



EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

Annual Report of the Director: 2005



Tomtebodan, Stockholm, Headquarters of ECDC



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List of acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial resistance
BSN	Basic Surveillance Network
CDC	Centers for Disease Control and Prevention, Atlanta, USA
CMO	Chief Medical Officers
CVO	Chief Veterinary Officers
DG SANCO	Directorate General of Health and Consumer Protection
DG DIGIT	Directorate General for Informatics
DSN	Dedicated Surveillance Networks
ECDC	European Centre for Disease Prevention and Control
EEA	European Environmental Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EFSA	European Food Safety Authority
EISS	European Influenza Surveillance Scheme
EMEA	European Agency for the Evaluation of Medicinal Products
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENP	European Neighbourhood Policy
ENVI	Committee for Environment, Public Health and Food Safety
EPIET	European Programme for Intervention Epidemiology Training
EPSCO	Employment, Social Policy, Health and Consumer Affairs Council
ESCON	Surveillance Component of the Community Network
ESWI	European Scientific Working Group on Influenza
EU	European Union
EUMC	European Monitoring Centre on Racism and Xenophobia
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
EWRS	Early Warning and Response System
EXC	Executive Management Committee
FETP	Field Epidemiology Training Programmes
Gideon	Global Infectious Diseases and Epidemiology Network
GPIN	Global Public Health Intelligence Network
HPAI	Highly pathogenic avian influenza
HIV	Human immunodeficiency virus
ICT	Information and Communication Technology
MedISys	Medical Intelligence System
OIE	World Organisation for Animal Health
PROMED	An electronic epidemic intelligence distribution list
RASFF	Rapid Alert System for Food and Feed
DG RELEX	Directorate General for External Relations
SARS	Severe Acute Respiratory Syndrome
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
WHO	World Health Organization
WHO/EURO	Regional Office for Europe of the World Health Organization

Foreword by Karl-Heinz Florenz MEP, Chairman of the Committee on the Environment, Public Health and Food Safety, European Parliament



Mr. Karl-Heinz Florenz, MEP

In today's world communicable diseases can spread internationally with alarming speed. This was shown by the SARS outbreak in 2003 and more recently by the spread of avian flu. We all know that communicable diseases do not stop at borders and that we have, therefore, to protect all our citizens in an efficient way.

This 2005 Annual Report shows that the ECDC has already had a significant impact in tackling this challenge during its first year of existence. The agency has played a valuable role in identifying and assessing current and emerging threats to human health from communicable diseases such as influenza, or HIV/AIDS, or those posed by the growing problem of antimicrobial resistance. It has also provided scientific advice to underpin action by the Member States and the European Commission, as well as by the Parliament.

When legislation for establishing this new agency was discussed in the European Parliament and especially in the Committee on the Environment, Public Health and Food Safety, it was clear that public health capacity had to be expanded. By reinforcing and developing the European Union's existing systems of continent-wide disease surveillance and early warning, ECDC has thus helped to fulfil the key tasks that were attributed to it by the Council and the European Parliament.

This report indicates that ECDC has started to operate successfully in both a Europe-wide and global context. Citizens in Europe are asking for better protection against health threats. They also expect answers at European and not just at national level, and indeed, health is an issue that brings people closer to Europe by connecting EU citizens and institutions. Moreover, ECDC must also place its work in a global perspective by closely collaborating with WHO and by participating in international efforts to protect people against health threats. ECDC is clearly responding to both these needs.

It is important for the ECDC to secure the highest standards of competence and a broad range of relevant expertise, in order to carry out the above tasks, and to ensure the best advice for European policy-makers

in the field of public health. As this report shows, the ECDC has made a good start in meeting these challenges.

The European Parliament has already established a close relationship with the agency, both with its Director and staff, and, through its two representatives and one substitute on the ECDC Management Board, will continue to monitor its work, and to support it in its various tasks. I hope that the agency can further reinforce its rapidly established capacity to help European political authorities to produce effective responses to serious public health problems, and I wish it all the best for the future.

*Mr. Karl-Heinz Florenz, MEP
Chairman of the Committee on the Environment,
Public Health and Food Safety*

Foreword by Markos Kyprianou, European Commissioner for Health and Consumer Protection

As the Commissioner for Health and Consumer Protection I work to ensure that the EU cares for its citizens' health, an area people genuinely care about, and which touches their everyday lives. I am very aware that Europeans expect to see results from the EU's policy in these areas! Therefore I am very proud and happy that the setting up of the European Centre for Disease Prevention and Control (ECDC) in 2005 was under my watch as the responsible EU Commissioner, and it gives me great pleasure to introduce this first Annual Report of the ECDC by Director Zsuzsanna Jakab.

This is, in fact, a report of just the first 10 months of the ECDC's existence. The progress made has been truly remarkable. Literally from scratch, the ECDC has in record time established itself as a strong force that is ready to protect the health of EU citizens through the prevention and control of communicable diseases, as set out in its mandate and founding regulations. This is crucial for the health of EU citizens, considering the ease with which communicable diseases can spread in an EU without borders, a globalised world, and greater travel to and from the EU.

Recent developments have shown us graphically how important and timely it was for the EU to enhance its defences against communicable diseases. The very close collaboration between Member States, EU Institutions, Agencies and UN organisations has greatly helped the early detection and containment of the deadly H5N1 strain of the avian influenza virus in EU Member States.

I would like to take this opportunity to commend the ECDC for its part and for the professional, immediate and even early advice, interventions and responses to H5N1, even when it had not quite reached EU borders.

During what must have been a period of intense pressure – the Centre was still in its infancy – the ECDC used the best current scientific evidence to produce advice on:

- The health risks that H5N1 avian influenza might pose to EU citizens.
- Protection against occupational exposure to the avian influenza virus.
- A general risk assessment.
- Travel advice.
- National pandemic preparedness plans.

The ECDC also participated in joint missions to affected countries.

