis for several risk assessments, formal opinions and advice to the European Commission and Member States, as well as weekly, monthly, quarterly or annual reports for use by policy makers and experts in the Member States. The data helped in monitoring the implementation of various action plans, declarations, decisions or commitments, and in informing other interested parties through the website. Authorised disease-specific experts were provided with a new online query tool that allows the user to prepare customised reports based on the latest TESSy data.

EARS-Net features an open-access, online and interactive database that allows a user-friendly display of selected results in various downloadable formats, such as tables, figures, and maps. In 2011, enhanced surveillance for hepatitis B and C was added, training and data collection for invasive pneumococcal disease was completed, and monthly data collection and reporting on measles and rubella was introduced. A monthly bulletin provides updates on the developing measles situation (ECDC Measles Monitoring, EMMO), combining both epidemic intelligence and up-to-date surveillance data while avoiding undue reporting delays.

In addition to the reports listed below, a large number of articles, abstracts and presentations were based on the analysis and interpretation of the surveillance data collected throughout 2011.

Surveillance experts led the publication of 63 major reports apart from a large number of articles during 2011.

Table 3. Key surveillance reports, 2011

Publications overview
The European Union summary report on trends and sources of zoonoses, zoonotic agents and food-borne outbreaks in 2009
Antimicrobial resistance surveillance in Europe 2010 (EARS-Net annual report 2010)
EU summary report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food 2009
Second external quality assurance scheme (EQA) for *Salmonella* typing
Shiga-toxin/verotoxin-producing *Escherichia coli* in humans, food and animals in the EU/EEA, with special reference to the German outbreak strain STEC O104
Laboratory standard operating procedure for MLVA of *Salmonella enterica* serotype Typhimurium
Quarterly *Salmonella* report Q1–Q4 (restricted to network)
Quarterly STEC/VTEC report Q1–Q4 (restricted to network)
Legionnaires' diseases in Europe 2009
32 weekly and nine bi-monthly influenza surveillance overviews (WISO)
Seasonal flu surveillance report 2010/11 (Influenza surveillance in Europe, 2010–2011)
Seven influenza virus characterisation reports
Tuberculosis annual report for 2009 (Tuberculosis surveillance in Europe, 2009)
Legionnaires' disease annual report for 2009 (Legionnaires' disease in Europe, 2009)
HIV/AIDS surveillance in Europe 2010. ECDC, WHO Regional Office for Europe. Surveillance report. 30 Nov 2011.
Migrant health series: Improving HIV data comparability in migrant populations and ethnic minorities in EU/EEA/EFTA countries: findings from a literature review and expert panel. Special report. 15 Aug 2011.
Sexually transmitted infections in Europe 1990–2009. Surveillance report. 26 May 2011.
Gonococcal antimicrobial susceptibility surveillance in Europe 2009. 17 Jan 2011.
IBD annual report for 2008–2009 data
EMMO monthly bulletin (data fully shared with WHO)
EQAs for diphtheria diagnostics 2010
EQAs for *Streptococcus pneumoniae* 2010
EQAs for *Haemophilus influenzae* 2009
EQAs for *Neisseria meningitidis* 2009

Strategy 4: Quality assurance of surveillance data

Introducing quality assurance practices in the Member States surveillance systems

Epidemiological surveillance systems aim to produce meaningful indicators for public health. In order to achieve this goal, data quality is essential. This is reflected in ECDC's long-term surveillance strategy which calls for improved and updated methodologies as well as quality assurance of epidemiological data. A survey conducted by ECDC in 2010 showed that surveillance data quality is monitored to a certain extent by the majority of Member States. However, significant differences in such practice were observed between countries and diseases. Hence, in agreement with national surveillance coordinators, ECDC started various activities to support Member States by developing a more common approach to monitoring the quality of surveillance data. In 2011 the Director established a working group of experts to develop a toolset (e-library) and a manual intended to guide experts in the Member States through this process. A draft of both manual structure and content was developed in 2011. The project will be completed in 2012.

Monitoring progress in data quality and systems performance over time

In 2011, upon request from Latvian national authorities, ECDC performed a review of the Latvian surveillance and early detection systems for communicable diseases. The review included an in-depth assessment of the surveillance systems for HIV and AMR. After the experience in Latvia, ECDC developed a more comprehensive tool for the assessment of surveillance systems in other Member States.

National surveillance coordinators advised ECDC to develop a set of minimum standard criteria for operating effective national surveillance systems that meet EU demands. The establishment of such standards, in combination with the tools and methods described above, will make it easier to monitor and evaluate progress in national data quality.

Target 3 – Scientific support

ECDC's 'Strategic multi-annual programme 2007–2013' defines the vision for the Centre in the area of scientific support as follows: 'By the year 2013, ECDC's reputation for scientific excellence and leadership is firmly established among its partners in public health, and ECDC is a major source for scientific information and advice on communicable diseases for the European Commission, the European Parliament, the Member States and their citizens'. In 2011, this vision was realised initially by the Scientific Advice Unit (SAU) and, after the reorganisation, by the Office of the Chief Scientist (OCS), in close collaboration with other ECDC units.

One of the key tasks of ECDC is a to provide the European Parliament, the European Commission and the Member States with the best possible scientific advice on questions related to public health. In 2012, the SAU and later the OCS initiated and coordinated the delivery of high-quality scientific advice on topics ranging from disease-specific questions to broader issues such as the impact of climate change on public health or strengthening capacity in public-health microbiology.

Detailed work was organised along three strategies: (1) becoming a public health research catalyst; (2) promoting, initiating and coordinating scientific studies; and (3) producing guidelines, risk assessments, and scientific advice.

Strategy 1. Becoming a public health research catalyst

ECDC supports the EU public health research agenda through a range of activities which include advising EU funders on research gaps in communicable diseases; supporting evaluation of research proposals; capacity building and providing fora for researchers.

ESCAIDE

562 public health experts, field epidemiologists, and microbiologists joined the fifth ESCAIDE conference from 6 to 8 November in Stockholm. 180 oral presentations were given, covering a broad range of public health topics. In addition, 180 posters were exhibited during this three-day event. As in previous years, ESCAIDE was accredited by the European Accreditation Council for Continuing Medical Education (EACCME), permitting delegates to receive CME credits. More information, including conference presentations can be found at: http://ecdc.europa.eu/en/ESCAIDE/Pages/ESCAIDE2011_Home.aspx

Strategy 2. Promoting, initiating and coordinating scientific studies

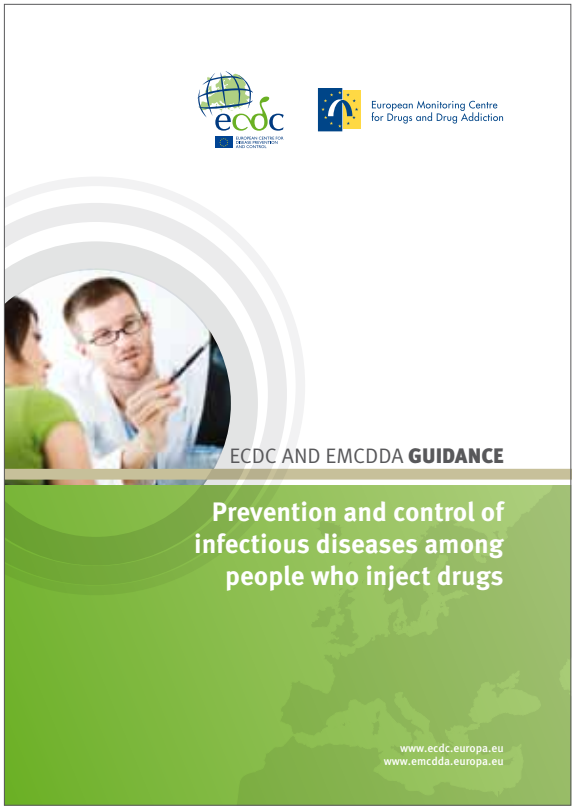
ECDC initiates and coordinates scientific studies, taking into account European priorities and European added value.

- Impact of climate change: ECDC held a climate change meeting in November 2011 that provided Member State representatives with access to a series of ECDC-developed resources and decision-support tools on climate change adaptation. Hands-on sessions were held to explore a knowledge base of data on climate change and communicable diseases and a microbiological risk assessment tool developed for food- and waterborne diseases. Other topics included best practices in the EU and the monitoring of climate change-sensitive infections.
- Burden of communicable diseases in Europe project: The primary objective of the Burden of Communicable Diseases in Europe (BCoDE) project is to produce tools to generate evidence-based, valid and comparable estimates of the population burden from communicable diseases and related conditions in EU Member States and EEA/EFTA countries. In 2011, an easy-to-use software toolkit was developed which will allow Member States to estimate their national burden from communicable diseases, expressed in disability-adjusted life years (DALYs). In December 2011, the toolkit and its implementation strategies, as well as the main features of the BCoDE methodology, were presented to interested Member States.

Strategy 3. Producing guidelines, risk assessments, scientific advice

One of the key functions of ECDC is the provision of scientific advice, risk assessments and scientific guidance. In 2010, the unit produced 27 important scientific opinions, guidelines, and risk assessments.

- Scientific Advice Repository and Management System (SARMS): In 2011, the SARMS system captured nine responses. ECDC was asked to provide risk assessment and technical advice on several issues, including:
  - scientific advice for tissue and cell safety;
  - the risk of pathogen transfer and infection from the handling and use of mobile phones; and
  - dangers of pathogenic fungus in domestic dishwashers.



Guidance galore: Together with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), ECDC published a comprehensive set of guidance documents on the prevention and control of infectious diseases among people who inject drugs

- Final report of the methods working group on evidence-based medicine (EBM) methodologies for public health and EBM training courses: The report explores how methods of evidence-based medicine (EBM) can be applied to public health in the field of infectious diseases. In particular, it addresses questions related to giving evidence-based advice in typical situations in which the Centre operates, i.e. when there is little evidence and a lack of time. OCS also established a training programme on EBM for public health/ infectious disease prevention and control for ECDC staff and Member States. The first course for externals was held in May 2011. It introduced the principles of EBM and gave the participants an opportunity to apply them to public health scenarios. In addition, a first training-the-trainers workshop was conducted, and a one-day EBM course for attendees of the ESCAIDE conference was offered.

Strategy 4. Becoming the prime repository for scientific advice on communicable diseases

ECDC has been working on becoming a 'one-stop shop' for relevant published scientific studies/reports as well as internally produced scientific advice.

- Knowledge management: In 2011, the development of a talent map of ECDC staff was started and the work on the various terminology services was further developed, with a focus on continuity and improvement of services so that staff members would have easier access to the latest external scientific information and internal scientific content could be handled in a transparent and consistent way.
- Library services: The library consolidated its work in evidence-based practice by conducting systematic reviews for risk assessments and also provided advice to ECDC experts on their external systematic reviews. The library also collaborated in the final ECDC report of evidence-based methodologies for public health.

Strategy 5. Microbiology coordination

Microbiological laboratories are essential for the surveillance and early detection of an outbreak. ECDC does not have its own laboratories and therefore an important part of its remit is to establish close ties with microbiological laboratories in the EU.

With the creation of a microbiology coordination section and the post of a chief microbiologist, the reorganisation aimed at better coordinating the ECDC internal microbiological work. A microbiology steering committee was established to enhance consistency of the work across ECDC.

In 2011, key achievements included an update of the 'ECDC public health microbiology strategy (2011–2015)' and an action plan for implementation. The updated strategy focuses on the challenges in the coming years, i.e. strengthening the public health laboratory capacity and capability in the EU, integrating molecular typing into EU surveillance, and further develops a strategy of antimicrobial resistance for human and zoonotic pathogens.

Target 4 – Detection, assessment, investigation and response to emerging threats from communicable diseases

The detection and assessment of emerging threats is essential to ensuring the safest possible environment for European citizens. To fulfil its mission, ECDC set up an emergency operation centre and put in place the appropriate plans and procedures for its efficient operation. Although ECDC focuses on threats affecting European citizens, the global dimension of communicable disease threats has resulted in ECDC supporting non-EU countries, e.g. Haiti and the Dominican Republic, following the cholera outbreak which could have spread to European overseas territories in the vicinity.

Strategy 1. Detecting and assessing threats

In 2010, ECDC identified and monitored 64 health threats, 22 of which originated outside of the EU. Of these 64 threats, 53 (83%) were created in 2011 while eleven were ongoing threats: six were carried over from 2010 (NDM-1 carbapenemase-producing Enterobacteriaceae, autochthonous malaria in Spain, cholera in Haiti and the Dominican Republic, severe cases of influenza A(H1N1) in the UK, yellow fever in Uganda, and *Salmonella* Poona in Norway, Sweden, and Spain), two from 2006 (global monitoring of cholera and dengue), and three from 2005 (global monitoring of influenza A(H5N1), poliomyelitis and chikungunya fever).

Approximately one third (36%) of threats monitored during 2011 were related to food- and waterborne diseases, followed by diseases of environmental and zoonotic origin (31%), vaccine-preventable diseases, invasive bacterial diseases, and influenza (11% each).

For the World Youth Day in Spain, a mass gathering event, communicable disease-related risks for attending European citizens were assessed and monitored. In addition, two EPIET fellows were sent to the Guca trumpet festival in Serbia and the Boom festival in Portugal upon request from Member States for support.

Given the exceptional nature and/or public importance of these events, ECDC also monitored the potential risk for EU/EEA countries in relation with:

- the unrest in Libya;
- the unrest and migrant movements in northern Africa;

Threat monitoring at ECDC's Emergency Operation Centre: Jo Leinen (MEP; Chairman of the Committee on the Environment, Public Health and Food Safety), Marina Yannakoudakis (MEP; contact MEP for ECDC) and ECDC Director Dr Marc Sprenger during a presentation on ECDC's threat response mechanisms.
Photo: Tobias Hofsaess

- the earthquake and tsunami in Japan;
- the unexplained deaths in Chiang Mai, Thailand

In 2011, ECDC continued to operate the Early Warning Response System (EWRS). EU Member States reported 96 health threats of EU scope via the EWRS. EWRS pages were consulted more than 90 000 times during the year.

ECDC continues to communicate on health threats through its daily epidemic intelligence activities and the weekly Communicable Disease Threat Reports (CDTR), which is sent to 331 recipients.

The monitoring of these threats resulted in the production of 28 threat assessments (17 original assessments and 11 updates), which were communicated to the Member States. The majority of the threat assessments were directly related to communicable diseases, such as increased West Nile virus transmissions and autochthonous transmission of malaria in Greece. Risk assessments were also produced for the increased influx of migrants into Europe (and particularly Greece), the unrest in Libya, and a new orthobunyavirus isolated from infected cattle and small livestock and its potential implications for humans. There was an update of the 2010 assessment on narcolepsy as a suspected adverse event caused by a certain pandemic influenza vaccine. In 2011, a new platform was implemented for monitoring specific threats in conjunction with vaccine-preventable diseases.

The Hellenic Centre for Disease Control (KEELPNO), ECDC and the WHO Regional Office for Europe organised a multi-sectoral consultation of WNV experts in Thessaloniki, Greece from 24 to 25 January 2011. ECDC, together with the European Biosafety Association (EBSA), dedicated a special session at EBSA's annual conference (Estoril, Portugal, April 2011) to the development of biosafety networks or associations in the EU.

Strategy 2. Support and coordination of investigation and response

For health threats involving more than one Member State, ECDC is mandated, upon request by affected Member States, to provide support in the coordination of the investigation. In 2011, ECDC provided experts in the field to support Member States in their response to outbreaks, such as the West Nile virus and malaria outbreaks in Greece, or the Shiga-toxin-producing *E. coli* O104:H4 outbreak in Germany, for which ECDC sent a liaison officer to RKI. A joint ECDC/WHO Regional Office for Europe mission to Greece in order to assess the public health risks related to the increased migration was later followed up by an ECDC–EPIET support mission to set up an early warning system.

Health service vehicle run by the Hellenic Centre for Disease Control and Prevention; near the Greek–Turkish border, April 2011

Strategy 3. Strengthening preparedness

ECDC further contributed to assist Member States to strengthen their outbreak preparedness. Major achievements in 2011 include:

- EUFRAT (European Up-Front Risk Assessment Tool): This web-based tool was created to assess the contamination risk from communicable diseases of the blood supply in outbreak situations at different steps of the transfusion chain. The tool includes default parameters customised for certain diseases, but can be applied to any communicable disease. The tool was presented at ESCAIDE. Further publications and presentations are being prepared.
- A concept paper on strategies at the European level to address potential shortages of vaccines and treatment for rare diseases.
- Collaboration with SHIPSAN TRAINET: SHIPSAN is a project to address health and hygiene in passenger ships in Europe. ECDC is a member of the advisory board of SHIPSAN and provided technical support to SHIPSAN activities, participated in training sessions organised by SHIPSAN TRAINET, and provided input to the evaluation of the project.
- From pandemic to generic preparedness: The Member States evaluated their pandemic preparedness plans and started to revise them. ECDC took part in three joint workshops with WHO/EURO to support the countries in their shift from a pandemic-centered approach to a more generic approach of preparedness.
- Network of travel medicine clinics: ECDC supported the network through threat detection and validation efforts (e.g. West Nile virus, malaria), the regular review of relevant publications ('science watch'), and support for the network's an annual meeting.

Target 5 – Training for the prevention and control of communicable diseases

ECDC continued to implement its training strategy for capacity building defined together with the Member States. The Public Health Training Section and its 13 staff aim to fulfil a training centre function for EU Member States and the European Commission.