I know that when my staff and I were working with Member States to set up the ECDC there was a lot of debate and some scepticism on the need for and nature

of an EU communicable disease centre. Parallels were drawn with CDC Atlanta, and I am pleased that we built on their experience and decided on one centre rather than several centres and we put "prevention" before "control". This decision is based on the very strong public health systems in Europe and the need for collaborative mechanisms and sup-



Markos Kyprianou.

port to Member States, in order to avoid duplication and parallel interventions. The ECDC has already shown with its actions that it has taken these points to heart and listened to its peers.

As this first annual report states: "The speed, content and collaborative nature of the response to avian influenza (especially the immediate presence on the ground in affected and at risk countries) has drawn positive comments and shows that the ECDC listened to the comments and suggestions of its peers. Hopefully, the initial scepticism ("We need G-men ready to hop on a plane within 24 hours, not just swing emails at each other") has been allayed to some extent and there is now greater confidence in the EU's capacities and capabilities to prevent the spread of communicable diseases in Europe."

The future will inevitably bring more challenges in an area where we must always be alert. However, from the experience of the ECDC's first year of "baptism by fire" I am confident that it will develop and expand in 2006 and beyond into the strong Centre, envisaged in its Founding Regulations. My staff and I are committed, together with Member States and international organisations such as the WHO, to support the ECDC so that collectively we can provide EU citizens protection against communicable diseases from within and outside the EU borders. I am certain that we can make the ECDC truly a "Centre of the EU – by the EU and for EU citizens"!

I hope you will find this first annual report of the ECDC Director, Zsuzsanna Jakab, as interesting and useful as I did.

Commissioner Markos Kyprianou
Member of the European Commission
for Health and Consumer Protection

Foreword by Dr. Marc Sprenger, Chairman of the ECDC Management Board



Dr. Marc Sprenger.

environment, as we have seen with the appearance – now also in many countries of Europe – of avian influenza.

At the start of 2005, the Management Board adopted the first work programme for the new Centre for that year, fully acknowledging the fact that it was very ambitious especially considering the short period of its operation during 2005 and the limited staff it would have at its disposal.

Nevertheless, as is clearly highlighted in the summary of this report by the Director of the ECDC, all activities of that work programme have been covered. Zsuzsanna Jakab and her devoted team have performed a small miracle, setting the basis for the Centre's position as a key player in the area of human health protection at the European and the international level.

I would like to highlight the active and operational collaboration that has already been achieved with other relevant international organisations, in particular the World Health Organization. Furthermore, a close cooperation creating synergy of activities and avoiding any duplication with what already exists within Europe has been and will further be developed with relevant EU Agencies. Also necessary contacts have been made with the Centers for Disease Control and Prevention (CDC) in Atlanta, USA for example, and with similar stakeholders in Asia, India and Thailand. The ECDC has been put on the map of the world, and it clearly needs to have an eye open to outside the EU.

What lies ahead? I strongly believe that the Centre should get itself into the position to further enhance its activities in order to cope with the variety of other common health challenges within Europe.

The independent external evaluation of the achievements of the new Centre, which will be commissioned by 20th May 2007, should create the necessary basis

In May 2005 the new European Centre for Disease Prevention and Control (ECDC) became operational in Sweden. There is a strong need to invest in the ECDC. Why is this of utmost importance? All of the Member States of the European Union face common health challenges. Disease threats reappear in new forms and adapt to their new

for its further development. I am already looking forward to the outcome of that exercise, which will also assess – and I quote from the Regulation establishing the ECDC – “the possible need to extend the scope of the Centre's mission to other relevant Community-level activities in the field of public health, in particular to health monitoring”.

But let's be realistic. If we have a critical look at the impressive and again very ambitious work programme for 2006 of the new Centre, it will even be a real challenge for Zsuzsanna Jakab and her gradually expanding team of experts to cope with the milestones embedded in that document, although the Centre's activities are currently limited to the area of communicable diseases.

There is indeed already much for the Centre to do, even though its activities are within a more or less confined area. I have the deepest confidence in the skills of Zsuzsanna Jakab to cope with the many challenges, which face the ECDC. The Centre may be initially a relative small European agency, but the importance of its mission already now and in the future is certainly large.

I wish Zsuzsanna Jakab and her team all the best in that major task and look forward to our continued efforts to make the ECDC a success story.

*Dr. Marc Sprenger
Chairman of the Management Board*

*Director-General of the Dutch National Institute for
Public Health and the Environment*

Summary by the ECDC Director

The ECDC was established in full awareness that communicable diseases continue to pose a major threat to the citizens of Europe in the 21st century. The Centre is building on previous successful collaborations between Member States and the EU institutions within the community network for surveillance and early warning and response. After the SARS epidemic in 2003, the ECDC was founded at a record pace to further strengthen the European capacity to deal with these threats and to coordinate joint efforts. I, together with my staff, have taken the responsibility to establish the Centre and make it operational as quickly as possible, so as to be prepared for any unforeseen event within our mandate.

The recent spread of the epizootic avian influenza to the EU has yet again reminded us of the importance of working together in the fight against communicable diseases, and ECDC now stands ready to play an active role in this area.

The Centre's first 10 months have been devoted to speedily putting the infrastructure in place, and at the same time building up scientific capacity. I took office in the first week of March, and with an initially small but dedicated team of experts and administrative staff we had the Centre operational by the end of May, which enabled the new agency to be inaugurated by Commissioner Kyprianou at a ceremony on 27th May. In this set-up phase, the strong support we received from the Health and Consumer Protection DG of the European Commission was crucial to its success.

ECDC has in these first months, and with very limited resources, worked together with the European Commission and the Member States to cover all the activities set out in our work programme. In this first annual report, we show that we have been able to meet all these obligations and in many areas move well beyond them.

From our first temporary facilities in Solna City Hall, which the Mayor of Solna generously provided, we moved to our permanent home at Tomtebodan in October. This new site is strategically located on the campus area of the Karolinska Institute. When fully renovated in late 2006, these premises will provide ECDC with prime facilities for continuous growth and future expansion.

The recruitment process has been intense, and by the end of 2005, we managed to have almost all staff positions in our establishment plan not only filled, but actually with staff in place and working. Interest in working for the ECDC has been immense, and I am happy to note that for each position we have filled, we have been able to put several highly competent candidates on reserve lists. I am therefore confident that we will

also continue to attract and recruit some of the best experts in Europe in the coming years. We have also managed to set up the financial systems and internal audit functions, and we have a budget system in place suitable for a results-based management and fully compliant with European Commission regulations and procedures.



Zsuzsanna Jakab
Director ECDC

In the area of scientific advice, we have now a roster of the best experts in Europe to our disposal from which to recruit ad hoc scientific panels. We can now start producing guidelines and advice in all areas of communicable disease.

Influenza together with antimicrobial resistance and HIV/STI were identified very early on as priority areas at a time when staff in place was insufficient to cover all diseases with the same depth. For these three areas, horizontal projects have been created, enabling us to react swiftly to the sudden appearance of avian influenza in Europe. Under heavy time pressure, guidelines for the protection against occupational exposure to the avian influenza virus, a general risk assessment and travel advice were issued following the identification of the virus in Europe.

Another main achievement this year has been the formulation of a European Strategy for Surveillance, which includes the transfer of responsibility for funding and coordinating the EU-level surveillance activities to the ECDC. The Management Board has now endorsed this strategy, and the more detailed work with the surveillance networks to ensure a smooth transition will continue in 2006 and 2007 as the networks' present contracts with the European Commission run out.

During these first months we have also put the structures for epidemic intelligence, preparedness and response in place, including a 24/7 duty system and an operational "crisis" centre. These structures were strongly tested and found to meet all expectations during the two EU communication exercises on small pox and influenza in October and November. Before that, the ECDC had developed tools for evaluation of pandemic preparedness and together with the European Commission and the World Health Organization (WHO) used these tools to support several European countries – a



Anders Gustâv (15 January 1947 - 17 March 2006), Mayor of Solna and a good friend to ECDC, at the inauguration of ECDC in May 2005.

work that will continue in 2006. ECDC experts have also participated in WHO assessment missions on avian influenza to Romania and China.

Being a small agency, the ECDC needs to build strategic partnerships. My staff and I have now visited most of the Member States (also USA and some Asian countries), met with a large number of organisations and other stakeholders in our area, and signed a Memorandum of Agreement with WHO Regional Office for Europe (WHO/EURO). Partnerships have also been initiated with WHO headquarters and US Centers for Disease Control and Prevention (CDC).

In 2006, the Centre is now ready to move from a few

priority diseases to establish itself as an active player in all areas of communicable disease prevention and control. We will continue the work of taking over full coordinating responsibility of the surveillance networks, and we will identify areas where we can strengthen the capacity in the Member States to respond to health threats from infections. In all these areas we will continue to work very closely with all our partners.

*Zsuzsanna Jakab
Director ECDC*

A new centre for an expanded EU

In terms of communicable diseases, 2005 was an important year for the European Union (EU) and its citizens. It saw the establishment of a new Centre, one that would work with, support and complement the relevant national institutions of EU Member States while being independent and dedicated to strengthening Europe's defences, capabilities and capacities to monitor, prevent and respond to communicable diseases reaching or crossing EU borders. The importance and urgency of these capabilities was highlighted by the SARS outbreak in 2003 and is reflected in the unprecedented speed with which the Member States and the EU Institutions developed and approved the Founding Regulations in April 2004 for the establishment of the European Centre for Disease Prevention and Control (ECDC) and its location in Stockholm, Sweden. The speed of implementation continued with the setting up of the ECDC Management Board, its first meeting in September 2004 and the subsequent selection and appointment by the Management Board of the ECDC Director, who started work in the first week of March 2005.



ECDC Management Board.

Setting up the ECDC – The first six months

To build on the momentum already created and following in the footsteps of the Member States and EU institutions to ensure that the Centre was ready as soon as possible to provide protection to EU citizens, the Director of the ECDC started work from temporary locations in Stockholm, rather than from the European Commission in Brussels (as is normal practice for new EU agencies). This facilitated the official inauguration by Commissioner Markos Kyprianou that took place in Stockholm in May 2005.

By this time the ECDC was also operational as an independent EU Agency, with EU administrative and financial procedures in place, and with key technical and administrative staff recruited and working. The Centre had also made significant progress in the implementation of its 2005–2006 work program: a 24/7 on-duty

system was operational and it was linked to the EU Early Warning and Response System (EWRS).

Communicable diseases don't respect national borders or sector and agency demarcations, and for this reason prevention and response to outbreaks and epidemics is an international and multi-agency task based on solid national systems of the Member States. As a new player and given its relatively small size, the ECDC also had to very quickly establish close contact and build working relations and partnerships with the relevant Member States institutions and EU and non-EU agencies. A number of exchange visits and contacts with the Member States institutions and agencies, such as WHO (HQ, the European and SE Asia Regional Offices) and the US CDC, Atlanta, resulted in some key outcomes. These include the secondment of national and international experts; the ECDC's presence and work programme becoming known in technical circles; and ECDC's involvement in key global initiatives such

as pandemic influenza preparedness. Another outcome was an agreed Memorandum of Understanding between the ECDC and the WHO Regional Office for Europe (WHO/EURO) that provides a framework for cooperation and collaboration and the two-year secondment of a WHO staff member to ECDC.

During the setting up period, with the help and support of the Swedish national and local authorities, a long-term site for the ECDC was also identified, its lease negotiated and renovation started. On October 3rd, 2005, the ECDC moved to its new long-term premises, strategically located on the Karolinska Institute campus. With these considerable and unique achievements, we laid a solid foundation for future challenges.

Meeting the challenges

The challenges were not long in coming, the most visible and immediate being the migration of the H5N1 strain of the avian influenza virus from Southeast Asia to the EU and neighbouring countries. This baptism of fire was a demanding test in the real world of field operations for the foundations that had been laid and the contacts and agreements reached to date. In parallel to this, the infrastructure was tested and adjusted through two simulation exercises in October and November 2005. The foundations built were found to be sufficient, and during a period of intense pressure the ECDC produced guidelines for protection against occupational exposure to avian influenza virus, a general risk assessment, travel advice, support to the Member States for national pandemic preparedness plans. The Centre also participated in joint missions to affected countries.