Strategy 1. Development of European Union capacity

The EPIET Training Framework includes fellowships of two years with a pathway for intervention epidemiology (EPIET) and public health microbiology (EUPHEM). This framework was expanded in 2011 by increasing EUPHEM from two to four fellows per cohort and by diversifying the intervention epidemiology pathway to include a Member State track (EPIET-MS) and national EPIET-associated programmes (EAP), in addition to the traditional European Union track (EPIET-EU). Each year, fellows from the entire EPIET training framework train in one single cohort, sharing common training modules. ECDC coordinates the EPIET training framework with a team of scientific coordinators, cultivating a multidisciplinary approach to disease prevention and control.

In total, 98 fellows were included in the ECDC fellowships in 2011: 31, 27 and 40 from cohorts 2009–2011, respectively.

Table 4. EPIET, EUPHEM, EAP: fellows in 2011

Cohorts 2009 to 2011		
Cohort 2009	25 graduated	(15 EU, 8 EAP, 2 EUPHEM)
Cohort 2010	27 continued their training	(18 EU, 7 EAP, 2 EUPHEM)
Cohort 2011	40 started	(7 MS, 17 EU, 12 EAP, 4 EUPHEM)

Modules
1. Communication, Berlin
2. Multivariable analysis, Madrid
3. Time series analysis, Budapest
4. Vaccines, Stockholm
5. Rapid assessment in complex emergencies, Bristol
6. Project review, Rome
7. Introductory course, Menorca
8. Computer tools in outbreak investigations, Berlin

In addition to the fellowships, ECDC organised eight one-week training activities, which were attended by 181 national experts from various public health networks. Topics included threat assessment procedures, ECDC Disease Programme-specific topics (point prevalence surveys, risk assessment and outbreak management, legionnaires' disease, PFGE typing of *Listeria monocytogenes*, seasonal influenza immunisation, management of outbreak response, training of trainers).

Strategy 2. Networking of training programmes

Network partnerships are essential for ECDC-coordinated training activities. The EPIET and EUPHEM programmes are heavily dependent on resources contributed by 31 institutes in EU Member States, in particular the time dedicated by senior experts to teaching and the supervision of fellows.

Several meetings with network partners for postgraduate public health training were held in Stockholm in 2011, aiming to align strategies for workforce development and exchanging views, experience, and training materials. Topics covered were the core competencies for the public health workforce, the assessment of training needs, and programme accreditation.

Meetings strengthening the EPIET/EUPHEM network of training sites and supervisors were held in Stockholm, Sweden, Alanya, Turkey, and Menorca, Spain.

ECDC participated in the TEPHINET programme directors meeting and the TEPHINET advisory board meeting.

In 2011, a memorandum of understanding with EPIET-associated programmes was drafted to define the collaboration within the EPIET training framework and between ECDC and Member States that run their own national field epidemiology training programmes.

Strategy 3. Creation of a training centre function

Quality assurance activities in 2011 included 15 EPIET and nine EUPHEM visits to fellows placed in associated

EPIET fellows Sabrina Bacci and Katarina Widgren during an outbreak investigation in Denmark

training institutions and the implementation of the UEMS accreditation process: full UEMS accreditation (CME) was granted to all training modules.

A list of core competencies for public health microbiology and infection control in hospitals were developed.

The Field Epidemiology Manual Wiki (FEM Wiki) was further developed; new functionalities were added to the wiki platform and it was integrated into the ECDC information infrastructure. An ECDC extranet for training was created to replace the external online collaboration platform for EPIET.

A training curriculum for a one-week training on 'Rapid assessments in complex emergencies' was developed, based on the experience gained after the Haiti earthquake and during the cholera outbreak.

Contribution of the fellows to ECDC core tasks

From 25 to 28 January, a EUPHEM fellow and supervisor contributed to the training module 'Lab for epidemiologists' of the Thai Field Epidemiology Programme. ECDC participated in a GOARN[6] debriefing on 10 June 2010 after six fellows (EPIET and EUPHEM) participated in the cholera response activities in Haiti.

During the EHEC outbreak, 16 fellows (from cohorts 2009 and 2010) participated in the response activities in Germany and one fellow (cohort 2010) participated in the response in France. During that event, ECDC raised the public health event level to PHE-1; training staff contributed to the PHE response.

6 Global Outbreak Alert and Response Network (under WHO coordination)

Target 6 – Health communication

Another important ECDC objective is to communicate scientific content (including risk communication) to public health professionals, policy makers, the general public and other stakeholders across Europe.

Communication to ECDC's target audiences

The major target audiences for ECDC's scientific and technical output are public health professionals and practitioners, policy makers, the general public, the media, and public health communicators. ECDC also provides support to the EU Member States in their health communication activities. In order to reach its target audiences and support the EU Member States, ECDC has developed a number of communication channels and tools.

Scientific publications

In 2011, ECDC issued 122 scientific publications. These reports are available for download from the ECDC website where a brief abstract of the content is also provided.

Media work

ECDC promotes its scientific output to the media on a wide variety of issues, both pro- and reactively. As part of its media strategy, ECDC develops press releases and news items on key scientific topics written in a language that is understandable to non-scientists. This information is routinely shared with the European Commission and the EU Member States before the actual publication date. ECDC's press office continued to develop ties with health journalists in 2011. Having strong connections with the media proved to be essential during the 2011 STEC outbreak. General inquiries on a wide variety of health topics are processed via the info mailbox (info@ecdc.europa.eu), and several hundred queries are answered each year.

Website

A new ECDC web portal was launched in 2009, serving as an entry point for ECDC's corporate website, conference sites, and dedicated extranets. In 2011, the website was visited by approximately half a million people. ECDC uses evidence from usability studies to improve the design and functionalities of the website.

In 2010, ECDC started a pilot project to build up a presence on social media. Today, ECDC is active on Twitter, Facebook and YouTube, a fact that has facilitated ECDC's new approach to communication activities throughout the year.

European Antibiotic Awareness Day

In 2011, ECDC coordinated the fourth European Antibiotic Awareness Day (EAAD) with the European Commission. A

Direct dialog with the public: ECDC Chief Scientist Dr Johan Giesecke at Stockholm's central train station, May 2011

total of 37 European countries participated, and even the US campaign 'Get Smart About Antibiotics Week' was launched during the same period. EAAD provides support for national campaigns including toolkits containing key messages and template communication materials for adaptation and use, as well as activities to provide an EU-level platform. The toolkits are easily accessible on the website (http://ecdc.europa.eu/en/eaad) which is available in all EU languages. Between 15 October and 15 December 2011, 611 articles about EAAD were written in 181 different print media. A documentary produced by Euronews in cooperation with ECDC on antimicrobial resistance reached approximately 12 million people.

Eurosurveillance

In 2011, Eurosurveillance celebrated its 15th anniversary. Overall, Eurosurveillance published around 190 rapid communications and regular articles, as well as 16 editorials, 10 letters and 39 other items (such as news items and meeting reports). Nearly 400 international experts provided scientific reviews (2010: 320 reviewers). The rejection rate for regular articles in 2011 increased to 75% (2010: 63%). Eurosurveillance published themed issues on HIV in injecting drug users, tuberculosis, attitudes on vaccination, and a comprehensive special issue on Chagas disease that highlighted the relevance of this tropical disease for Europe. In 2011, Eurosurveillance was the first scientific journal to cover the large outbreak of enteroaggregative Shiga-toxin-producing *E. coli* O104:H4. A rapid communication was published on 26 May shortly after the outbreak had started. It was followed by a further 11 articles.

Eurosurveillance: special issue on Chagas disease

Supporting health communication capacities in the Member States

Mapping of health communication activities in the EU

Systematic mapping was completed in 2011 and provided a comprehensive picture of the status of implementation of health communication activities in the EU and EEA/EFTA countries. The outcomes of this mapping constitute a solid foundation for ongoing and future ECDC activities in country capacity building and support to health communication interventions. Outcomes of this project were presented during the 2nd World Non-Profit & Social Marketing Conference held in 2011. The systematic mapping also provided information on the assessment of capacities and training needs in health communication in the EU Member States. Another key area was capacity building in health-related risk communication in order to develop specific training support in this field.

Sharing best practices and strengthening collaboration to improve access to public health programmes for vulnerable populations and address the social determinants of communicable disease

In a meeting with representatives from several EU countries and international organisations entitled 'Communicable disease prevention among Roma', participants discussed the current situation, successes, and lessons learned in the area of immunisation. A qualitative study on barriers to vaccinations for ethnic Roma in selected countries with large Roma populations was initiated. The findings will inform pilot interventions for measles elimination in five south-eastern EU countries. A workshop on 'How financial difficulties shape social determinants on communicable diseases' was held during the 2011 EUPHA conference. It included presentations on ECDC's work on social determinants related to communicable diseases.

Sharing evidence and practical resources to support Member States in the planning and development of effective communication interventions for the prevention and control of communicable diseases

A series of publications entitled 'Insights into health communication' was launched, providing public health professionals and health communicators with evidence-based knowledge on trends and challenges in areas such as trust and reputation management and on information-seeking behaviours. These publications, together with communication toolkits and guides (prevention of seasonal influenza, prevention of gastrointestinal diseases, promotion of immunisation) provide Member States with a comprehensive set of ECDC health communication resources.

Target 7 – Partnerships and international activities

ECDC aims to develop activities with relevant partners to contribute to the prevention and control of communicable diseases within the EU and globally. As communicable diseases can cross borders and move easily from one continent to another, close collaboration between EU institutions and national and international partners offers added value at the European and global level.

Effective international cooperation with all relevant stakeholders, including organisations within the civil society, is imperative. In 2011, the main focus in this area was on consolidating working relations with the Member States through one national Coordinating Competent Body and with third countries, in particular with EU enlargement countries.

Strategy 1. Country relations and coordination

Cooperation with the Member States

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States. A new process was introduced in 2011, involving one national Coordinating Competent Body (CCB) in each of the Member States.

An ECDC Country Cooperation Steering Committee (CCSC) was established in 2010 and continued its work in 2011. The objective of this Committee, chaired by the Director, is to ensure the internal coordination of ECDC country relations across the organisation.

To increase internal knowledge and information sharing regarding country relations, information on countries has been available on the ECDC intranet since August 2010 for staff consultation.

In 2011, several country missions were conducted at the request of some Member States in order to address particular issues of relevance to them, identify specific needs, prioritise their delivery, and improve collaboration with ECDC. Tailored missions, coordinated internally with ECDC teams, were carried out in France, Greece, Hungary, Latvia, Norway, Poland, Romania, and the Slovak Republic. In addition, a high-level delegation from the Netherlands visited ECDC in order to plan further collaboration and joint activities.

In 2011, ECDC initiated the development of a new e-tool for its official relations with countries that have a focus on relations with EU Member States through one national Coordinating Competent Body (CCB). This work will be completed in 2012.

Table 5. Country visits by the Director

Key country visits by the Director	
Poland	May 2011
Romania	April 2011

Key ECDC technical country visits to Member States and EEA/EFTA countries	
France (2)	October and December 2011
Greece	June 2011
Hungary	June 2011
Latvia	September 2011
Poland	February 2011
Romania (2)	Both in May 2011
Slovakia	June 2011

Country Information Project

The Country Information Project aims to provide information about country involvement and activities in the field of communicable diseases, quality control of translations of documents to be published, and dissemination of ECDC outputs and information. Following a positive evaluation, the project was continued in 2011 in seven EU countries: Austria, Bulgaria, Estonia, Hungary, Lithuania, Romania, and Slovenia. The project will end on 31 January 2012. The outputs are used to support ECDC relations with countries through one national Coordinating Competent Body (CCB) and a national coordinator who will be responsible for all official relations between ECDC, Member States and EEA/EFTA countries.

Cooperation with EU candidate countries and potential candidates

In 2011, ECDC continued working with EU candidate countries (Croatia, Turkey, and the former Yugoslav Republic of Macedonia), potential candidates (Albania, Bosnia and Herzegovina, Serbia) and the UN Administered Province of Kosovo (in accordance with Security Council resolution 1244 (1999)) by conducting training sessions, inviting experts to ECDC meetings, and – in close collaboration with the European Commission/Directorate General for Health and Consumers – developing a new assessment tool to evaluate the capacities of EU enlargement countries that fall into ECDC's competence and mandate. The majority of the activities supporting EU enlargement countries were implemented through the Instrument for Pre-Accession Assistance (IPA) – ECDC IPA project 2009/202-963; this project expired on 30 November 2011. A new ECDC IPA project will be in place from 1 January 2012 to 30 June 2014 and will have a budget of 400 000 EUR.

Since September 2011, all EU enlargement countries/ ECDC IPA beneficiaries have officially nominated one

national coordinator for all official relations with ECDC[7], usually through the ministries of health or other pertinent ministries.

ECDC organised three workshops for all EU enlargement countries/ECDC IPA beneficiaries in 2011. The first one focused on public health training needs within ECDC's mandate (5 and 6 September 2011); the second (8 and 9 September 2011) on the systematic collaboration between ECDC and the countries; the third focused on health threats and the involvement of EU enlargement countries in epidemic intelligence.

In 2010, the European Commission requested ECDC support to assess the progress in implementing the *Community acquis* on communicable diseases in enlargement countries. This work continued in 2011 through the development of a new evaluation tool developed jointly by ECDC and the Directorate-General for Health and Consumer Protection; this involved a consultation in Croatia, coordinated by the ECDC 'taskforce on enlargement countries assessment' (TFEnA), established in July 2011.

In order to improve the coordination of activities with the European Commission (including delegations to countries and missions in Brussels) and third countries, ECDC will organise (in close collaboration with the European Commission/Directorate-General for Health and Consumer Protection) two information workshops in 2012.

Table 6. ECDC country visits

ECDC technical country visits to EU enlargement countries	
Croatia	November 2011

Other ECDC technical country visits	
UN Administered Province of Kosovo[8] (under UNSCR 1244 (1999))	April 2011

Strategy 2. External relations and partnership programme

Further strengthening of inter-institutional relations

In 2011, ECDC continued to develop relations with its main institutional partners, namely the European Parliament, the Council (including the EU Presidencies of the Council of the European Union) and the European Commission.

A delegation from the EU Parliament led by Jo Leinen (MEP), Chairman of the ENVI Committee, visited ECDC in early September to meet with the Senior Management Team and key experts. The discussions were fruitful and led to a positive report by the delegation. The ECDC Director spoke at several meetings at the Parliament in Brussels, including two formal sessions of the ENVI Committee: his annual exchange of views with ENVI in October and a debate on EU-level action on viral hepatitis in May.

7 Candidate countries: Croatia, Montenegro, the former Yugoslav Republic of Macedonia, and Turkey. Potential candidates: Albania, Bosnia and Herzegovina, Serbia, Kosovo under UNSCR 1244.

8 References to Kosovo throughout this document mean 'Kosovo (in accordance with Security Council resolution 1244 (1999)' or 'UN Administered Province of Kosovo'.)

ECDC Director Dr Marc Sprenger at the European Parliament in Strasbourg

Regional Director Zsuzsanna Jakab (EU Regional Office for Europe) and Director Dr Marc Sprenger (ECDC) signing the 'Administrative agreement on cooperation between ECDC and the WHO Regional Office for Europe' in March 2011

ECDC worked closely with the Hungarian and Polish EU Presidencies of the Council of the European Union. The Hungarian EU Presidency highlighted topics related to vaccine-preventable diseases and organised a technical conference on this topic in close collaboration with ECDC.

ECDC continued to work closely with the European Commission, in particular with the Directorate-General for Health and Consumers (DG SANCO). The ECDC Director and the Deputy Director General of SANCO established regular bilateral meetings that took place once a month (general coordination and international issues). Several technical areas also established regular links with their counterparts at DG SANCO.

ECDC was an active member of the troika coordinating the Heads of Agencies network, together with OSHA[9] and ECHA[10]. Three topics dominated interagency work in 2011: the Inter-institutional Working Group (IIWG) discussed governance issues relevant to agencies and provided written consolidated input; in summer the European Commission initiated the review of its staff regulations and the agencies prepared their input to the Commission; and the discussions on a new multiannual financial framework (MFF) started. ECDC will take over the role of the coordinating agency in the Heads of Agencies network in March 2012.

In 2011, ECDC established a formal collaboration agreement with EUROPOL and continued the implementation of existing agreements with other EU agencies. ECDC started to formalise the working relations with the Executive Agency for Health and Consumers (EAHC), which will be finalised in 2012.

Relations with WHO and other key international partners

The administrative agreement between ECDC and the WHO Regional Office for Europe (WHO/EURO) was approved by the ECDC Management Board in March 2011 and signed in the margins of the European Commission (WHO/EURO Senior Officials Meeting in April 2011). The Joint Coordination Group met once in 2011 and approved its terms of reference. At a technical level, the collaboration continued in the following priority areas: HIV, tuberculosis, influenza, antimicrobial resistance (AMR), preparedness, and outbreak support. Joint activities in 2011 included HIV, TB and influenza surveillance for all 53 WHO European Region countries and the publication of surveillance reports. In 2012, the joint technical work plans will be prepared and approved by the Joint Coordination Group.

In 2011, ECDC continued its collaboration with peer institutions with which memoranda of understanding have been signed: the Chinese Centre for Disease Control and Prevention, the US Centers for Disease Control and Prevention, and the Public Health Agency of Canada. The administration arrangement between ECDC and the Israeli CDC was approved by the ECDC Management Board and is ready to be signed by both parties.