The speed, content and collaborative nature of the response (especially the immediate presence on the ground in affected and at risk countries) has drawn positive comments and shows that ECDC had listened to the comments and suggestions of its peers. Hopefully the initial scepticism (“We need G-men ready to hop on a plane within 24 hours, not just swing emails at each other”) has been allayed, and there is now greater confidence in the EU’s capacities and capabilities to prevent the spread of communicable diseases in Europe.

The experience of tackling avian flu has stressed the importance of being capable of fast responses with a small, constrained budget, limited staff and being in compliance with public sector administrative and financial procedures. Moreover, this baptism of fire has provided the best platform to ensure that the ECDC develops and expands in 2006 and beyond into the strong Centre, envisaged in its Founding Regulations and reflected in its Mission Statement, that will together with the Member States provide EU citizens

protection against communicable diseases from within and outside the EU.

The Founding Regulation and mission statement

The mission of ECDC is spelled out in Article 3 of the Regulation (EC) No 853/2004 of the European Parliament and of the Council of 21 April, 2004, establishing the European Centre for Disease Prevention and Control (the Founding Regulation):

Mission and tasks of the Centre

1. In order to enhance the capacity of the Community and the Member States to protect human health through the prevention and control of human disease, 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. In pursuing its mission the Centre shall take full account of the responsibilities of the Member States, the Commission and other Community agencies, and of the responsibilities of international organisations active within the field of public health, in order to ensure comprehensiveness, coherence and complementarity of action.

2. Within the field of its mission, the Centre shall:

- (a) search for, collect, collate, evaluate and disseminate relevant scientific and technical data;*
 - (b) provide scientific opinions and scientific and technical assistance including training;*
 - (c) provide timely information to the Commission, the Member States, Community agencies and international organisations active within the field of public health;*
 - (d) coordinate the European networking of bodies operating in the fields within the Centre’s mission, including networks arising from public health activities supported by the Commission and operating the dedicated surveillance networks;*
- and*
- (e) exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.*

Main strategic thrusts and achievements for 2005

Derived from the mission statement and Founding Regulation, the overall mission is “to identify, assess and



ECDC Advisory Forum.

communicate current and emerging threats to human health, to develop a scientific and evidence based opinion and advise, an integrated European surveillance and support the Member States and the European Commission to prevent and control communicable diseases”.

The four main pillars are:

- An integrated surveillance system, which combines systematic monitoring of both routinely reported data and epidemiological intelligence, for early detection of communicable disease out breaks and epidemics and setting priorities.
- A communication and response system, which provides timely and regular feedback to Member States and EU Institutions and citizens and is ready for urgent and appropriate response to control and prevent the spread of communicable diseases.

- A knowledge system that underpins and supports surveillance and response with the best scientifically based guidelines, definitions and advice and which is at the cutting edge of communicable disease analysis and research.
- Country support and networking to strengthen the Member States capacities and to identify best practices for adaptation and dissemination to all.

In 2005, at the same time as starting to build the above and establishing ECDC with its own long-term premises and core scientific staff, ECDC also established a network of partners to strengthen the EU defenses against communicable diseases (Annex 5).

Organisation of ECDC

Overall structure and organigramme

The organisational structure of the ECDC reflects its core functions, as described in the mandate above. In order to rapidly build an organisation and technical infrastructure capable of dealing with the many broad and complex tasks of the Centre, the Director decided at an early stage to create a structure that is based on key functions rather than disease groups (Figures 1 and 2).

The organisation is based on three technical units: the Unit for Scientific Advice, the Unit for Surveillance and Communications and the Unit for Preparedness and Response, supported by a Unit for Administra-

tive Services. The overall coordinating function, as well as the responsibility of external relations, lies within the Director's Cabinet (more details below). The disease-specific activities lie horizontally in projects across the three technical units thus creating a matrix organisation. The project-specific activities are detailed in a separate section of this report.

Behind the decision of a matrix organisation was a realisation of the complex organisational needs of the ECDC with two specific entry points (functional and disease-specific) as well as an awareness that there would be too few scientific staff members during the first two years to be spread over several disease specific units. Each unit would have to build their science base, surveillance activities and response capacities.

Figure 1. The matrix organisation of ECDC

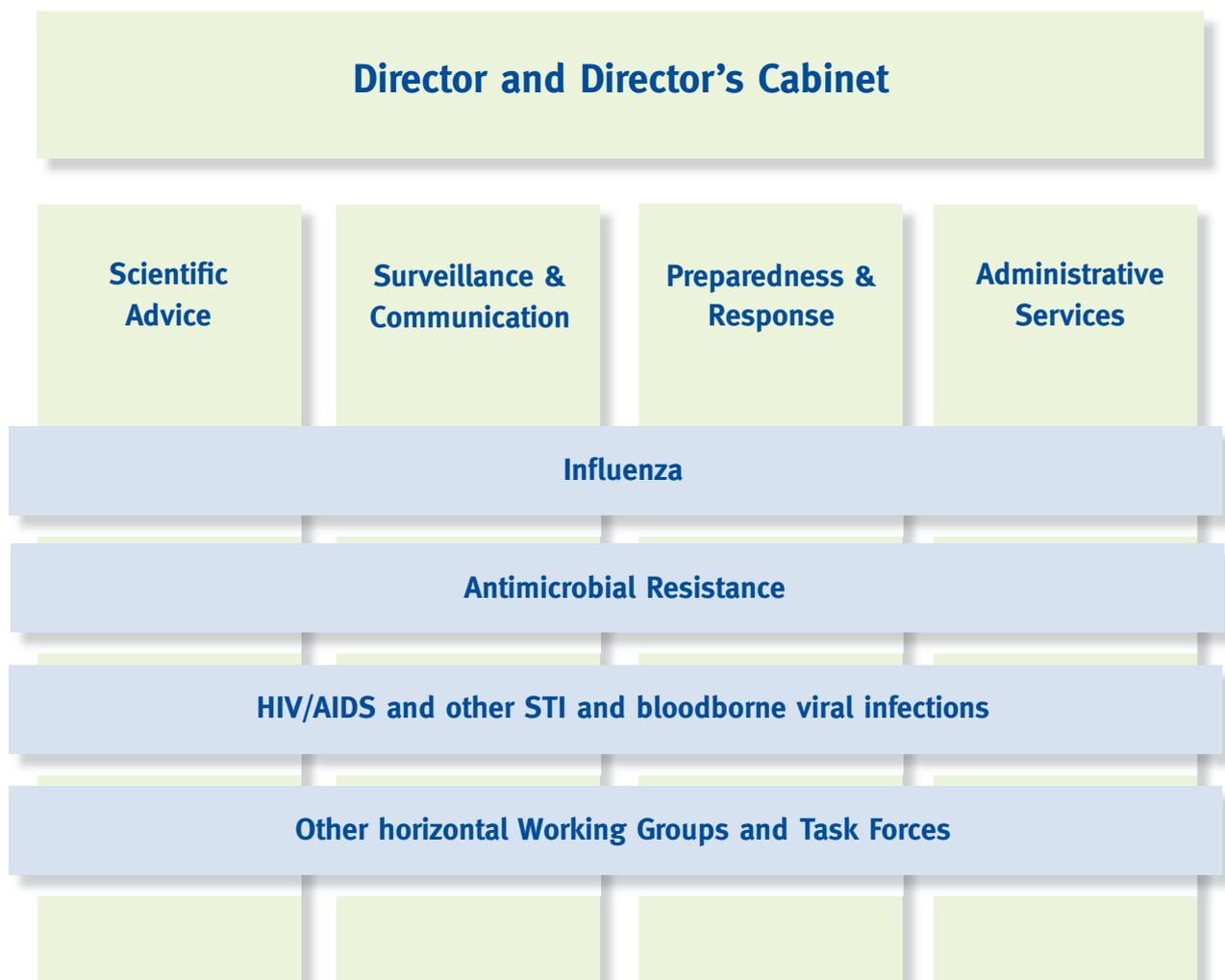
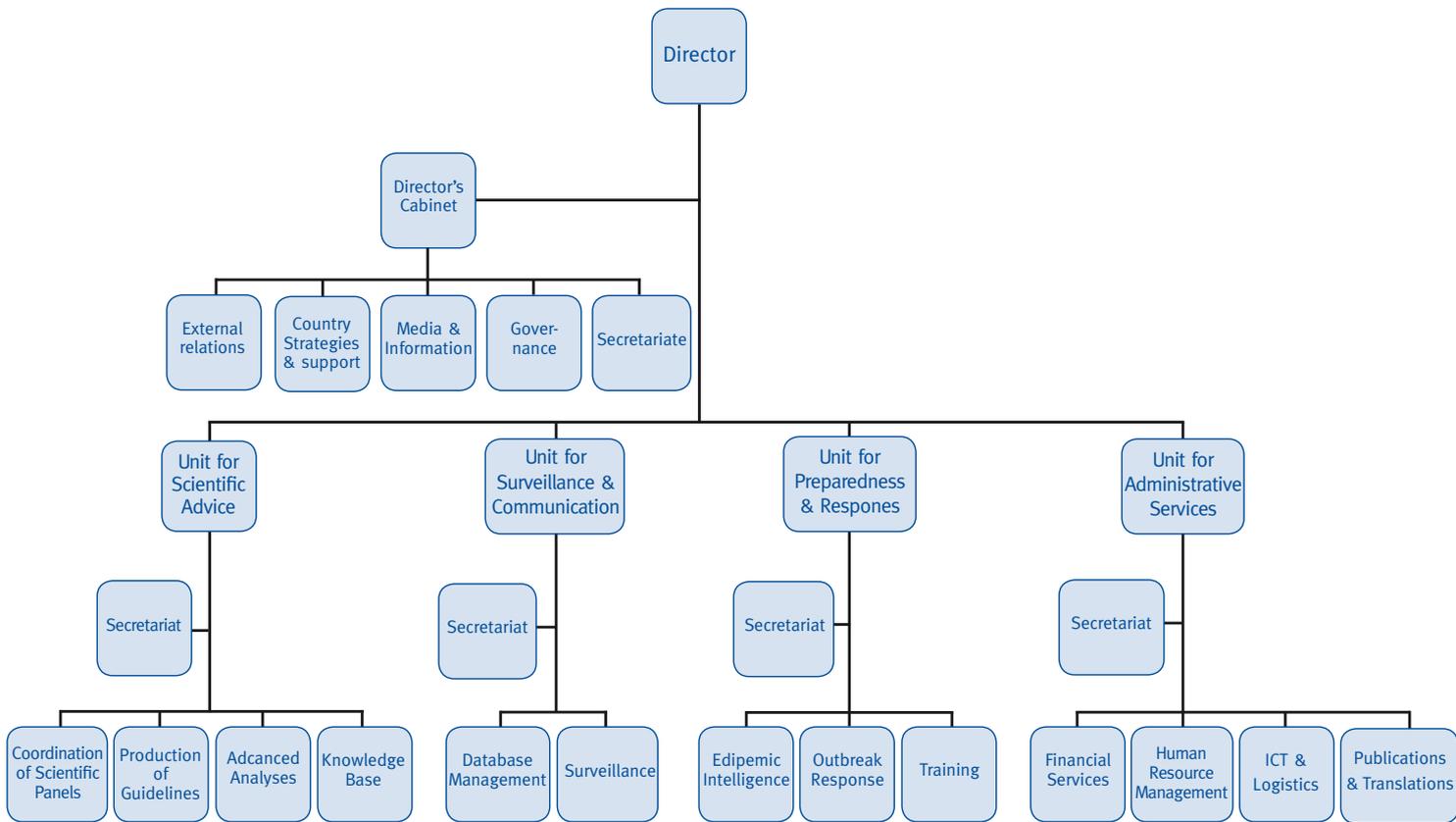


Figure 2. Organigramme of ECDC

Organigram 2.