9 European Agency for Safety and Health at Work

10 European Chemicals Agency

Target 8 – Leadership

The Director and the Director's Office

Values

ECDC's work is based on a set of values that should guide the whole organisation and each staff member in their daily work. ECDC is:

- quality driven;
- service minded; and
- one team

Organisation

In five years ECDC has grown from one to 350 staff. Consequently, the structure that worked during the start-up phase needed to be revisited, which is a normal process in a growing organisation. It was also one of the conclusions of the external evaluation of ECDC in 2008 and the ECDC staff meeting in 2009 that the internal structure of ECDC needed to be reviewed. Therefore, on 1 April 2011, ECDC implemented important changes to the way in which the Centre is structured (see Annex 3).

The new organisation of ECDC has two key objectives:

- to enhance ECDC's focus on excellence; and
- to ensure the necessary cohesion and flexibility of ECDC as an organisation in order to maximise output from available resources.

ECDC's matrix organisation is now composed of four units and seven 'horizontal' Disease Programmes (DPs). The Centre is lead by the Director and the Director's Office.

The major innovations of the new structure are:

- The appointment of a Deputy to the Director who will focus on internal management and coordination issues.

A handshake before the meeting: getting ready for another round of scientific discussions with the members of the Advisory Forum

- The creation of three new, high-profile teams attached to the Deputy to the Director:
  - microbiology coordination
  - quality management
  - internal communication and knowledge services
- The original Disease-Specific Programmes are renamed 'Disease Programmes' (DPs) and the programme for Respiratory Tract Infections is split into one programme for influenza, and one for tuberculosis.
- The creation of the Office of the Chief Scientist and the transfer of the Heads of Disease Programmes and their programme officers to this Office.
- Support to the DPs provided by two shared resources units (Surveillance and Response Support Unit and Public Health Capacity and Communication Unit), as agreed in the annual work plans. The majority of expert staff is now placed in these two shared resources units.

Corporate governance

In accordance with its Founding Regulation, ECDC's corporate governance structure consists of a Management Board with one representative designated by each Member State, two by the European Parliament and three by the European Commission. In addition, an Advisory Forum supports the Director of ECDC in ensuring the scientific excellence and independence of activities and opinions of the Centre.

The Director's Office provides comprehensive support to the Management Board (MB) and Advisory Forum (AF) through timely preparation and efficient execution of meetings (including auxiliary meetings and workshops) and maintains excellent communication with the Member States.

During 2011, collaborative online workspaces (extranets) were further improved in order to communicate and share information more effectively with members of the Management Board and the Advisory Forum.

Regarding the prevention of conflicts of interests, In order to assure transparency, all newly appointed Members and Alternates of the Management Board and the Advisory Forum are requested to fill in a declaration of confidentiality and a declaration of commitment. In addition, each year they must fill in Annual Declaration of Interest forms, which are duly published on the ECDC website. Members (and/or Alternates) are also required to declare a conflict of interest(s) for specific agenda items prior to participating in meetings, workshops and/or video/teleconferences. Experts and Observers are also required to fill in such forms. By 31 December 2011, 100% of the Management Board members and of

In 2011, the Management Board:

- approved the provisional annual and the final accounts 2010, including the report on budgetary and financial management;
- approved the second supplementary and amending budget for 2011;
- approved the Annual Report of the Director on the Centre's activities in 2010, including the draft analysis and assessment of authorising officer's annual (activity) report;
- approved the terms of reference for the Competent Bodies;
- approved the Administrative Arrangement between the World Health Organization, Regional Office for Europe (WHO/EURO) and the European Centre for Disease Prevention and Control (ECDC);
- endorsed the agreement on strategic cooperation between the European Centre for Disease Prevention and Control and the European Police Office;
- endorsed the administrative arrangement between the European Centre for Disease Prevention and Control and the Israel Center for Disease Control;
- adopted the ECDC Multi-annual Staff Policy Plan 2012–2014;
- endorsed the proposed solution for the ECDC language regime;
- adopted an opinion on the final annual accounts for the year 2010 and recommended the discharge of the Director to the European Parliament in respect of the implementation of the budget for year 2010;
- adopted the 'Draft communication of MB on the EU support for traceability of tissues and cells';
- endorsed the IAS Strategic Audit Plan 2011–2013;
- approved the draft terms of reference for the second independent external evaluation of the ECDC;
- took note of the updated position statement of the European Commission and ECDC on human pathogen laboratories: 'A joint vision and strategy for the future';
- took note of the updated ECDC Public Health Microbiology Strategy and Work Plan 2012–2016;
- adopted the revised ECDC Annual Work Programme 2012 and revised Budget and Establishment Table 2012.

the Advisory Forum members had filled their declaration of interest.

Management Board

The ECDC's Management Board met in March, June and November 2011. The first Management Board meeting of 2011 was held in Dublin, Ireland, at the invitation of the Irish Ministry for Health. The minutes of the meetings of the Management Board are available on ECDC's website.

In 2011, a steering group was established to assist in further developing the EU support system for traceability of tissues and cells, and oversee its progress and functioning. This steering group consists of individuals from DG SANCO, ECDC, EMA, MB members of both

The ECDC Advisory Forum in December 2011, Stockholm

agencies, including representatives of national competent authorities on tissues and cells. The steering group will facilitate the further development of the EU support system for tissues and cells, and will also be involved in the oversight of its progress and functioning. Two meetings of the steering committee were convened in October and December 2011.

The working group on the ECDC language regime held two meetings in February and May 2011.

During the November board meeting, the Director reactivated the MB working group on the ECDC Building Project in order to explore options for alternative premises for ECDC, and to seek a new tenant for ECDC's current buildings.

Advisory Forum

The Advisory Forum was closely involved in advising the Director on technical and scientific issues that were dealt with by the Centre in 2011. Meetings of the Advisory Forum (AF) took place in February, May, September and December 2011. A successful joint session of the Eighth National Microbiology Focal Points and the Advisory Forum was held for the very first time during the first day of the AF meeting in September 2011. The minutes of the meetings of the Advisory Forum are available on ECDC's website.

Senior Management Team

The Director's Office also plans and organises the weekly meetings of the Senior Management Team (SMT). Such meetings are organised in line with an annual plan which is driven by statutory deadlines and requirements, internal processes and operational milestones. The main outcomes of SMT meetings are shared internally with ECDC staff via video webcast. The minutes and agendas of all SMT meetings are also disseminated to ECDC staff.

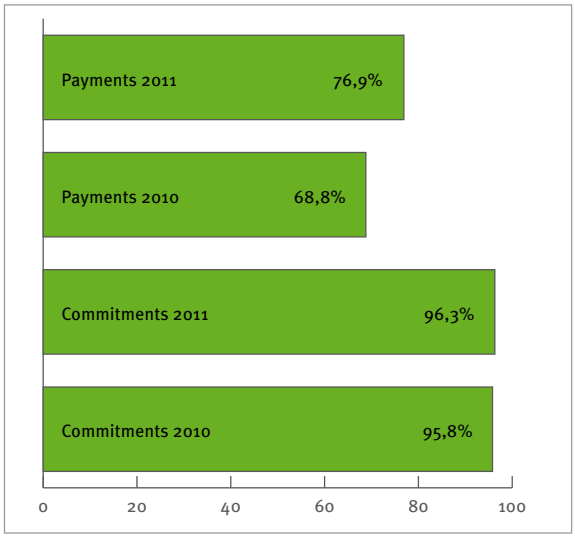
Management, strategic planning and quality

Planning and monitoring

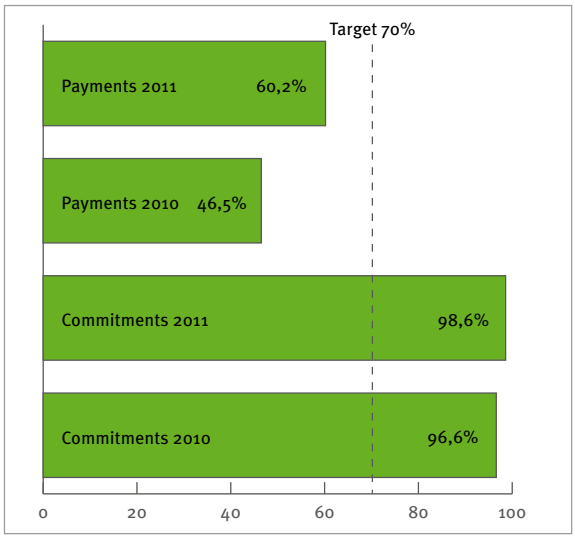
After the reorganisation, the implementation of the Work Programme 2011 moved forward as planned for the majority of activities. After an audit of the Internal Audit Service on ECDC's planning and monitoring processes, a number of new elements were introduced for the preparation of the Work Programme 2012. These included a full activity-based budget, objectives, indicators and targets, and a risk assessment.

In order to ensure a high budget execution, a financial monitoring report was implemented in the Management Information System (MIS) in the second half of the year. This report gave an overview of commitments and payments as well as the forecasted payments for Units and Disease Programmes on a weekly basis.

Figure 4. Budget execution, 2010 and 2011



Total ECDC Budget



Budget Title 3

Quality management

As planned, the CAF[11] process started at the end of 2011 with the selection of staff members who would be trained to provide self-assessments on the quality of performance in different areas of the whole organisation. The results of these self-assessments will result in five priority actions to improve the organisational performance and will be added to the 2013 Work Programme.

11 Common Assessment Framework, a total quality management tool designed by the European Institute for Public Administration (EIPA) following the EFQM Excellence Model and that of the German University of Administrative Sciences in Speyer.

Target 9 – Administration

Finance and accounting

The core budget of the Centre decreased from EUR 57.8 million in 2010 to EUR 56.6 million in 2011 (minus 2%). Budget execution at year-end 2011 reached 96% for commitments and 76% for payments. In total, 598 commitments were verified and 6948 payment orders were issued by the authorising officers during 2011.

In June 2011, the Management Board issued a positive opinion on the annual accounts of the Centre for 2010. The European Court of Auditors conducted two visits in 2011: the first one in May focused on the certification on the annual accounts in 2010 and resulted in a positive opinion for both the presentation of the accounts and the legality and regularity of the underlying transactions. The second visit in October focused on specific transactions and included a review of recruitment and procurement files for the year 2011.

The inter-institutional discussions of the 2012 budget were closely monitored, and the Work Programme and budget for 2012 had to be modified after the European Commission had informed ECDC about a 1% cut for the planned budget in 2012.

Human resources

In addition to the established human resources (HR) tasks (recruitment of staff, learning and development programme, personnel administration) and services for staff wellbeing (in-house doctor, counselling, annual influenza vaccinations, provision of relocation services), HR was heavily involved in supporting the reorganisation: producing new organisational charts and staff lists, appointment of new managers, preparing the new managers for their tasks by setting objectives for their staff. In the light of the increased number of managers, a management development programme was set in place that aims at the further improvement of managerial skills with a variety of approaches, e.g. learning events, assessment of performance and coaching support. As part of this programme, a 360-degree feedback process was implemented, starting in 2011 with the senior management.

In 2011 the Centre launched its internal procedure on recruitment and selection of temporary agents and contract staff with the objective to further strengthen the transparency of the selection and recruitment process by providing more concise guidelines to candidates and selection committees. The internal procedure is available on ECDC's website: http://ecdc.europa.eu/en/aboutus/jobs/Documents/1112_ECDC_Recruitment_Selection_Procedure.pdf

Table 7. Number of staff and selection procedures

	2009	2010	2011
Total staff (TA, CA, SNE)	199	254	270
Selection procedures	119	133[12]	56[13]

Missions and meetings

Missions and Meeting coordinates the organisation of travel and hotel arrangements for staff, interviewees and experts invited to ECDC. It also deals with budget verification, monitoring, and reimbursement claims from staff and interviewees/external experts.

Table 8. Missions, meetings and ECDC meeting participants, 2009–2011

	2009	2010	2011
Missions	1230	1181	1021
Number of meetings	352	311	238
Number of external participants attending ECDC meetings or interviews	2624	2960	3259

ECDC premises, equipment and logistics

In 2011, ECDC continued to provide logistic services to all staff. Over 5 000 requests were handled for support. 13 contracts were signed to ensure the proper maintenance of the premises, the maintenance of the equipment and the provision of services. A proper archive system was built, a green cooling system in the server room was constructed, and a new server room project for 2012 went through an open call for tender.

Legal advice and procurement

In 2011, the procurement office supported 60 open procedures and 59 negotiated procedures as well as one call for proposals, as well as 14 negotiated procedures with a value above 25 000 EUR.

In 2011, ECDC continued to promote compliance with the EU regulation on data protection. Eight sessions on ethics and integrity were given (this training is compulsory for all staff members).

12 For statistical purposes we have, for the first time, considered only recruitment procedures that led to an actual start of employment in 2010. This includes procedures launched in 2009 and finalised in 2010, but not those procedures that were still ongoing at the end of 2010 (with a start date in 2011).

13 This is the number of selection procedures completed in 2011, i.e. either the staff member has started employment with ECDC in 2011 or the selection procedure was unsuccessful. Out of the 56 selection procedures, 40 were external recruitments; 12 internal staff members were successful in external recruitment procedures; and four recruitments were unsuccessful.

Information and communication (ICT)

ICT and project support is divided in two sections, 'ICT infrastructure' and 'ICT applications'. It is now part of the Public Health Communication Unit. ICT kept on providing innovative tools and solutions to support ECDC in its mission to work on communicable diseases.

8703 support requests for ICT were handled in 2011, which constitutes an increase of 9.38% compared with 2010 (7957 support requests). 24 support requests were taken care of outside office hours by the stand-by duty IT service. For several processes the implementation was completed, e.g. change management, incident management, problem management, service level management and configuration management. The number of agreed service level agreements (SLAs) with internal stakeholders was increased to nine and several others are under discussion for finalisation.

Table 9. Annual service level uptime for the IT service at ECDC in 2010

Service type	Uptime
Early Warning and Response System (EWRS)	99.9999%
ECDC network and network connections	100%
ECDC mail services and other external available applications	99.998%

Positive contributions to increasing the overall availability of these services were the improvements to the change process and an agreement with another EU agency (EASA) for bilateral backup data centre hosting. ECDC has also concluded a business continuity plan and, as part of it, defined IT disaster recovery procedures.

In 2011, 23 new applications or new versions were released for internal and Member States usage, for example the EPIS ELDSNet, updates to EWRS, and a new version of the Management Information System.

ECDC invested about eight million Euros in 2011 in ICT; half of this amount is used to develop operational applications for ECDC, its external partners, and the Member States; the other half goes to maintain and provide support for the existing applications and services.

Internal control coordination

After the reorganisation, a review of all internal procedures was started to adapt them to the new ECDC structure and prep them for periodical review. Several new internal procedures were established, for example an internal procedure on sensitive posts and a revised recruitment procedure (which was subsequently published on the ECDC website). A grant verification plan was approved, which stipulates audits before the final payment is made. It was also decided to carry out from the coming year onwards a certain number of ex-post verifications for financial transactions.

Internal communication

Good internal communications and a transparent, coherent flow of information are essential for an organisation. Internal communication is widely recognised as an important element in motivating staff and improving staff engagement and retention.

Taking into account feedback from staff surveys and focus groups, it became clear that a more strategic approach was needed for the Centre and its matrix organisation. It was crucial to establish internal communication as a reliable, two-way communication channel, delivering balanced and credible information from and to all parts of the Centre. An unobstructed flow of information requires the generation, provision, sharing, storage, and retrieval of content, as well as the transparent documentation of this flow through the system. Adding four previously separated services (knowledge management, library services, document management system, and mailroom) to the new internal communications infrastructure achieved exactly that. In conjunction with ECDC's intranet, which provides an easily accessible channel for presenting information, the internal communication infrastructure made it easy for staff to see themselves as members of one big team. The intranet is an important feature of the upcoming internal communications strategy and will soon be supplemented by effective face-to-face channels.

In 2011, 8 issues of ECDC's internal newsletter 'ECDC on the spot' were published. An internal communication strategy will be finalised in 2012.

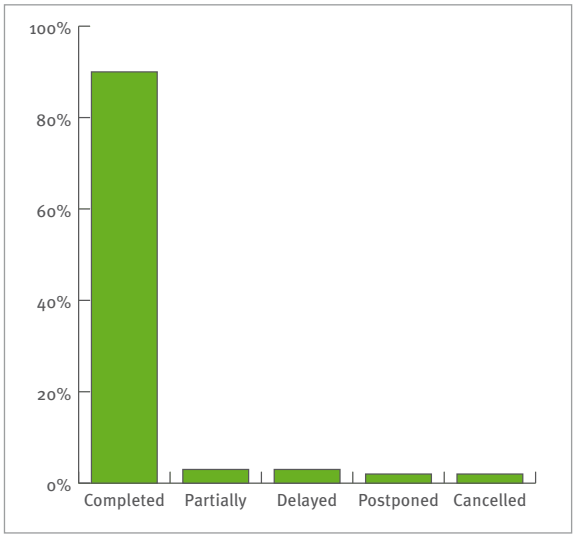
Annexes

Annex 1: Implementation of the Work Programme 2011: facts and figures

Implementation of the Work Programme 2011: Overview

Most of the activities of the Work Programme for 2011 were implemented. The following tables provide more detail on the implementation of the Work Programme as adopted by the Management Board in November 2011.