The Director and the Director's Cabinet

Mission statement

The long-term strategic focus of the Director and the Director's Cabinet is to ensure the ECDC's reputation as 1) a major player on the European and the global arena in communicable disease prevention and control and 2) an unquestioned authority and reference centre for all Member States in the European Union.

Organisation

The Director is responsible for the overall coordination and leadership of the ECDC. The Cabinet supports the Director in overseeing the strategic development of the Centre, and ensuring coordination. Within the cabinet there are separate functions for governance, external relations, country support, information and communication, and internal coordination with the strategic advisor playing a coordinating role. These functions will be further developed in 2006, when more staff are in place.

Internal coordination

Tasks in 2005-2006 according to the

Work Programme

- The Director with her staff has to ensure that the bodies of the Centre have adequate technical and logistic support.
- In addition to the provision of planning and direction for the activities of the Centre during the set-up phase, the management of the Centre will focus on forming the administrative structures (organigramme, mission of its services, job descriptions, recruitment, systems design, contracting etc.) needed to have within short timelines an independent and operational Centre.

In 2005, all the necessary structures to have a functional agency in place were developed under the Director.

The internal coordination of the Centre by the Director and her cabinet is mainly carried out through regular meetings of the executive management team, but also through regular reporting to the Director and the coordinator of the cabinet by the unit heads and project coordinators on work done and planned. To streamline

the work at the Centre, a large number of internal procedures have been put in place and adopted by the Director.

Executive Management Committee

The Executive Management Committee (EXC) is an advisory committee to the Director and meets every week. It is chaired by the Director and is composed of the four unit heads and the coordinator of the Director's cabinet, other staff attending for specific items where necessary.

The EXC is the main forum for policy, strategic planning and programme development, but also serves as a management forum for consultations and coordination of the day-to-day activities of the Centre, including follow-up of budget and work plans and horizontal coordination.

To have time for more detailed and strategic discussions on key issues like work plans, staffing and budgets, the EXC has held two lunch-to-lunch retreats in an undisturbed environment in 2005. These two retreats have also been important for team building in a new organisation.

Other meetings

Each unit, and the Director's cabinet, have weekly meetings to fully update all staff on important issues on the ECDC agenda, and provide opportunities for discussion and feedback to the EXC. Every six weeks, all staff are briefed by the Director and the EXC members in a general staff meeting. These meetings also serve to bring together technical and administrative staff and to provide a common platform for all ECDC staff.

Governance

The governance function takes care of the relations with and meetings of the two external bodies of the ECDC; the Management Board and the Advisory Forum.

Management Board

The Management Board is composed of members nominated by Member States (one per each), two members nominated by the European Parliament and three members representing and appointed by the European Commission. The main tasks of the Management Board are to appoint and supervise the Director, to ensure that the centre carries out its missions and performs its tasks according to the EU Regulation, to adopt the Centre's work programme, to adopt the budget of the Centre and to make sure that the Centre implements its work programme.

In 2005, three Management Board meetings took place following the appointment of the director of the ECDC. The meeting in October took place in Budapest

by invitation of the Hungarian minister of health. Just before this meeting, an informal briefing by the new Member States on their response to the challenges of communicable diseases in the 21st century was organised under the chair of the Members of the Management Board Dr Andrew Amato Gauci (Malta) and Dr Tiiu Aro (Estonia). The main conclusions of this briefing will be taken into consideration when finalising the ECDC work programme for 2006. The minutes of the Management Board meetings together with annual information on any conflicts of interest supplied by the members of the Management Board are placed on the ECDC website for access by interested parties and transparency.

Advisory Forum

The Advisory Forum is composed of members of technically competent bodies of the Member States that undertake tasks similar to those of the centre. Members are selected on the basis of one representative nominated by each Member State recognised for his/her scientific competence, as well as three members without the right to vote nominated by the European Commission and representing interested parties at European level.

The Advisory Forum supports the director in all scientific tasks and is a platform for an exchange of information on health threats and the pooling of knowledge, ensuring close cooperation between the centre and the competent bodies in the Member States.

In 2005, the Advisory Forum convened four meetings times to , address scientific, technical as well as organisational and procedural issues. Special emphasis has been put on various aspects of influenza and the ECDC strategies on the future European-wide surveillance of communicable diseases. During 2005, a close collaboration was established between the ECDC and the Advisory Forum. The Director of the ECDC consulted the Advisory Forum on every aspect of ECDC work during this initial period. For easy access and transparency, the conference papers as well as the minutes of the Advisory Forum meetings, together with the annual forms on the conflict of interest of the Advisory Forum members, are available on the ECDC website.

The Director of the ECDC has overall responsibility of the external relations of the Centre, and the Cabinet of the Director is the main focal point. One of the key priority tasks for 2005 has been to rapidly position ECDC among the various stakeholders and existing bodies concerned with communicable disease prevention and control in and outside Europe. Significant progress has been made with the Director's personal participation in the main strategic meetings with key partners and stakeholders (see below).

The Management Board endorsed a draft strategy for the future external relations' work in October 2005.

External relations

Tasks in 2005-2006 according to the

Work Programme

- The Centre will analyse and propose to the Management Board strategies for the cooperation of the Centre with Member States and its international partners.
- The Centre will liaise with the Commission services in charge of the implementation of Decision 2119/98/EC and grants related to surveillance, training and publication in the area of communicable disease surveillance and control, and the grant beneficiaries to ensure continuity and minimise disruption during and following the transfer of responsibilities.
- Reporting and informing on legal developments and outcomes of discussions and negotiations on legal and procedural issues, and ensuring coordination with other relevant bodies, in particular Commission services.

European Union institutions

The key partners of the ECDC are the European Union institutions. The ECDC has a number of obligations towards the EU institutions that include issuing scientific opinions and evaluating current and emerging health threats as they arise.