Figure 1. Implementation of the Work Programme 2011 by target



Note: Details can be found in Annex 1

Table 1. Implementation of the Work Programme 2011 by target

Target/DSP	Total	Completed	Partial	Delayed	Postponed	Cancelled
ARHAI	15	13		1	1	
EVD	7	7				
FWD	9	7	1		1	
Legionellosis	9	8	1			
HASH	12	12				
Influenza	10	7		1	1	1
TB	8	5		2		1
VPD	12	11	1			
Surveillance	9	9				
Scientific advice	11	11				
Preparedness/response	13	11		2		
Training	8	8				
Health communication	14	13	1			
Partnerships	9	8				1
Leadership	9	8			1	
Administration	21	20	1			
TOTALS	**176**	**158**	**5**	**6**	**4**	**3**
%	100%	90%	3%	3%	2%	2%

Table 2. **Implementation by activities and strategies**

Activities	Implemented	Comments
Antimicrobial resistance and healthcare-associated infections		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
European Antimicrobial Resistance Surveillance Network (EARS-Net)	Yes	
European Committee on Antimicrobial Susceptibility Testing (EUCAST)	Yes	
European Surveillance of Antimicrobial Consumption (ESAC): network transition and coordination of activities	Yes	
Healthcare-Associated Infections Surveillance Network (HAI-Net), including surveillance of surgical site infections, infections acquired in intensive-care units, and point prevalence surveys on HAI and antimicrobial use in European acute-care hospitals	Cancelled	Only partially cancelled: organisation of the point prevalence surveys on HAI and antimicrobial use in European acute-care hospitals is proceeding as planned. Publication of reports on surveillance of surgical site infections and of HAI in intensive-care units moved to 2012.
Joint ARHAI surveillance activities: Joint annual meeting of EARS-Net and HAI-Net	Yes	
Surveillance of HAI and antimicrobial use in long-term care facilities	Yes	
Surveillance of *Clostridium difficile* infections: support for capacity building	Yes	Started in 2010, continued in 2011; will be completed in 2012.
Epidemic Intelligence Information System (EPIS) for AMR and HAI	Yes	To be launched in February 2012
Development of molecular surveillance	Yes	Implemented as part of the European Antimicrobial Resistance Surveillance Network (EARS-Net)
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Guidance on prevention and control of AMR and HAI, including systematic reviews and evidence-based guidance; support to implementation of Council recommendation on patient safety, including the prevention and control of healthcare-associated infections (2009/C 151/01); evaluation of the aforementioned Council recommendation	Yes	Started in 2010, continued in 2011; will continue in 2012
Risk assessments on AMR and HAI, including the spread of multidrug-resistant bacteria [C]; contribution to the inter-agency work on AMR.	Yes	
MRSA typing study	Yes	Implemented as part of the European Antimicrobial Resistance Surveillance Network (EARS-Net) (see above)
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Coordination and country support on AMR and HAI prevention and control, including country visits to discuss AMR and HAI issues.	Yes	
Fourth Annual European Antibiotic Awareness Day	Yes	
Training on surveillance, prevention and control of AMR and HAI, including courses on point prevalence surveys on HAI and antimicrobial use; a short course on prevention and control of multidrug-resistant micro-organisms and antimicrobial stewardship, and support to national basic training programmes on the prevention and control of HAI	Postponed	Only partially postponed: Two courses on point prevalence surveys on HAI and antimicrobial use were organised as planned. A curriculum for the short course was produced, but the course was postponed. Support to national basic training programmes on the prevention and control of HAI is postponed to 2012
Emerging and vector-borne diseases		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Coordination of network of entomologists and public health experts on vector-borne diseases (VBORNET): network building, technical advice on ad hoc requests, maps of the distribution of the main vectors in the EU (ticks, mosquitoes, sandflies), development of a strategy for future ECDC activities in the field of vector surveillance in order to strengthen preparedness in the EU for vector-borne diseases (two publications)	Yes	The programme is ongoing, 2012 will be defined by contract of year 3 (out of 4)
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Workshop: feedback from two epidemiological studies on Lyme borreliosis, tick-borne encephalitis, rickettsiosis, and Q fever. A proposal for the case definition for tick-borne encephalitis at the EU level was drafted; no agreement was reached on a case definition for Lyme borreliosis and a working group was created for follow-up in 2012.	Yes	A proposal for the case definition for tick-borne encephalitis was sent to the National Competent Bodies.

Activities	Implemented	Comments
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Guidelines for implementing the surveillance of invasive mosquitoes in the EU; workshop to evaluate the draft guidelines on the surveillance of invasive mosquitoes	Ongoing	Outputs of the workshop were included in the draft guidelines document. A first version will be published at the end of February 2012. A pilot study is planned for 2012
Evaluation of methodological approaches for mosquito vector control activities of human arthropod-borne diseases, to develop new strategies for the prevention and control of vector-borne diseases. A preliminary literature review was launched at the end of 2011 (to be delivered in March 2012)	Ongoing	This activity was anticipated in the Work Programme 2012
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Coordination of European network for viral imported diseases – collaborative laboratories for outbreak response (ENIVD-CLNR): network building, 24/7 availability for detection and diagnosis of EVDs and outbreak support, technical advice on ad hoc request, repository of capacity in the EU	Yes	The multi-annual framework contract for this project expires at the end of 2012
Workshop: presentation and evaluation of decision tools for West Nile fever outbreak assessment: risk-assessment tool, weekly case maps and EUFRAT (specific tool for calculating the risk of infectious diseases for blood safety)	Yes	Proposals for improvement were collected. Tools will be made available in 2012
Expert meeting (January 2012) to analyse the lessons learnt from the Greek malaria outbreak and discuss preparedness enhancements in the EU to prevent re-establishment of the disease	Yes	Meeting was organised in response to the emerging situation

Food- and waterborne diseases and zoonosis

Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Management and coordination of the FWD network including the fourth annual meeting of the FWD network and the FWD coordination group	Yes	Joint meeting with EFSA task force on zoonoses data collection on the first day
Establishment of a pathogen-specific working group for one of the priority pathogens (e.g. for *Campylobacter*), preparing the minimum disease-specific requirements for reference-level laboratories of six priority pathogens (*Salmonella, Campylobacter, VTEC, Listeria, Yersinia, Shigella*)	Partly	STEC O104:H4 introduced an ad hoc burden to the team, which was already understaffed. The minimum level requirements for reference level-laboratories on *Campylobacter, Shigella* and *Yersinia* were discussed in the FWD network meeting.
Transfer of surveillance of vCJD into TESSy, including transfer of historical data. Outsourced expert centre for CJD to support diagnostic in the Member States and to assess the links between other animal and human TSEs	Yes	The meta-dataset was discussed and agreed on with the EuroCJD network. Nominations for TESSy were received from the Member States
Seroepidemiology project – initiation of a multinational serological study to assess the true incidence of salmonellosis and campylobacteriosis infections in human populations	Yes	The project proceeded with method validation studies
Establishment of molecular surveillance for FWD and TB by setting up a common platform and system (compatible with TESSy) to handle molecular typing data for *Salmonella*, VTEC, *Listeria* and TB strains	Yes	An extension of the TESSy platform was planned and implementation initiated
Consultation meeting with the molecular typing networks' coordinators to support the preparation of a centralised molecular surveillance system	Yes	A consultation meeting was held under the leadership of the microbiology team
Reports (AMR report, zoonoses report) and coordination	Yes	Reports to be published in March 2012
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Preparations to perform a Listeria typing study for human [and food] Listeria strains collected from the Member States in 2010 (human strains) and 2011 (food strains). This activity is planned together with EFSA, the European Commission, and the EU-RL for Listeria to allow for coordination with the EFSA Listeria food survey.	Postponed to 2012	Budget was not committed as this activity was postponed to 2012 due to the delay in the EFSA survey, which was halted in February 2011 and then continued later in the year.
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Guidance on prevention and control of norovirus infections in community settings	Yes	Draft guidance produced; will be finalised in 2012.
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Preparation of a toolbox for response to FWD outbreaks; expert review of the toolbox	Yes	Toolbox finalised
Health communication toolkit	Yes	The project continues in 2012 and is integrated with another project output: guidance on prevention of Norovirus infections in school settings

Activities	Implemented	Comments
Legionellosis		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Coordination of ELDSNet, daily surveillance of travel-associated cases of legionnaires' disease through TESSy, and annual data for all cases of legionnaires' disease collected and reported	Yes	
Enhanced travel-associated cluster investigations and support of community outbreaks investigations	Yes	Contract ends 31 January 2012
Strategy 2: To improve the scientific understanding of communicable disease determinants		
National reference laboratory capacity surveyed and reported back to ECDC by contracted laboratory	Yes, but delay in final report	Contract ends 31 January 2012
Development of technical support tools for outbreak investigation finalised	Yes	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
External quality assurance schemes for laboratories continue	Yes	Contract ends 31 January 2012
Cluster response monitoring through EPIS operational	Yes	
Laboratory contractor staff	Yes	Contract ends 31 January 2012
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
First training course on surveillance and outbreak prevention/control held	Yes	
A quarterly science watch bulletin, ad hoc advice, and reports produced by laboratory contractor	Yes	Contract ends 31 January 2012
Sexually transmitted infections, including HIV/AIDS and blood-borne viruses		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Monitoring and evaluation of EU and country responses to HIV/AIDS, including EU action plan, regionalisation and harmonisation indicators, and development of Dublin/UNGASS guidance	Yes/ongoing	Regionally harmonised monitoring and evaluation framework implemented
Strategy 2: To improve the scientific understanding of communicable disease determinants		
STI and HIV prevention in men who have sex with men	Yes/ongoing	Projects on MSM, PWID and migrants ongoing
Chlamydia prevention and control in Europe	Ongoing	Framework contract for three years; started December 2011. First specific contract still ongoing
HIV ARV monitoring, feasibility and EU added value	Ongoing	Report finalised in 2012
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Novel approaches to testing for STIs, HIV and hepatitis B and C in the EU	Ongoing	Contract started October 2011, ends in March 2012
Prevention and guidance, including HIV and hepatitis B/C prevention and control strategies, IDU/PWID guidance, HIV modelling, screening, cost-effectiveness, feasibility study, public health relevance	Ongoing	Published: guidance for HIV testing, *Chlamydia* control, and prevention of disease among PWID; guidance for MSM being prepared. HIV modelling project ongoing
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Coordinating surveillance of HIV/AIDS, including a pilot study on HIV incidence	Yes/ongoing	Surveillance report published; HIV incidence project ongoing
Coordinate surveillance of STI, including EPIS-STI, Euro-GASP, STI lab training and survey	Yes/ongoing	European gonococcal AMR surveillance programme is established; no activities with respect to HIV. Framework contract still ongoing
Enhanced surveillance of hepatitis B and C, including network meeting	Yes/ongoing	First data call issued December 2011. Network meeting held
Joint annual meeting of STI and HIV surveillance networks	Ongoing	Meeting postponed to 15–17 February 2012
Support to implement behavioural surveillance related to HIV and STI	Ongoing	Behavioural surveillance tool and toolkits developed (and published on ECDC website); Member States support ongoing
Implementation of technical framework for prevalence studies	Ongoing	Project ongoing

Activities	Implemented	Comments
Influenza		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Routine Influenza Surveillance - primary care and virological surveillance	Yes	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Scientifically determining risk groups for influenza immunisation	Postponed to 2012	This has been delayed because of loss of science FTEs working on influenza but it will be published Q1 2012 to allow for a decision on season 2012–13
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Establishing agreed and sustainable arrangements for ECDC working on influenza vaccines	Cancelled	Despite considerable efforts it has not proved possible to identify EU funding for continuing public health work on influenza vaccine effectiveness or safety work or even agreement as to which sources could or should be used. Because of general pressures on the budget, ECDC is not able to fund this work beyond the 2011–12 season
Understanding and improving risk communication, including updating the toolkit on how to communicate with public and healthcare workers to improve vaccination coverage	Delayed until 2012	The tool is now ready and discussions are held on its implementation
Monitoring influenza vaccine effectiveness	Yes	ECDC is not able to fund this work beyond the 2011–12 season
Further developing methods for early assessment of pandemic influenza and other emerging communicable disease threats and strengthening pandemic preparedness	Yes	
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Further develop and conduct training for those delivering immunisation programmes	Yes	
Developing a monitoring and support framework for seasonal influenza immunisation	Yes	
Developing the annual ECDC Influenza Spotlight and exploring the case for an annual European Influenza Immunisation Day	Yes	
Influenza liaison work	Yes	
Tuberculosis		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Optimise and strengthen TB surveillance, monitoring and data analysis in time and geography	To be terminated in 2012	The activities within the project for MDR-TB molecular surveillance has been prolonged and will be finalised in 2012 due to delays within the contract
Scientific support and piloting of social determinant interventions in TB control	Cancelled	The expenses linked to his activity were transferred to higher-priority projects within ECDC. Work within this area of TB control is ongoing within other activities of the TB programme
Evaluation of the epidemiological characteristics and the spread of TB in Europe	Yes	Annual surveillance activities (surveillance report and annual meeting) were all successfully achieved
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Coordination of European Reference Laboratory Network for Tuberculosis (ERLN-TB)	To be terminated in 2012	The activities of the ERLN-TB have been successful, and the specific agreement under the grant for network support will be achieved on 31 January 2012. The remaining projects under this activity were successfully completed
Tuberculosis technical support to countries	Yes	All projects and meetings accomplished within this activity, including the development of the European Standards for TB Care and the expert panel on management of contacts of MDR-TB cases
Support to the 'Action Plan to Fight Tuberculosis in the EU' and the 'Follow-up to the Framework Action Plan to Fight TB in the EU'	Yes	The International Childhood TB Meeting was successfully held in March 2011 and the monitoring framework, Follow-up to the Action Plan, was launched
Collaboration and coordination jointly between ECDC, the European Commission, individual countries, WHO and other stakeholders	Yes	All planned joint ECDC/WHO Regional Office fo Europe country visits were performed, including planned meetings with the European Commission, WHO/EURO and other partners
Liaison with partners and scientific initiatives	Yes	All planned meetings with partners were conducted

Activities	Implemented	Comments
Vaccine-preventable diseases		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Set-up and coordination of the European Invasive Pneumococcal Surveillance (IPD) network	Ongoing	A passive, laboratory-based surveillance system for pneumococcal invasive infections was set up. The launch of the active, hospital-based surveillance system was postponed to 2012
Coordination of the European Diphtheria Surveillance network, including coordination of outsourced laboratory activities	Yes	
Coordination of the Invasive Bacterial Surveillance Network, including coordination of outsourced laboratory activities	Yes	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Planning and coordinating activities under the VENICE II framework contract, aimed at improving vaccination coverage assessment in the EU	Yes	Rescheduled in 2011 because of unexpected lack of staff
Rotavirus vaccination impact study to assess the impact in 2011 season	Yes	A new standard for collecting vaccine coverage data at EU level was developed and piloted in few Member States
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Management, coordination and use of different evidence sources in the field of vaccine-preventable diseases, for providing scientific advice	Yes	Systematic literature reviews were outsourced in order to support the preparation of a guidance document on varicella vaccination in Europe. Further input from the ECDC Vaccination Advisory Group (EVAG) was provided
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Conduct training activities on epidemiological aspects of vaccination	Yes	A standard curriculum for developing a 'train the trainers' course was developed and a training workshop was organised to be carried out in the first quarter of 2012
Preparation and execution of the third ECDC Eurovaccine Conference	Yes	The target of reaching a professional audience of 1000 was achieved
Running a specific study under the VAESCO framework in order to assess the feasibility of the European vaccine safety data linkage	Yes	Specific studies to assess the link between pandemic vaccination and a rare neurological condition (narcolepsy) were conducted
Coordination of activities and monitoring transition plan for EUVAC.NET	Yes	EUVAC.NET was the last surveillance network to be transferred to ECDC
Liaison activities with relevant partners in the field of vaccine preventable diseases	Yes	
Develop a structured set of tools to support the Member States in the process of developing health communication activities within national public health programmes	Yes	Specific communication tools and guidance were provided to Member States in order to plan and conduct communication campaigns
Communicable disease surveillance		
Strategy 1: To establish EU-wide reporting standards and an integrated data collection network for surveillance, including all Member States and covering all communicable diseases, with the necessary detail and according to priority		
Provide training on prioritised new datasets: EUVACNET, ESAC, HAI-PPS, HAI-LT, online hepatitis B and C training	Yes	-
Annual meeting of National Surveillance Contact Points to take decisions on the strategy of surveillance for the following year and for implementing a long-term surveillance strategy	Yes	Held in December 2011
Collection of agreed common dataset for all diseases and enhanced dataset for specific diseases	Yes	-
Further development of TESSy functionality	Yes	Annual revision conducted
Continue to provide support of TESSy users in Member States	Ongoing	-
Strategy 2: To analyse trends of public health importance for the EU and its Member States regarding communicable diseases, in order to provide a rationale for public health action at the EU level and in Member States		
Continue to develop a more detailed analysis for the Annual Epidemiological Report (AER), for the zoonoses report, and for the disease-specific reports (see Target 1)	Yes	Revised set of charts and tables, including new trend analysis
Strategy 3: To ensure that the reports on trends of public health importance for EU and the Member States regarding communicable diseases are produced and disseminated to reach all stakeholders in an appropriate manner so that appropriate public health action is taken		
Further improvement of the online TESSy reports, and strengthen the TESSy data warehouse	Yes	Online query tool