European Parliament: Within the European Parliament, the Committee for Environment, Public Health and Food Safety (ENVI) deals with all issues concerning ECDC (together with the Budgets Committee (BUDG) on budgetary issues). The ENVI had a parliamentary hearing with the Director nominee on the January 10th, 2005, following her nomination by the Management Board and prior to her appointment by the Chairman of the Management Board. The European Parliament has closely followed the work of ECDC. By invitation of Professor Antonios Trakatellis, Vice-President of the European Parliament, the Director addressed a Parliament workshop in May on the "Importance of Continued Education on HIV and AIDS in Europe", and in September addressed the ENVI to give updates and assessments on the threat to humans in case of spread of avian influenza to Europe. The above has led to agreements that from 2006, there will be more regular and on-going contact and communications between the ECDC and the ENVI Committee. These include a delegation of the ENVI Committee visiting the ECDC in spring every year to get briefing on ECDC work for the year and progress made

and the Director of ECDC will, through a return visit to the ENVI in the autumn each year, report on the work accomplished.

The Council and Presidency of the European Union: The health ministers of the Member States meet regularly in the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO). Health threats concerning communicable diseases have in recent years become an increasingly important topic of these meetings. The Director of the ECDC has been invited to two informal Council meetings to address these issues. At the request of the European Commission the ECDC contributes to the preparation of some items on its agenda, for example, influenza in 2005.

European Commission: From the Centre's beginning, staff have been in daily contact with the European Commission. The closest links have been to the Directorate General for Health and Consumer Protection (DG SANCO), the Directorate C (Public Health and Risk Assessment) and its Units for Health Threat (C3) and Health Measures (C6). On the issue of avian influenza, there has also been close contact with Directorate E (Food safety: Plant Health, Animal Health and Welfare, International Questions). These daily contacts have been essential in order to ensure a smooth transfer of responsibilities and joint work and action.

The ECDC has participated in all meetings related to its remit with the Member States, organised by Directorate C. A document on the "Apportionment of Tasks" between the ECDC and the European Commission (Directorate C) has been finalised and was presented by the Commission to the ECDC Management Board in October. With this document, the respective roles and responsibilities of the ECDC and the Commission are now clearly delineated. A regular and close collaboration has also been developed with the Director of Public Health and Risk Assessment, but the ECDC has also established contacts directly with the Director General of DG SANCO and with the Commissioner's office. The Director personally briefed the Commissioner in early December on the progress of the Centre and discussed topics of common interest.

Since communicable diseases are an important area of funding within the Framework Programmes of the Research Directorate General (DG RTD), and many initially research funded network have later become surveillance projects under the Public Health Programme, discussions have been initiated with the DG RTD to consult with ECDC before decisions to fund research activities on communicable diseases are made.

Other EU agencies: The remits of ECDC are complementary to those of some other EU agencies, for example, the European Food Safety Authority (EFSA), the European Medicines Agency (EMA), and the European

Environmental Agency (EEA). Close links have been established with EFSA on issues concerning reporting under the Zoonoses Directive (2003/99/EC) and avian influenza, and initial discussions have been taken place with EMA on antimicrobial resistance and vaccine issues. A joint workshop on infections in vulnerable groups is planned for 2006 together with the European Monitoring Centre for Drugs and Drug Addiction (EM-CDDA) and the European Monitoring Centre on Racism and Xenophobia (EUMC). The ECDC Director and other relevant staff regularly participate in the coordination meetings of the agencies, as has been the case three times in 2005.

Member States and EEA/EFTA countries

In 2005, the ECDC worked closely with the 25 EU Member States and also with the EEA/EFTA countries (Norway, Iceland and Liechtenstein), which are represented on the Management Board and the Advisory Forum of the Centre. The main contact points for the Member States have been the members of the ECDC Advisory Forum and Management Board in their respective roles.

As an expert agency, ECDC worked closely with the national surveillance institutes, in particular their directors and the State Epidemiologists.

Non-EU Countries

The objective of the European Neighbourhood Policy (ENP) is to share the benefits of the EU's 2004 enlargement with neighbouring countries by strengthening stability, security and well-being for all concerned. In 2005, mainly due to limited resources, support to the neighbouring countries has involved partaking in a joint mission with WHO, for example, to Romania to investigate the human consequences of the outbreak of avian influenza among birds. In early 2006 such support increased, a particular example being the missions to Turkey. Contact points for a future work have been established through a courtesy visit from the Stockholm secretariat of the Northern Dimension Partnership in Public Health. Contacts are also established with the Russian Federation via the EpiNorth network in which the ECDC is represented on the Board.

To protect the EU citizens and to promote the global health security, but also to become a true actor on the global arena, the ECDC needs to be well connected to the ministries and public health agencies of major countries also in other parts of the world. The ECDC Director has, together with the Chairman of the Management Board, visited the United States in June, and had extensive discussions on future collaboration with the Department of Health and Human Services in Washington DC and with the Centers for Disease Control and Prevention (CDC) in Atlanta. A return visit with more detailed discussions took place in October and a further

visit to the CDC for detailed technical discussions took place late December. In October the Director and the Vice Chair of the Management Board visited Asia (India and Thailand) to discuss future collaboration.

ECDC and the public health agencies including the World Health Organization (WHO)

The ECDC considers all public health agencies to be potential partners and open to collaboration. The WHO is the most important of the international organisations with which the ECDC is forming partnerships, and considerable progress has been made at the political, strategic and operational levels with WHO/HQ and the WHO Regional Office for Europe (WHO/EURO) on global and European health issues, respectively. The ECDC Director, by invitation of the Regional Director for Europe of WHO, addressed the 55th Regional Committee for Europe in September, and a detailed memorandum of understanding between ECDC and WHO/EURO was signed during that meeting. A high-level meeting between the ECDC Executive Management Committee, the WHO Assistant Director-General for Communicable Diseases and the Regional Director for Europe took place in Stockholm early December. Joint activities in 2005 have mainly concerned influenza preparedness planning, participation of ECDC in a mission to Romania and a joint workshop on HIV/AIDS case definitions. A seconded expert from WHO/EURO to ECDC took up his position in October 2005. The Director of ECDC, following a consultation with the Advisory Forum, regularly invites the representative of WHO to attend meetings of the Advisory Forum.