Activities	Implemented	Comments
Strategy 4: To maintain a system of quality assurance for surveillance data that will improve data comparability between Member States		
Project for improving the comparability and quality of data in Member States	Ongoing	Activities planned for 2011 were completed
Scientific excellence and information		
Strategy 1: To function as a public health research catalyst		
Scientific liaison, including ESCAIDE conference	Yes	
Strategy 2: To promote, initiate and coordinate research for evidence-based public health and to identify future threats		
Climate change project	Yes	
European Environment and Epidemiology (E3) Network: linking environmental to epidemiologic data	Yes	
'Burden of communicable disease in Europe' (BCoDE) project	Yes	
Health determinants	Yes	
Strategy 3: To produce guidelines, risk assessments and scientific advice		
Answer to scientific questions, risks assessments and guidelines	Yes	
Evidence based methods – capacity building and training	Yes	
Strategy 4: To be a major repository for scientific advice on communicable diseases		
ECDC library	Yes	
Knowledge management	Yes	
Strategy 5: To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region		
Microbiology cooperation – liaison Member States–EC–WHO, capacity building for microbiology reference laboratories, knowledge base development, support to scientific coordination of public health microbiology training (EUPHEM)	Yes	Joint strategy developed with European Commission
Microbiology support – agree with Member States on the requirements for public health microbiology (reference) laboratories and preparedness capacity assessment	Yes	Project started on capacity assessment
Detection, assessment, investigation and response to emerging threats from communicable diseases		
Strategy 1: To develop an efficient integrated early warning system about emerging threats in Europe		
Maintenance of the EWRS communication platform	Yes	A new version was released in 2011
Review of the EPIS platform for urgent inquiries for food- and waterborne diseases	Partially completed	Requirements for the new version were determined. Development was initiated in January 2012
Development of EPIS platform for antimicrobial resistance and vaccine-preventable diseases	Yes	The new platform was launched on 15 February 2012
Development of Episouth EPIS platform	Yes	The platform is currently tested by the 28 member countries in Episouth
Deployment of the new release of the threat tracking tool	Yes	New feature for the production of the round table report and public posting of the CDTR
Epidemic intelligence activities	Ongoing	New duty system implemented in 2011 to better cover epidemic intelligence 24/7
Strategy 2: To develop mechanism for support/coordination of investigation/response to health threats		
Support to network of outbreak response laboratories	Yes	Contract extended
Review of the West Nile risk assessment tool	Ongoing	The risk assessment tool is currently under final evaluation at ECDC, following completion by the contractor
Strategy 3: To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness		
Feasibility study for a virtual stockpile of immunoglobulin or antitoxin which may be required during outbreaks	Yes	Presented to the February 2012 Advisory Forum
Support to network of travel medicine clinics	Yes	Project terminated in 2011
Update of the guidelines on management of diseases related to bioterrorism	Delayed	Delayed until 2012

Activities	Implemented	Comments
Strategy 4: Strengthening the Emergency Operation Centre		
Conduct an internal simulation exercise to test business continuity	Completed	The activation of the PHE plan during the STEC outbreak in Germany was used to test the PHE plan and business continuity. As a result, the business continuity plan and the revised PHE plans were validated by SMT
Maintenance of the emergency operation centre	Ongoing	New set of screen and enhancement of the video conference system implemented
Conduct four additional visits to Member States emergency operation centres in 2011 (mission budget in Title 1)	Postponed	Postponed to 2012
Training for the prevention and control of communicable diseases		
Strategy 1: To develop EU capacity on prevention and control of communicable diseases through training		
Continue EPIET cohort of 18 fellows	Yes	17 fellows accepted in the EPIET EU track cohort 2011. Due to unexpected higher costs of the fellowships (individual grants to fellows in countries with a high weighting factor), the budget was insufficient to allow 18 fellows
Continue EUPHEM cohort of two fellows, and expand it to four fellows in 2011	Yes	Four new EUPHEM fellows accepted in 2011 cohort, according to planning
Enrol 10 new Member States fellows in training activities	Yes	Seven fellows were included in this track. In addition, 12 fellows were included from Member States that were part of EPIET-associated programmes (EAP). EAP fellows are 100% funded by Member States and do not receive benefits out of the ECDC budget
Conduct a threat assessment module for Member States experts	Yes	27 experts trained: 19 experts from EU Member States and eight experts from EU candidate and potential candidate countries were trained
Strategy 2: To develop network of training programmes		
Workshop for training of trainers	Yes	Three day 'Induction workshop for new EPIET and EUPHEM supervisors' was organised at ECDC: 16 senior experts participated
Continue liaising with international stakeholders: WHO, TEPHINET (network of field epidemiology training programmes), ASPHER (Association of Schools of Public Health in Europe)	Yes	Two TEPHINET meetings, 1 ASPHER meeting
Strategy 3: To create a training centre function within ECDC		
Continuation of the development of the training manual (wiki)	Yes	FEMWIKI completed and fully operational
Briefing sessions in ECDC for Member States experts	Yes	181 Member States experts trained in ECDC courses hosted by various Member States
Health communication		
Strategy 1: To communicate to professional audiences		
Further developed integrated and targeted communication approach to all ECDC scientific/technical work	Yes	New communication framework developed to guide all ECDC external communication activities
Continued positioning of Eurosurveillance as the leading journal on infectious disease epidemiology, prevention and control in Europe	Yes	Continuing
High quality editing, layout, publication and dissemination of ECDC's scientific outputs	Yes	Continuing
Further development of the ECDC portal providing easy access to all ECDC information services for various audiences (strategies 6.1, 6.2 and 6.3)	Yes	Continuing
Further development of the ECDC intranet, offering easy access to ECDC knowledge services while being linked to an ECDC document management system	Yes	Continuing
Executive summaries for key publications provided in all 23 EU languages (plus Icelandic and Norwegian)	Yes	Continuing
Strategy 2: To communicate to the media and the European public		
Highly professional services provided to the media, in concert with other key public health actors in Europe	Yes	Continuing
ECDC's capacity and systems in the area of outbreak/emergency risk communication further strengthened	Yes	Continuing
Further development of ECDC's audiovisual offerings	Yes	Continuing
Further development of multilingual offerings to the greatest extent that available resources will allow	Partially	Problems with translation quality control being addressed by a network of translation checkers in the Member States

Activities	Implemented	Comments
Strategy 3: To support the Member States' health communication capacities		
Established a knowledge base on health communication through evidence surveys, and set up a health communication evidence network	Yes	Accomplished in liaison with AMR and communication experts in Member States
Communication activities in the Member States mapped	Yes	Curriculum for scientific writing course developed
Country support in the broad area of health communication further developed, in particular by development of training modules	Ongoing	Work carried out in partnership with a consortium of health communication researchers
Hard-to-reach populations: expert consultation and workshop together with EUPHA, ASPHER, IUHPE	Yes	
Developing intersectoral alliances and partnerships with civil society (vulnerable/hard-to-reach populations)	Ongoing	Work carried out in partnership with a consortium of health communication researchers
Partnerships		
Strategy 1: To develop programmes of ECDC cooperation and support on Communicable Diseases with each Member State		
Annual meeting with Competent Bodies	Yes	First meeting of ECDC Coordinating Competent Bodies and National Coordinators, nominated in 2011, held on 25 and 26 October 2011
Service contracts with Competent Bodies	Cancelled	Following guidance from the European Commission, this activity was cancelled and budget was reallocated to other activities
External experts, members in the ECDC country visits	Yes	
Technical developments of ECDC Contacts Management Database/CRM	Yes	Continuing
Visits by high-level delegations from Member States	Yes	This activity was merged with the annual meeting with Competent Bodies
Coordinating activities of country networks and funding of Epinorth	Yes	Continuing project: implementation of ECDC policy on work with third countries
Strategy 2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to communicable diseases prevention and control		
ECDC cooperation with EU candidate and potential candidate countries (IPA projects)	Yes	ECDC IPA project (2009/202-963) was successfully implemented by 30 November 2011. Continuing project: implementation of ECDC policy on work with third countries
ECDC cooperation with ENP countries	Yes	Continuing project: implementation of ECDC policy on work with third countries
Strategy 3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work		
Revision of ECDC external relation strategy	Yes	Continuing, in close collaboration with the European Commission/DG SANCO: implementation of ECDC policy on work with third countries
Leadership		
Strategy 1: To provide effective Governance		
Provision of high-quality support to the MB, AF and SMT	Yes	
Facilitation of good communication between ECDC and MB/AF	Yes	
Updated list of established communication channels with the Competent Bodies	Yes	Extranet collaborative workspace in place
Strategy 2: To provide high-quality overall management in ECDC's work and use of resources		
Development of a quality management system	Yes	CAF system in place as of October 2011
Further improvement of indicators and reporting	Yes	
Further development and improvement of the Management Information System (MIS)	Yes	Version 3.0 online
Development of an internal evaluation policy	Postponed to 2012	Delayed due to other priorities and the reorganisation. Will be set up in 2012
Establishment of an activity-based budget (ABB)	Yes	Pilot ABB and full integration of the ABB in the Work Programme 2012
Planning and monitoring activities (WP 2012, annual report 2010, monitoring 2011)	Yes	Completed. Documents adopted by the MB where applicable

Activities	Implemented	Comments
Administrative services		
Strategy 1: To plan, support and implement the intended growth for the staffing of the Centre, ensure an effective human resource administration, and actively foster the development of the organisation and its staff		
Implementation of the recruitment plan for 2010	Yes	
Further development of learning and development activities	Yes	
Integration of new staff	Yes	
Further development and implementation of HR policies and procedures	Yes	
Strategy 2: To ensure that the financial resources of the Centre are properly and well managed, and reported in a clear, comprehensive and transparent manner		
Ensure correct budget execution for 2010; accounts and assets well managed and reported in a clear and comprehensive manner	Yes	
Develop 2012 budget proposal	Yes	
Strategy 3: To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness		
Maintain, operate and administer the ICT network and communication infrastructure	Yes	The ECDC infrastructure has been maintained and several components were updated to ensure security and improved services. A new backup data centre has been commissioned in a peer EC agency in Cologne to increase the service contingency of the IT Services
Consolidate and operate the back office and provide the technical platforms for operational and administrative applications	Yes	Several applications were made available for the Member States as well as internally and/or enhanced by updates. Several new applications were released
Operate and administer the front office equipment and user support	Yes	The procedures for support have continuously been improved by best-practice industry standards
Produce reports for management, ICT budget management; maintain and develop policies and procedures; coordinate the networks of internal and external ICT contact points	Yes	Reports to ECDC management to support the effective management of IT costs and services
Supervise the ICT project office, to coordinate and support application developments		The information systems steering committee has been ensuring governance of IT projects in ECDC
Strategy 4: Strengthening the emergency operation centre		
Support the units in the preparation and running of meetings	Yes	
Make travel arrangements for ECDC staff/interviewees, and process travel claims	Yes	
Strategy 5: To effectively develop, maintain and manage the ECDC premises, equipment and logistic services		
Extend, manage and maintain the ECDC premises	Yes	
Provide logistics services to staff and maintain physical inventory	Yes	
Strategy 6: To provide legal advice and counselling		
Advice and counsel on legal, internal control and organisational issues	Yes	
Coordinate procurement and grant activities	Yes	
Further develop and maintain business continuity plan	Yes	
Operate the ECDC data protection function	Partially	For eight months, the post of senior legal advisor was vacant, thus the DPO function was not in place. Some data protection activities were carried out
Strategy 7: To ensure that internal control standards, recommendations by the Court of Auditors, or the internal audit services are established and implemented		
Support the development and assessment of the internal control system, including the internal control standards	Yes	
Ensure liaison with the internal audit service and the ECDC audit committee; ensure a proper follow-up of audit recommendations	Yes	

Annex 2: ECDC budget summary 2011

Title 1 – Staff

Title Chapter	Heading	Appropriations 2012	Appropriations 2011	Outturn 2010
1 1	Staff in active employment	28 655 000	26 480 000	23 199 219.30
1 3	Missions and travel	1 000 000	1 050 000	952 175.07
1 4	Socio-medical infrastructure	150 000	115 000	116 985.20
1 5	Exchanges of civil servants and experts	415 000	299 000	591 524.43
1 7	Representation expenses	25 000	29 000	24 300.00
1 8	Insurance against sickness, accidents and occupational disease, unemployment insurance and maintenance of pension rights	928 000	915 000	754 031.98
	Title 1 — Total	31 173 000	28 888 000	25 638 235.98

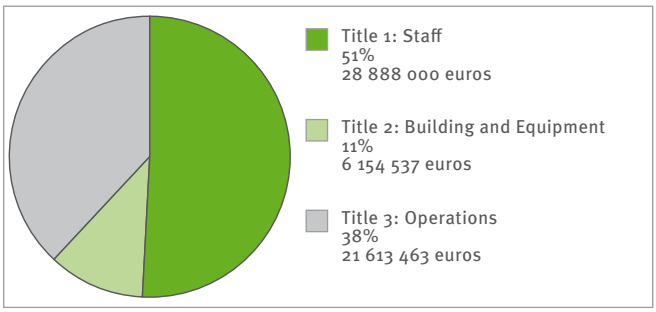
Title 2 – Buildings, equipment and miscellaneous operating expenditure

Title Chapter	Heading	Appropriations 2012	Appropriations 2011	Outturn 2010
2 0	Investments in immovable property, renting of buildings and associated costs	3 183 000	3 027 838	2 494 008.43
2 1	Data processing	1 935 000	2 044 037	2 571 772.71
2 2	Movable property and associated costs	238 000	102 662	282 764.90
2 3	Current administrative expenditure	269 000	235 000	178 057.61
2 4	Postage and telecommunications	293 000	285 000	253 340.26
2 5	Expenditure on meetings and management consulting	725 000	460 000	333 842.69
	Title 2 — Total	6 643 000	6 154 537	6 113 786.60

Title 3 – Operations

Title Chapter	Heading	Appropriations 2012	Appropriations 2011	Outturn 2010
3000	Networking, surveillance and data collection on Communicable diseases	3 035 075	2 978 973	4 702 555.06
3001	Preparedness, response and emerging health threats	210 000	165 054	1 316 080.39
3002	Scientific opinions and studies	4 232 400	4 937 631	4 283 088.63
3003	Technical assistance and training	4 045 075	3 742 419	3 585 590.29
3004	Publications and Communications	954 000	1 469 587	1 895 174.62
3005	ICT to support projects	4 882 000	5 511 041	4 600 263.95
3006	Build up and maintenance of the Crisis Centre	95 000	170 766	271 508.05
3007	Translations of scientific and technical reports and documents	190 000	251 142	678 914.00
3008	Meetings to implement the work programme	2 157 450	2 136 850	1 838 937.37
3009	Country operation and partnership	270 000	110 000	231 333.29
3010	Scientific Library and Knowledge services	190 000	140 000	259 935.31
	Title 3 — Total	20 261 000	21 613 463	23 663 380.96
	Grand Total	xx xxx xxx	xx xxx xxx	xx xxx xxx.xx

Figure 1. Budget expenditures 2011



Annex 3: ECDC staff summary 2011

Table 1. Number of temporary agents (TA), contract agents (CA) and seconded national experts (SNE) per unit (as of 31 December 2011)

	DIR	OCS	SRS	PHC	RMC	TOTAL STAFF
TA	13	20	65	41	38	177
CA	6	11	10	24	37	88
SNE	1	0	3	1	0	5
TOTAL	**20**	**31**	**78**	**66**	**75**	**270**

Figure 1. Total number of staff 2007–2011

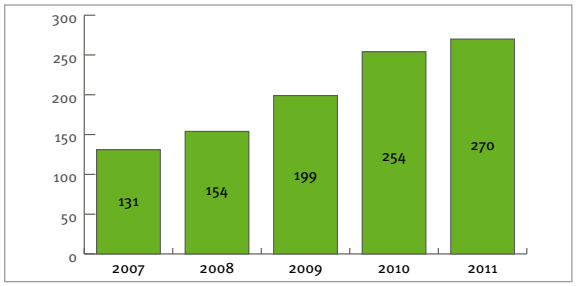
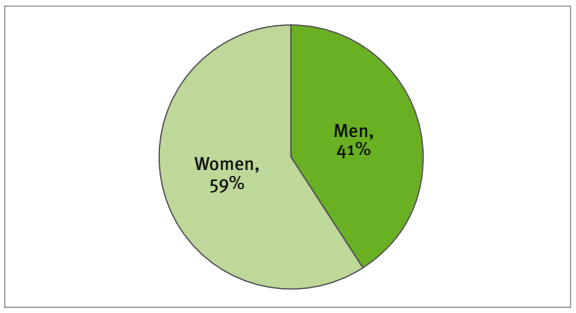


Figure 8. Gender balance of staff, 2011



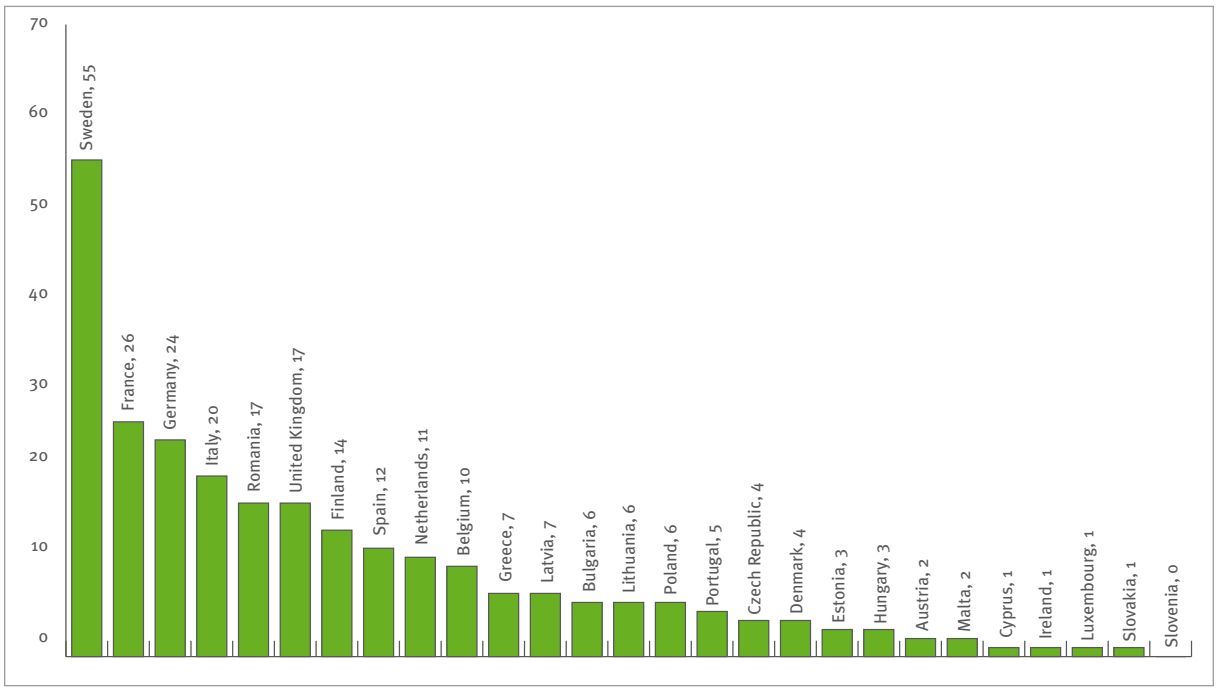
The overall gender balance in the Centre is 59% women and 41% men. The gender balance within the different contract types is for temporary agents 53% women and 47% men. For contracts agents, the balance is 70% women and 30% men. Comparing the different categories of temporary agents, the AD posts have 43% women and 57% men, while in the AST category 71% are women and 29% are men. The centre's staff of grade AD8 and over is of 39% women and 61% men.

Table 2. **Geographic balance in 2011**

Countries	ECDC staff		EU population		Ratio[13]
	Nb	%	Nb	%	
Austria	2	0.8	8 375 290	1.7	0.5
Belgium	10	3.8	10 839 905	2.1	1.7
Bulgaria	6	2.3	7 563 710	1.5	1.5
Cyprus	1	0.4	803 147	0.2	2.4
Czech Republic	4	1.5	10 506 813	2.1	0.7
Denmark	4	1.5	5 534 738	1.1	1.4
Estonia	3	1.1	1 340 127	0.3	4.2
Finland	14	5.3	5 351 427	1.1	4.9
France	26	9.8	64 714 074	12.8	0.8
Germany	24	9.1	81 802 257	16.2	0.6
Greece	7	2.6	11 305 118	2.2	1.2
Hungary	3	1.1	10 014 324	2.0	0.6
Ireland	1	0.4	4 467 854	0.9	0.4
Italy	20	7.5	60 340 328	11.9	0.6
Latvia	7	2.6	2 248 374	0.4	5.9
Lithuania	6	2.3	3 329 039	0.7	3.4
Luxembourg	1	0.4	502 066	0.1	3.8
Malta	2	0.8	412 970	0.1	9.2
Netherlands	11	4.2	16 574 989	3.3	1.3
Poland	6	2.3	38 167 329	7.5	0.3
Portugal	5	1.9	10 637 713	2.1	0.9
Romania	17	6.4	21 462 186	4.2	1.5
Slovakia	1	0.4	5 424 925	1.1	0.3
Slovenia	0	0.0	2 046 976	0.4	0.0
Spain	12	4.5	45 989 016	9.1	0.5
Sweden	55	20.8	9 340 682	1.8	11.1
United Kingdom	17	6.4	62 008 048	12.3	0.5
European Union (27 countries)	265		501 103 425		
Norway	x	x	4 858 199	x	x
Total EU + Norway	**x**	**100.0**	**505 961 624**	**100.0**	**x**

Number of statutory staff (TA and CA) as of 31 December 2011: ECDC employed staff from 26 Member States.

Table 3. **Balance per country in 2011**



13 Ratio = European average/(country population/staff per country); where European average = total EU population/total ECDC staff

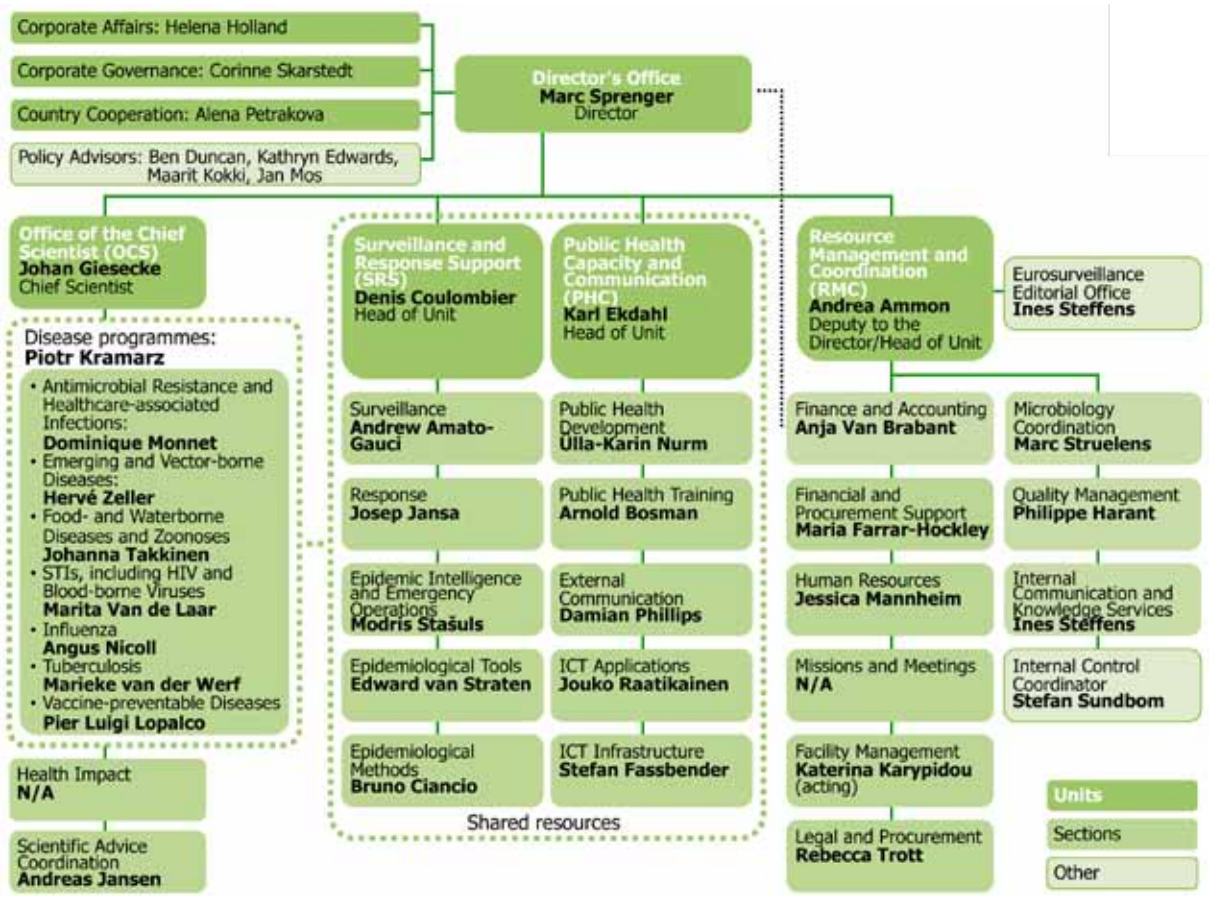
Annex 4: Organisational structure

On 1 April 2011, ECDC implemented important changes to the way in which the Centre is structured. The new organisation of ECDC has two key objectives, namely:

- to enhance ECDC's focus on excellence; and
- to ensure the necessary cohesion and flexibility of ECDC as an organisation in order to maximise output from available resources.

ECDC's matrix organisation is now composed of four units and seven horizontal Disease Programmes (DPs). The Centre is lead by the Director and the Director's office.

Figure 1. ECDC organisational chart



The major innovations of the new structure are:

- The appointment of a Deputy to the Director who will focus on internal management and coordination issues.
- The creation of three new high-profile teams attached to the Deputy to the Director:
  - Microbiology Coordination;
  - Quality Management; and
  - Internal Communication and Knowledge Services.
- The original Disease-Specific Programmes were renamed Disease Programmes (DPs) and the programme for Respiratory Tract Infections was split into one programme for influenza and one for tuberculosis.
- The creation of the Office of the Chief Scientist and the transfer of the Heads of Disease Programmes (HDP) and their programme officers to this Office.
- Support to the DPs is provided by two shared-resources units (Surveillance and Response Support Unit and Public Health Capacity and Communication Unit), as agreed in the annual work plans. The majority of expert staff is now placed in these two units.

The new organisation will help ECDC to:

- work more strategically, since ECDC wants to pay greater attention to the needs of its stakeholders;
- increase the focus on quality, planning and project management;
- increase the focus on public health microbiology;
- consider early warning, surveillance and response support as inter-related activities;
- provide output which complements rather than duplicates the work of national public health institutes;
- become a genuine matrix organisation, with the disciplines organised in units (vertical) and the disease-specific work in projects (horizontal);
- enhance the disease-specific work by focusing budget management support into one section, thereby making savings in time and facilitating the development of the disease programmes;
- focus more on ICT in general, given its complexity and the fact that a substantial budget is required to run ICT operations; and
- increase the focus on internal communication.

The main changes, made to enhance cohesion, responsiveness and excellence and better reflect the mission of the Centre, are:

- to largely centralise the scientific work into two units instead of three;
- to support the development of the disease programmes by bringing decision-making closer to the Chief Scientist;
- to bring ICT closer to the operational work by placing it in one of the two operational (shared resources) units; and
- to improve internal coordination across the Centre by placing new, horizontal, high-level functions under the Deputy to the Director.

The new structure also allows greater efficiency in terms of the timely mobilisation of resources to respond to urgent needs during public health events. The technical expertise is now located in the shared resources units rather than being spread across several different units. This enables operations to be escalated more efficiently in response to a public health emergency crisis, while at the same time ensuring business continuity.

Annex 5: ECDC publications in 2011

Technical reports

January

- Forward Look Risk Assessment: Seasonal influenza 2010–2011 in Europe

March

- External quality assurance scheme for Neisseria meningitidis 2009
- External quality assurance scheme for *Haemophilus influenzae* 2009

April

- External quality assurance scheme for *Streptococcus pneumoniae* 2010
- Risk assessment: Situation in northern Africa/Libyan Arab Jamahiriya and the influx of migrants to Europe

May

- Rapid risk assessment: Outbreak of Shiga-toxin-producing *E. coli* (STEC) in Germany
- Rapid risk assessment: Shiga-toxin/verotoxin-producing *Escherichia coli* in humans, food and animals in the EU/EEA, with special reference to the German outbreak strain STEC O104

June

- Rapid risk assessment update: Outbreak of Shiga-toxin-producing E. coli (STEC) in Germany
- Current and future burden of communicable diseases in the European Union and EEA/EFTA countries – methodology protocol
- Review of guidelines for prevention of Creutzfeldt-Jakob disease transmission in medical settings in EU Member States and Norway
- ECDC and EFSA joint rapid risk assessment: Cluster of haemolytic uremic syndrome (HUS) in Bordeaux, France

July

- Questions on variant Creutzfeldt-Jakob disease and blood transfusion
- Second external quality assurance scheme for *Salmonella* typing
- Rapid risk assessment update: Outbreak of Shiga-toxin-producing E. coli (STEC) O104:H4 2011 in the EU, 8 July 2011
- Rapid risk assessment: Risk of travel-associated cholera from the Dominican Republic

August

- Migrant health series: Improving HIV data comparability in migrant populations and ethnic minorities in EU/EEA/EFTA countries: findings from a literature review and expert panel
- Migrant health series: HIV testing and counselling in migrant populations and ethnic minorities in EU/EEA/EFTA Member States
- External quality assurance scheme for diphtheria diagnostics 2010
- Risk assessment: Autochthonous *Plasmodium vivax* malaria in Greece

September

- Rapid risk assessment: Potential resurgence of highly pathogenic H5N1 avian influenza
- Rapid risk assessment: Outbreak of legionnaires' disease in Lazise, Italy, July–August 2011
- Rapid risk assessment: Oseltamivir-resistant influenza A(H1N1)2009 cluster in Australia
- Evidence-based methodologies for public health
- Risk assessment on the spread of carbapenemase-producing enterobacteriaceae (CPE) through patient transfer between healthcare facilities, with special emphasis on cross-border transfer
- Rapid risk assessment: A(H5N1) highly pathogenic avian influenza in Egypt – Implications for human health in Europe
- Rapid risk assessment: Review of the epidemiological situation of West Nile virus infection in the European Union

October

- Literature review on health information-seeking behaviour on the web: a health consumer and health professional perspective
- Rapid risk assessment update: Autochthonous Plasmodium vivax malaria in Greece
- A literature review of trust and reputation management in communicable disease public health

November

- Updated ECDC risk assessment on the spread of New Delhi metallo-β-lactamase (NDM) and its variants within Europe
- Swine-origin triple-reassortant influenza A(H3N2) viruses in North America

- ECDC/EMCDDA report: Evidence for the effectiveness of interventions to prevent infections among people who inject drugs. Part 1
- ECDC/EMCDDA report: Evidence for the effectiveness of interventions to prevent infections among people who inject drugs. Part 2

December

- Rapid risk assessment update: Swine-origin triple reassortant influenza A(H3N2) viruses in North America
- Risk assessment on xenotropic murine leukemia virus-related virus (XMRV) and its implications for blood donation
- Rapid risk assessment: New orthobunyavirus isolated from infected cattle and small livestock – potential implications for human health

ECDC Guidance

March

- Use of interferon-gamma release assays in support of TB diagnosis

October

- Joint ECDC/EMCDDA Guidance: Prevention and control of infectious diseases among people who inject drugs [also available 'in brief']

Surveillance reports

January

- Gonococcal antimicrobial susceptibility surveillance in Europe 2009

March

- Tuberculosis surveillance in Europe 2009

May

- Sexually transmitted infections in Europe 1990–2009

July

- Surveillance of invasive bacterial diseases in Europe 2008/2009

September

- Legionnaires' disease in Europe 2009

November

- Annual epidemiological report 2011 – Reporting on 2009 surveillance data and 2010 epidemic intelligence data
- Antimicrobial resistance surveillance in Europe 2010. Annual report of the European Antimicrobial Resistance Surveillance Network (EARS-Net)
- HIV/AIDS surveillance in Europe 2010

December

- Influenza surveillance in Europe 2010–2011

Meeting reports

January

- Annual meeting of the European Influenza Surveillance Network
- Second annual meeting of the invasive bacterial diseases surveillance network in Europe

February

- Annual meeting of the European Legionnaires' Disease Surveillance Network 2010
- Consultation on mosquito-borne disease transmission risk in Europe
- Expert consultation on tick-borne diseases with emphasis on Lyme borreliosis and tick-borne encephalitis

March

- Third annual meeting of the European Food- and Waterborne Diseases and Zoonoses Network

June

- Expert consultation on West Nile virus infection 2011
- European STI and HIV/AIDS Surveillance Networks 2010

August

- Laboratory networks and biosafety communities. How to make biosafety pan-European?
- First annual meeting of the European Diphtheria Surveillance Network
- Understanding the behavioural aspects and the role of health communication in mitigating the impact of seasonal influenza

Mission reports

April

- West Nile virus infection outbreak in humans in Romania

May

- ECDC/WHO joint mission report: Increased influx of migrants at the Greek-Turkish border

Technical documents

May

- Mastering the basics of TB control – Development of a handbook on TB diagnostic methods

August

- Operational guidance on rapid risk assessment methodology

September

- Laboratory standard operating procedure for MLVA of Salmonella enterica serotype Typhimurium

Corporate publications

May

- ECDC: Excellence in prevention and control of infectious diseases

April

- Summary of key publications 2010

June

- Annual Report of the Director 2010

November

- Review of ECDC's response to the influenza pandemic 2009–2010

Periodical publications

- Weekly influenza surveillance overview (41 issues in 2011)
- Influenza virus characterisation, summary Europe (six issues in 2011)
- European monthly measles monitoring (seven issues in 2011)

Annex 6: Members of the ECDC Management Board

Members and Alternates		
Austria	Professor Dr Hubert Hrabcik (Chair)	Member
	Dr Reinhild Strauss	Alternate
Belgium	Dr Daniel Reynders	Member
	Mr Chris Vander Auwera	Alternate
Bulgaria	Dr Angel Kunchev[14]	Member
	Ms Katya Ivkova[15]	Alternate
Cyprus	Mr Costas Stiggas[16]	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jozef Dlhý[17]	Alternate
Denmark	Dr Else Smith	Member
Estonia	Dr Tiiu Aro	Member
	Mr Martin Kadai	Alternate
Finland	Dr Kristiina Mukala[18]	Member
	Dr Anni Virolainen-Julkunen[19]	Alternate
France	Dr Françoise Weber	Member
	Ms Anne Catherine Viso	Alternate
Germany	Mr Franz J. Bindert	Member
	Professor Dr Michael Kramer	Alternate
Greece	Nomination awaited	Member
	Mr Athanasios Skoutelis	Alternate
Hungary	Dr Hanna Páva	Member
	Dr Márta Melles	Alternate
Ireland	Dr Tony Holohan	Member
	Ms Dora Hennessy[20]	Alternate
Italy	Dr Fabrizio Oleari	Member
	Dr Maria Grazia Pompa	Alternate
Latvia	Dr Dace Viluma	Member
	Ms Gunta Grīsle	Alternate
Lithuania	Dr Audrius Ščeponavičius	Member
	Professor Saulius Čaplinskas	Alternate
Luxembourg	Dr Pierrette Huberty-Krau	Member
	Dr Pierre Weicherding	Alternate
Malta	Mr Mario Fava	Member
	Nomination awaited[21]	Alternate
Netherlands	Professor Marianne Donker[22]	Member
	Dr Philip van Dalen	Alternate
Poland	Dr Pawel Gorynski	Member
	Dr Pawel Grzesiowski	Alternate
Portugal	Dr Maria da Graça Gregorio de Freitas	Member
	Nomination awaited	Alternate
Romania	Professor Alexandru Rafila	Member
	Dr Adriana Pistol	Alternate
Slovak Republic	Dr Ján Mikas[23]	Member
	Dr Gabriel Šimko[24]	Alternate

14 Appointed member to replace Dr Snejana Altankova as of April 2011

15 Appointed alternate to replace Mr Krassimir Hristov as of September 2011. Mr Krassimir Hristov replaced Professor Mira Kojouharova as of April 2011.

16 Appointed member to replace Dr Chrystalla Hadjianastassiou as of May 2011

17 Appointed alternate to replace Dr Jan Kynčl as of August 2011

18 Appointed member to replace Merja Saarinen as of January 2011

19 Appointed alternate to replace Kristiina Mukala as of January 2011

20 Appointed alternate to replace Mr Luke Mulligan as of May 2011

21 Nomination pending (to replace Mr Renzo Pace Asciak)

22 Appointed member to replace Dr Dirk Ruwaard as of May 2011

23 Appointed member to replace Dr Margareta Sláčiková as of February 2011

24 Appointed alternate to replace Dr Ján Mikas as of February 2011

Members and Alternates		
Slovenia	Dr Mojca Gobec	Member
	Dr Marija Seljak	Alternate
Spain	Dr Carmen Amela Heras[25]	Member
	Dr Karoline Fernández de la Hoz Zeitler	Alternate
Sweden	Ms Iréne Nilsson-Carlsson	Member
	Ms Anita Janelm	Alternate
United Kingdom	Ms Helen Shirley-Quirk[26]	Member
	Dr Ailsa Wight	Alternate
European Parliament	Professor Minerva-Melpomeni Malliori	Member
	Professor Dr Jacques Scheres (Deputy Chair)	Member
	Mr Ronald Haigh	Alternate
European Commission	Mr Martin Seychell[27]	Member
	Mr John F. Ryan	Member
	Ms Isabel de la Mata	Alternate
	Mr Dominik Schnichels[28]	Alternate
	Ms Line Matthiessen-Guyader[29]	Member
	Dr Anna Lönnroth Sjödén	Alternate
Observers		
EEA/EFTA		
Iceland	Dr Sveinn Magnússon	Member
	Nomination awaited[30]	Alternate
Liechtenstein	Dr Sabine Erne	Member
Norway	Mr Jon-Olav Aspås	Member
	Mr Jan Berg	Alternate

25 Appointed member to replace Dr Ildefonso Hernández Aguado as of March 2011

26 Appointed interim member to replace Ms Clara Swinson as of January 2011

27 Appointed member to replace Dr Andrzej Jan Ryś as of May 2011

28 Appointed alternate to replace Mr Antti Maunu as of October 2011

29 Appointed member as of January 2011

30 Nomination pending (to replace Mr Helgi Már Arthursson as of May 2011)

Annex 7: Members of the ECDC Advisory Forum

Members and Alternates		
Austria	Professor Dr Petra Apfalter[31]	Member
	Professor Dr Franz Allerberger	Alternate
Belgium	Professor Dr Herman Van Oyen	Member
	Dr Sophie Quoilin	Alternate
Bulgaria	Professor Mira Kojouharova[32]	Member
	Dr Radosveta Filipova	Alternate
Cyprus	Dr Chrystalla Hadjianastassiou[33]	Member
	Dr Ioanna Gregoriou[34]	Alternate
Czech Republic	Dr Jan Kynčl[35]	Member
	Dr Kateřina Fabiánová[36]	Alternate
Denmark	Dr Kåre Mølbak	Member
	Nomination awaited[37]	Alternate
Estonia	Dr Kuulo Kutsar	Member
	Dr Natalia Kerbo	Alternate
Finland	Professor Petri Ruutu	Member
	Dr Outi Lyytikäinen	Alternate
France	Dr Jean-Claude Desenclos	Member
	Professor François Dabis	Alternate
Germany	Dr Gérard Krause	Member
	Dr Andreas Gilsdorf	Alternate
Greece	Professor Jenny Kremastinou[38]	Member
	Dr Sotirios Tsiodras	Alternate
Hungary	Dr Ágnes Csohán	Member
	Dr István Szolnoki	Alternate
Ireland	Dr Darina O'Flanagan	Member
	Dr Derval Igoe	Alternate
Italy	Dr Silvia Declich	Member
	Dr Giuseppe Ippolito	Alternate
Latvia	Dr Jurijs Perevoscikovs	Member
	Dr Irina Lucenko	Alternate
Lithuania	Dr Loreta Ašoklienė	Member
	Dr Rolanda Valinteliene	Alternate
Luxembourg	Dr Robert Hemmer	Member
	Dr Danielle Hansen-Koenig	Alternate
Malta	Dr Charmaine Gauci	Member
	Dr Tanya Melillo Fenech	Alternate
Netherlands	Professor Dr Roel Coutinho	Member
	Dr Marianne van der Sande	Alternate
Poland	Professor Andrzej Zielinski	Member
	Dr Malgorzata Sadkowska-Todys	Alternate
Portugal	Professor José Calheiros[39]	Member
	Dr Ana Maria Correia	Alternate

31 Appointed member to replace Professor Dr Manfred P. Dierich as of April 2011

32 Appointed member to replace Dr Angel Kunchev as of April 2011

33 Appointed member to replace Dr Olga Kalakouta-Poyiadji as of May 2011

34 Appointed alternate to replace Dr Despo Pieridou-Bagatzouni as of May 2011

35 Appointed member to replace Dr Jozef Dlhý as of August 2011

36 Appointed alternate to replace Dr Pavel Slezák as of August 2011

37 Nomination pending (to replace Steffen Glismann as of September 2011)

38 Appointed member to replace Professor George Saroglou as of April 2011

39 Appointed member to replace Dr Maria Teresa d'Avillez Paixão as of December 2011

Members and Alternates		
Romania	Dr Florin Popovici	Member
	Dr Amalia Canton	Alternate
Slovak Republic	Dr Mária Avdičová	Member
	Professor Henrieta Hudečková	Alternate
Slovenia	Dr Irena Klavs	Member
	Dr Marta Grgič-Vitek	Alternate
Spain	Dr Josep María Jansà[40]	Member
	Dr Rosa Cano-Portero	Alternate
Sweden	Dr Johan Carlson	Member
	Dr Anders Tegnell	Alternate
United Kingdom	Professor Mike Catchpole	Member
	Professor John Watson	Alternate
Observers		
EEA/EFTA		
Iceland	Dr Haraldur Briem	Member
	Dr Gudrun Sigmundsdottir	Alternate
Liechtenstein	Dr Sabine Erne	Member
Norway	Dr Preben Aavitsland	Member
	Dr Hanne Nøkleby	Alternate
EU candidate countries		
Croatia	Professor Ira Gjenero-Margan[41]	Member
Montenegro	Dr Zoran Vratnica[42]	Member
FYROM	Ass. Professor Vladimir Kendrovski[43]	Member
Turkey	Dr Elif Bor Ekmekçi[44]	Member
Non-governmental Organisations		
Standing Committee of European Doctors	Professor Dr Reinhard Marre	Member
Pharmaceutical Group of European Union	Professor José Antonio Aranda da Silva	Alternate
European Public Health Association	Dr Ruth Gelletlie	Member
European Society of Clinical Microbiology and Infectious Diseases	Professor Elisabeth Nagy	Alternate
European Patients' Forum	Ms Jana Petrenko	Member
European Federation of Allergy and Airways Disease Patient's Association	Professor Anna Doboszyñska	Alternate

40 Appointed member as of April 2011

41 Appointed observer as of October 2011

42 Appointed observer as of October 2011

43 Appointed observer as of October 2011

44 Appointed observer as of October 2011

Annex 8: List of Coordinating Competent Bodies

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States. A new process was introduced in 2011, with the nomination of one national Coordinating Competent Body (CCB) in every Member State.

Austria
Federal Ministry of Health
Directorate General Public Health and Medical
Radetzkystrasse 2
1031 Wien
http://www.bmg.gv.at/
+43 1 71100-4300 Affairs

Belgium
Scientific Institute of Public Health
Juliette Wytsmanstreet 14
1050 Brussels
http://www.wiv-isp.be
+32 2 642 5111

Bulgaria
National Center of Infectious and Parasitic Diseases
26, Yanko Sakazov Blvd.
1504 Sofia
http://www.ncipd.org
+359 2 944 69 99

Cyprus
Ministry of Health
Directorate Medical and Public Health Services
Unit for Surveillance and Control of Communicable Diseases
Medical and Public Health Services
1, Prodromou str
1448 Nicosia
http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en
+ 357 22605 650 or -654

Czech Republic
National Institute of Public Health
Šrobárova 48
100 42 Praha 10
http://www.szu.cz
+420267081111

Denmark
National Board of Health
Islands Brygge 67
2300 Copenhagen S
http://www.sst.dk

Estonia
Health Board
Paldiski Road 81
10617 Tallinn
http://www.terviseamet.ee
+372 6943500

Finland
National Institute for Health and Welfare
P.O. Box 30
00271 Helsinki
http://www.thl.fi
+358 20 610 6000

France
National Institute for Public Health Surveillance
12 rue du Val d'Osne
94410 Saint-Maurice cedex
http://www.invs.sante.fr
+33 1 41 79 67 00

Germany
Robert Koch Institute
DGZ-Ring 1
13086 Berlin
http://www.rki.de
+49 30 18754-0

Greece
Hellenic Center for Disease Control and Prevention
3-5 Agrafon St.
15123 Athens
http://www.keelpno.gr/en/
+30 2105212000, 2108899000

Hungary
National Centre for Epidemiology
Gyáli street 2-6
1097 Budapest
http://www.oek.hu
+36 1 476 1194

Iceland
Centre for Health Security and Infectious Disease Control
Directorate of Health
Austurströnd 5
170 Seltjarnarnes
http://www.landlaeknir.is

Ireland
Health Protection Surveillance Centre (HPSC)
25-27 Middle Gardiner Street
1 Dublin
http://www.ndsc.ie
+353 1 8765300

Italy
Ministry of Health
Health Prevention and Communication
Communicable Diseases Unit; National Centre for Disease Control
Viale Giorgio Ribotta, 5
00144 Rome
http://www.salute.gov.it/index.jsp
+39 06 59941

Latvia
State Agency 'Infectology Center of Latvia'
Linezera str. 3
1006 Riga
http://www.infectology.lv
+371 67014500

Liechtenstein
Liechtensteinische Landesverwaltung
Office of Public Health
Aeulestrasse 51, Postfach 684
9490 Vaduz
http://www.llv.li
+423 236 73 34

Lithuania
Ministry of Health
Public health department
Didzioji str. 7
LT-01128 Vilnius
http://www.essc.sam.lt
+370 5 261 98 88

Luxembourg
Ministry of Health
Health Directorate
Villa Louvigny-Allée Marconi
2120 Luxembourg
http://www.ms.public.lu/fr/
+352 247 85605

Malta
Ministry for Health, the Elderly & Community Care
Superintendence of Public Health
SLH-OPD Level 1
St Luke's Square
G'Mangia
https://ehealth.gov.mt/healthportal/default.aspx
+356 2595 3300

Netherlands
National Institute for Public Health and the Environment
Centre for Infectious Disease Control
PO Box 1
3720 BA Bilthoven
http://www.rivm.nl/en/
+31 302749111

Norway
Norwegian Institute of Public Health
Division of Infectious Disease Control
PO BOX 4404 Nydalen
0403 Oslo
http://www.fhi.no
+47 21077000

Poland
Chief Sanitary Inspectorate
65 Targowa street
03-729 Warsaw
www.gis.gov.pl
+48 22 6354581

Portugal
Ministry of Health
Directorate General of Health
Disease Prevention and Control
Alameda D. Afonso Henriques, 45
1049-005 Lisboa
www.dgs.pt
+351 218430500

Romania
National Centre for Communicable Disease Surveillance
National Institute of Public Health
Str. Dr. A. Leonte Nr. 1-3, sector 5
050463 Bucuresti
http://www.cpcbt.ispb.ro
+40 21 317 9702

Slovak Republic
Public Health Authority of Slovak Republic
Trnavská cesta 52
826 45 Bratislava
http://www.uvzsr.sk
+421 2 49 284 111

Slovenia
National Institute of Public Health
Centre for Communicable diseases
Trubarjeva, 2
1000 Ljubljana
http://www.ivz.si
+38615205792

Spain
Ministry of Health, Social Services and Equality
General Directorate of Public Health, Quality and Innovation
Paseo del Prado 18-20, 7 planta
28071 Madrid
http://www.mspsi.es
+34 91 596 2062/63

Sweden
Swedish Institute for Infectious Disease Control
Nobels vag 18
171 82 Solna
http://www.smittskyddsinstitutet.se
+46 8 457 23 00

United Kingdom
Health Protection Agency
National Infectious Diseases Surveillance Centre
7th Floor, Holborn Gate, 330 High Holborn
WC1V 7PP London
http://www.hpa.org.uk
020 7759 2700 or -2701

Annex 9: Negotiated procedures launched in 2011 with a value above EUR 60 000

According to its Financial Regulation, ECDC must publish the list of negotiated procedures which have been exceptionally used for contracts with a value above EUR 60 000.

Contract authorities may use the negotiated procedure without prior publication of a contract notice, whatever the estimated value of the contract, in the cases mentioned in Article 126(1) (a) to (g) of the Commission Implementing Rules of the Financial Regulation.

In 2011, the negotiated procedures based on this article were as follows:

Number	Title of contract	Contractor	Amount (EUR)	Motivation
ECD.2691	Drafting and consensus building on EU standards for TB care	European Respiratory Society	75 000	The contractor was the only operator to reach out to over 20 000 delegates (respiratory clinicians) through its media and an annual conference

Annex 10: Management and internal control systems

1. Inherent nature and characteristics of ECDC's risk and control environment

Scientific Advice

One of the main objectives of ECDC is to deliver scientific advice to the Member States, the European Commission and the European Parliament. The main risks here lie in that the advice delivered is seen by stakeholders as irrelevant, or that the scientific independence is being questioned. ECDC has therefore put in place an internal procedure for the delivery of scientific advice. Scientific independence is guaranteed by a strict system for selection of external experts to avoid any conflicts of interest. The relevance of the scientific advice is assessed by frequent consultations with the Advisory Forum and other stakeholders, as well as through a formal procedure to assess impact. These consultations also make sure that ECDC's work does not overlap with the work in the Member States, and that the advice delivered by ECDC does not conflict with nationally produced advice on the same issue.

Surveillance

The main objective of the surveillance activity is to integrate data collection systems and to establish European standard case reporting. The surveillance data are analyzed to monitor trends and provide decision makers with timely and reliable data as basis for public health decisions. These activities involve risks such as receiving data which is not the official data, that the data is not correctly analyzed or wrongly interpreted, and that the data is not received in time. This is addressed by accepting data only from authorised persons (nominated by a Competent Body), by validating the data before it is accepted in TESSy and by asking the submitters of data to validate it before it is published, and by carefully planning the data calls long in advance, with clear deadlines, and by closely following-up the data submissions and ensuring reminders are sent.

Preparedness and response

The main objectives for preparedness and response are to detect emerging threats, assess them, and support the Member States when responding to these threats. ECDC is also supporting the European Commission by operating the EWRS. Risks associated with these functions include the following: Risk of not detecting a threat; Risk of not assessing a threat correctly; Risk of not providing Member States with the support required; Risk of interruption of EWRS service to the European Commission and Member States. Therefore, the Unit has developed a thorough methodology to monitor and assess threats, and implemented a clearance process for assessments through the Head of Unit and the ECDC Chief Scientist. Standard operating procedures were developed and corresponding tools implemented. Finally, a high level of redundancy was implemented in the EWRS operations to assure the continuity of service.

Health Communication

Another important ECDC objective is to communicate the scientific content to public health professionals, policy makers, general public and other stakeholders across Europe, including risk communication. In this area there are three main risks; that ECDC communicates incorrect or misleading information, that the risk communication activities are not properly coordinated with those of the European Commission or the Member States, and that ECDC communication activities are seen not to be in line with the mandate of ECDC. In order to address these risks ECDC has clear internal procedures for clearance of items to be communicated, including ensuring that the information is factual and correct. ECDC also works within and supports the Risk Communicators' Network under the European Commission's Health Security Committee and has a system in place to provide prior information to the European Commission and the Member States on major communication outputs. Finally, ECDC has developed a Health Communication Strategy that in detail outlines the ECDC communication work, which was adopted by the Management Board in November 2009. A communication framework, operationalising the strategy, has been developed which will further mitigate the reputational risks.

External relations

An important task for ECDC is to ensure a good cooperation and coordination with the EU, the Member States, third countries, international partners, and other relevant stakeholders. ECDC is part of the wider EU public health system, composed in particular of the EU Institutions and Member States. In order to have a positive impact within this system, ECDC must interact efficiently and effectively with these key partners. Further, ECDC's legitimacy and its 'licence to operate' depends on the Centre being valued by the EU Institutions and Member States. If ECDC fails to maintain effective dialogue and strong relations with these key partners then ECDC risks losing impact, and ultimately losing its 'licence to operate'. There is a reputational risk dependant on how ECDC and its collaboration with external partners is perceived. There is a risk that the cooperation creates more burden than it adds value, and that ECDC acts in an imbalanced way between countries. ECDC risks choosing the wrong partners for the collaboration regarding our mandate, outputs and resources. To mitigate these risks ECDC has an internal procedure in place on country visits and a strategy for external relations, which has been

endorsed by the Management Board. Since November 2010 ECDC has also a policy for collaboration with 'third' countries. In 2011 ECDC introduced a new way of official relations with the EU Member States and EEA/EFTA countries through one national Coordinating Competent Body with the National Coordinator and with the EU enlargement countries through the National Correspondent.

Resource Management

The main objective of Resource Management is to provide ECDC with the necessary expertise and support for the efficient functioning of the Centre in order to facilitate the successful achievement of the objectives of its operational units and the implementation of the Centre's mandate. The main risks lie in failing to deliver correct and/or timely support in its fields of expertise which include human and financial resources, ICT infrastructure and services, mission and meetings, buildings and logistics, legal advice and internal control coordination. ECDC has therefore introduced a number of procedures and reporting requirements to make sure the support provided is correct and timely, e.g. a detailed yearly recruitment plan monitored by monthly reporting to the SMT, procedures and monthly reporting for commitments and payments, and a Committee for procurement, Contracts and Grants (see also description of Internal Control System below).

In 2011, ECDC was still growing, the staff (TAs, CAs and SNEs) increased from 254 to 270 persons. This, together with the re-organisation of ECDC, had a large impact on the organisation, e.g. concerning induction of new staff; providing appropriate facilities, equipment and logistics; providing resources for recruitments; needs for further development of middle management and development of new policies and procedures.

ECDC deals with only direct expenditure. There are no Member States or implementing bodies involved in the execution of the budget. Most of the expenditure, apart from salaries and salary related expenditure is therefore implemented through procurement procedures performed directly by ECDC.

2. Management and control systems

Management supervision

ECDC is has four Units and a Director's Office. The Heads of Units are responsible for the activities in their Unit. There is also a level of middle management, where a number of Heads of Sections are responsible for the activities. ECDC has a Senior Management Team (SMT), consisting of the Director and all the Heads of Units, which plays a key role in the management of ECDC.

Quality management and planning activities are a crucial part of the ECDC management and control system. ECDC has a Multi-annual Strategic Work Programme for the period 2007-2013. An Annual Work Programme is adopted each year by the Management Board in order to implement the Multi-annual Programme objectives. A set of indicators is reported each year to the Management Board to assess the implementation of the Multi-annual Programme. The Annual Work Programme is monitored internally on a quarterly basis and its implementation reported to the Management Board in the Annual Report of the Director. During the year, discrepancies are discussed between the Director's cabinet and the Units and Programmes and corrections are made as necessary. In 2011, an updated version of the Management Information System was launched. MIS provides a single point of truth across the organisation on the Work Programme implementation. A comprehensive set of reports provides an overview for day to day management of the activities.

Furthermore, a limited set of indicators, in the form of a dashboard, are being developed for management purposes. There is also regular reporting to the SMT of key data, such as commitments, payments and recruitments. These data will be included in the dashboard in 2012.

In 2011, the Director of ECDC, as Authorising Officer (AO), delegated financial responsibility to the four Heads of Unit, (Authorising Officers by Delegation (AOD)). The Heads of Units in turn delegated, but only in their absence, to the Deputy Heads of Unit. Should the Deputy Head of Unit, be unavailable the authority returns to the Director. Thereby, a very limited number of persons act as AO/AOD in ECDC. The AODs can enter into budgetary and legal commitments and authorise payments. However, all contracts over EUR 250 000 need to be signed by the Director.

For the expenditure of 2011, the AODs signed a Declaration of Assurance to the AO, similar to the one signed by the AO himself, for the area for which they have been delegated responsibility.

Internal control system

The internal control system can of course not be described in its entirety but some key components, regarding especially the controls in place, are mentioned below.

Internal control standards

Since 2006, ECDC has had a set of Internal Control Standards (ICS) in place. They specify the necessary requirements, actions and expectations in order to build an effective system of internal control that could provide a reasonable assurance on the achievement of the ECDC objectives. These control standards were developed along the lines of the European Commission's Internal Control Standards, which are based on the international COSO standards.

In early 2010, ECDC followed the example of the European Commission and introduced the revised set of Internal Control Standards. These revised Internal Control Standards are more detailed in the requirements and increase the internal control especially in the areas

of staff allocation and mobility, business continuity, external communication and accounting and financial reporting. The revised ICS were discussed in detail in the Audit Committee and adopted by the Management Board in March 2010.

The standards cover the areas of mission and values, human resources, planning and risk management processes, operations and control activities, information and financial reporting, and evaluation and audit.

Each Internal Control Standard is made up of a number of requirements to be met. For each such requirement ECDC has identified what is in place already, the actions to take, the person responsible and the deadline for when it should be in place.

A review of the implementation of the ICS was performed as part of the work for the annual report 2011. The results were discussed and validated by ECDC management. One of the standards has not been implemented, regarding evaluation of activities (no 14), and three of the others have only been partially implemented, while the rest are mainly or fully implemented. Work will continue in 2012 on the outstanding actions not yet in place, in order to make sure all ICS are fully implemented.

Internal procedures, Director's decisions and implementing rules

The internal control system also includes a number of internal procedures. The internal procedures are approved by the Director of the Centre and include, for example, financial workflows for commitments and payments, guidance on conflicts of interests, a code of good administrative behaviour and the procurement procedures to follow. New internal procedures are introduced when necessary and existing procedures revised with regular intervals. In 2011, new procedures were put in place for e.g. Handling of ICT Information Security Incidents, Sensitive functions, Grant Verification and Information Security. Some procedures were also revised, such as the internal procedure for Handling Request for Scientific Advice and for Procedure Development and for the Recruitment and Selection of Temporary Agents and Contract Staff.

There are also a number of Director's decisions made regarding policies/rules. In 2011 decisions were introduced regarding e.g. ECDC Business Continuity Plan, Assignment and Use of Mobile Devices in ECDC, Establishing a Teleworking Scheme at ECDC and Time Reporting in IT Projects.

Certain implementing rules on the Staff Regulations are also adopted. These cover issues such as pensions, allowances and leave. In 2011, no new implementing rules were adopted.

Authorisation and registration of exceptions

In accordance with ICS 8, ECDC has a procedure in place to ensure that overrides of controls or deviations from established processes and procedures are documented in exception reports, justified, duly approved before action is taken and logged centrally.

In 2011, 44 such exceptions were recorded (an increase of six from 2010). The most important exception registered in 2011 was regarding a shared framework contract, which was allowed to exceed the total value mentioned in the contract award notice with EUR 5.6 million (62%). In order to make sure this does not happen again, it has been decided to centralize all management of such framework contracts.

Given the lack of material financial impact, ECDC does not consider this to be in need of a reservation in the Director's Declaration of Assurance.

Centralised support and control functions

ECDC has a number of centralised support and control functions in place. The most important being the centralised procurement function, the Committee on procurement, contracts and grants (CPCG), and the financial verification officer.

The centralised procurement function is responsible for coordinating everything regarding procurement, including the ECDC procurement plans, and is directly involved in all tenders over EUR 60 000. The mission of the CPCG is to ensure that the ECDC public procurement procedures and grants are carried out in accordance with the Centre's financial rules. It provides a verification function on legality and regularity, and financial issues related to the procurement procedures, grants and contracts/agreements, prior to the authorisation by the Authorising Officer, as well as a reporting function on exceptions or deviations.

The posts of Budget Officer and Financial Verification Officer were vacant from March to October, an interim solution was established and centralized ex-ante controls were performed for all commitments and all the payments over EUR 25 000. In November and December 2011, a Budget Officer and a Verification Officer were recruited, thereby making it possible to split the verification of commitments (Budget Officer) and verification of payments (Financial Verification Officer). Since this time it was possible to start to verify all the payments, i.e. also those of EUR 25 000 or less.

As part of the re-organisation in April 2011, a new centralised Financial and Procurement Support Section was created. This Section groups all the resource officers and the financial assistants, providing support to authorising on procurement and financial matters, who were formerly located within their respective Units. This regrouping will render the financial support and procurement functions more efficient as competencies are pooled and processes can be harmonised.

Internal control coordinator

ECDC has a number of centralised support and control functions in place. The most important being the centralised procurement function, the Committee on

procurement, contracts and grants (CPCG), and the financial verification officer.

Risk assessments and risk management

In February 2012, ECDC performed an update of the Management Risk Self-Assessment exercises performed in October 2008, November 2009 and February 2011. The risk workshop included its senior management, and is based on the IAS standard methodology. The exercise included a follow-up of the previous exercises and of the action plans.

The risk assessment workshop showed that improvements had been made in a number of risk areas, especially regarding organisational structure, planning process, efficiency of operations and the continuity of operations. However, some areas for further improvements were identified, such as the need for better financial monitoring/reporting tools, IT systems, financial circuits and supervision. As in previous years, an action plan will be put in place covering the main risks identified.

In 2011, as part of the preparation of the 2012 Work Programme, a specific risk assessment exercise was performed by strategy. The main risks identified were included in the AWP 2012.

Data protection

The Centre's Data Protection Officer (DPO) left by the end of February and only in November could a new one be appointed. The main objective in this field is to develop data protection awareness through events and training and to ensure proper notification of data processing operations to verify adequate personal protection measures are established.

In 2011, the Centre's Data Protection Officer and the controllers of the Centre's personal data processing operations continued to promote compliance with Regulation (EC) No 45/2001. Clarification was sought from the European Data Protection Supervisor in a number of cases and internal controllers were assisted in implementing recommendations of the EDPS resulting from prior checks made in 2010. Due to the vacant post, a number of requests from the EDPS could not be answered in a timely manner. This backlog will be prioritised in the first half of 2012 to clear outstanding enquiries and re-establish a proactive dialogue with the EDPS to ensure compliance with the legislative provisions.

Ex-post verifications

In 2011, the new Grant Verification Policy was approved. The policy takes into consideration the experiences of the two ex-post verifications performed in 2009. The policy attempts to find an effective and efficient mix of control activities, such as audit certificates, external audits and own verification missions. A specific Grant Verification Plan for 2012 was also developed and approved.

Furthermore, a new policy on Ex-Post Verifications of Financial Transactions was developed and approved. It will be implemented from 2012.

Audit committee

ECDC has an Audit Committee in place. The purpose of the Audit Committee is to assist the Management Board in fulfilling its oversight responsibilities for the financial reporting process, the system of internal control and the audit process.

Its overall responsibility is to provide oversight of the internal control systems, management's risk assessments and the internal and external audits performed. It should report back to the Management Board on any serious shortcomings identified regarding the activities under its responsibility.

In 2011, the Audit Committee had three meetings. In each of these meetings it received, among other things, an update on the audits performed, including management's response and actions taken, as well as an update on the status of all open observations.

3. Follow-up of audit work and previous reservations

European Court of Auditors

ECDC is audited every year by the European Court of Auditors (ECA). The audit provides a Statement of Assurance as to the reliability of the accounts of the Centre and the legality and regularity of the transactions underlying them.

ECDC has received an unqualified[45] opinion every year, indicating that the accounts are reliable and the transactions underlying the accounts are legal and regular.

The ECA audit of the 2011 annual accounts is on-going. The draft report will be available in June 2012. The first part of the audit was performed in October 2011 and the second part will be performed in April 2012.

There were only two comments raised by the ECA regarding the 2010 annual accounts. One regarding the high level of carry-forward, matched by a low level of accrued expenditure, being excessive and at odds with the budgetary principle of annuality, and one regarding staff selection procedures putting at risk the transparency of the recruitment procedures. These issues are being addressed by ECDC. The level of carry-forwards has already been reduced, and the selection procedures have been reviewed.

Internal audit service

ECDC is also audited by its Internal Auditor, the Internal Audit Service of the European Commission (IAS). The audit work to be performed is defined in the risk based annual IAS Strategic Audit Plan. All observations and recommendations are taken into account and

appropriate action plans are developed. The implementation of these actions is being followed up regularly.

In 2011, an audit on 'The process supporting the establishment of the Annual Work Programme, focusing on the Management Information System' was performed. The audit raised 4 very important and 5 important observations. An action plan was developed by ECDC, indicating that all the recommendations were accepted and that they are planned to be implemented by Q1 2012.

At the end of 2011 there were no critical observations, 4 very important observations and 10 important observations open. However, of those all but two (both important observations) were implemented by ECDC and awaiting review by the IAS. The two outstanding observations are planned to be implemented in Q1 2012.

Previous reservations in annual reports

No reservations have been made in the previous annual reports.

Annex 11: Director's Declaration of Assurance

Building blocks of Director's Declaration of Assurance

The main building blocks of the Director's Declaration of Assurance are:

- the Director's own knowledge of the management and control system in place;
- the declarations of assurance made by each authorising officer by delegation to the Director;
- the results of the assessment of the internal control standards;
- the results of the management risk self-assessment exercise;
- the list of recorded exceptions;
- the absence of identified internal control weaknesses reported;
- the observations of the Court of Auditors known at the time of the declaration;
- the observations of the Internal Audit Service known at the time of the declaration.

Conclusion

Given the control system in place, the information attained from the building blocks above and the lack of critical findings from the Court of Auditors and the Internal Audit Service at the time of the declaration, there is no reason to question the efficiency or effectiveness of the control system in place.

2011 Declaration of Assurance by the Director of ECDC

I, the undersigned, Marc Sprenger, Director of ECDC,

In my capacity as authorising officer,

Declare that the information contained in the Annual Report of the Director give a true and fair view[1].

State that I have reasonable assurance that the resources assigned to the activities described in this report have been used for their intended purpose and in accordance with the principles of sound financial management, and that the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions. This reasonable assurance is based on my own judgement and on the information at my disposal such as the findings and recommendations of the Internal Audit Service and of the Court of Auditors for the year prior to the year of this declaration.

Confirm that I am not aware of anything not reported here which could harm the interests of the Centre and the institutions.

Stockholm, 13 March 2012

Marc Sprenger
Director

1 *True and fair in this context means a reliable, complete and correct view on the state of affairs in the service.*

European Centre for Disease Prevention and Control – Phone: +46 (0)8 586 010 00 – Fax: +46 (0)8 586 010 01
Postal Address: SE – 171 83 Stockholm, Sweden – visiting address: Tomtebodavägen 11A
info@ecdc.europa.eu – www.ecdc.europa.eu – An agency of the European Union – www.europa.eu

Annex 12: Management Board's analysis and assessment of the Authorising Officer's (Director) Annual Report for the financial year 2011

The Management Board analysed and assessed the Authorising Officer's (Director's) Annual Report for the financial year 2011, in accordance with Article 40(2) of the ECDC Financial Regulation.

The Management Board appreciates the results achieved by the Centre and notes in particular the following:

On the content of the report

- Since 2010, ECDC entered in a phase of consolidation of its activities.
- In 2011, ECDC public health functions (surveillance, scientific advice, preparedness and response, health communication) were fully in place and in routine operation, supported the disease programmes, the Member States, the EU institutions; the different disease programmes, now working under the Office of the Chief Scientist, provided surveillance analysis, scientific advice, tools, methodologies, networks coordination – in their areas of competence.
- 2011 has been a challenging year for the Centre with major changes in its internal organisation, and with regard to the support to EU-level response events.
- Nevertheless, ECDC has been able to ensure a high level of implementation of its Work Programme for 2011 (90% of the activities implemented), and has increased the level of implementation of its budget both in terms of commitments and payments.
- ECDC also further developed its partnerships with its EU and international partners, in order to address the needs for a strengthened response to the threat of communicable diseases in Europe. In particular, the signature of the Administrative Agreement with the WHO Regional Office for Europe in March 2011 constitutes a step forward.
- The Management Board acknowledges the improvement in the implementation of the Internal Control Standards, and encourages the full implementation of the remaining ones.

Note on the structure of the report

The Annual Report reflects the achievements of the Centre as set in the Work Programme adopted by the Management Board for 2011. As in 2010, the Management Board welcomes the structure of the document, with a more concise and focused content complemented by Annex 1 of the report, which provides a clear, systematic, detailed and transparent overview of the implementation of the work programme.