Country strategy and support

Official visits by the Director ECDC to the EU Member States are a regular feature of her activities. In 2005 the Director of the ECDC paid official visits to approximately half of the Member States, at their invitation, and this will continue in 2006.

To fully work with the Member States, ECDC needs to identify the appropriate key contact points (competent bodies) in the countries covering the key functions that come under the ECDC remit; e.g. ministries of health, directorates/boards of health, national surveillance institutes, national reference laboratories and scientific bodies. In 2005 the Centre began a directory of these contact points in the Member State and an initial list of entry points, based on functions, has been approved by the Member States enabling the next stage of the work to be started. A plan for mapping the health structures in the various Member States and to assess the needs for support in 2006 has also been discussed and approved by the Management Board.

Information and communication to stakeholders

Tasks in 2005 according to the Work Programme

- Develop a target group-oriented risk communication strategy for outbreaks and emergency situations in close consultations with Member States and the Commission.
- Start up the Centre's website.
- Weekly epidemiological reports are disseminated.

The ECDC's Founding Regulation defines the Centre's mission to *"identify, assess and communicate current and emerging threats to human health from communicable disease"*. The Centre is mandated to communicate these risks in an objective and factual way, to give prior information to Member States and the Commission before communicating, and to cooperate with them in promoting *"coherence in risk communication"*. More specifically, the Founding Regulation requires the ECDC to ensure that *"the public and any interested parties are rapidly given objective, reliable and easily accessible information"* about its activities.

Within the broad categories of *"general public"* and *"interested parties"*, there are a number of specific target audiences such as officials working in national and EU-level authorities dealing with public health, the scientific community, civil society groups and health professionals.

ECDC is able to communicate directly – by email, telephone or face-to-face meeting – with its key contacts in the EU and Member State institutions. However, as a relatively small organisation covering a large and diverse continent, ECDC communicates with its other target audiences via less intimate channels, such as publications, the internet and the media. It should also be recognised that dissemination of information via national public health authorities will often be the most effective means for ECDC to reach the public. A new publication policy is presently being prepared.

Communication strategy

ECDC presented an external communication strategy to the Management Board in October. A further paper, giving more detail as to the procedure ECDC will follow prior to making major announcements to the media, was presented to the Management Board in December.

The Director has established an internal ECDC task force on external communications. This will make recommendations during 2006 on other aspects of ECDC's



Zsuzsanna Jakab, ECDC Director, talking to the media with Professor Johan Giesecke (centre) and Dr. Denis Coulombier (right).

external communications, including the development of ECDC's website and ECDC's scientific publications programme.

Website

ECDC established an interim website towards the end of March 2005. Initially this site contained only basic information about the ECDC, such as its mission statement and contact details. The site has grown steadily throughout the year and now contains substantial scientific information, notably in the area of influenza.

Eurosurveillance

In order to fulfil the requirement to produce and disseminate a weekly epidemiological report by the end of 2005, a strategic partnership has been initiated with the EU-funded communicable disease journal Eurosurveillance.

This journal has a weekly electronic edition that consists of short authoritative reports on significant communicable disease events. It also has a monthly electronic release that publishes original articles including investigations into outbreaks, in-depth analysis of data on communicable disease surveillance, prevention and control from European Union countries and DSNs, and original articles on public health policies in Europe or European coordinated programmes. A print compilation of monthly and weekly electronic releases appears four times a year.

Eurosurveillance will be the main scientific voice of the ECDC, through which the centre will channel epidemiological information from the surveillance networks, scientific advice and opinions, and epidemic intelligence reports. This process has been initiated, and a member of the editorial team in London has been seconded to the ECDC since October 2005. A senior ECDC staff member has served as associate editor of Eurosurveillance since September.

Media relations

There has been steady media interest in ECDC since its creation, and the Director has given a large number of interviews with journalists from January onwards.

The arrival of a full-time press spokesman in October and, moreover, the intense media interest in the human health implications of H5N1 avian influenza (sparked by the first report of the virus in Europe on October 13th) saw a step change in ECDC's relations with the media which continued at a significantly higher level in the last part of 2005.

Unit for Scientific Advice

Mission statement

The long-term strategic focus of the Unit for Scientific Advice is to have firmly established ECDC's reputation for scientific excellence among all partners in international health, and to be the prime resource for the European Commission, European Parliament, Member States and public in matters concerning disease control.

Organisation

The Unit has four sections (Figure 1) covering the work of the ad hoc scientific panels: the production of guidance documents; advanced analysis; and the internal knowledge base and competence building. In 2005, only the first two sections were staffed.

Procedures for answering scientific questions

Task in 2005 according to the Work Programme

- Adopt procedures and terms of reference on how to introduce scientific questions to the Centre, handling of the questions within the Centre, timelines for replies, and ways to communicate and publish the results.

The procedure for answering scientific questions put to the ECDC, which can be asked by the European Parliament, the European Commission, or a the Member States, has been established and is as follows:

1. The Head of Unit for Scientific Advice (Chief Scientist) assesses if it is a relevant scientific question and whether it has a Community interest.
2. If these conditions are met, an opinion will first be sought among the staff of the ECDC. It can be foreseen that with time there will be an increasing number of in-house experts in the Centre with an overview of already published scientific findings on the issue who could give a scientific answer.
3. If internal expertise does not suffice, the Chief Scientist will turn to the relevant dedicated surveillance network for scientific advice.
4. If this network cannot answer the question, or if no network exists on this issue, the Chief Scientist will appoint an ad hoc scientific panel with competence in the area for an opinion, drawn from the roster of experts now available to the Centre.

In 2005, no official scientific questions were put to the Centre. However, the Unit has offered rapid ad hoc advice, for example during the two simulation exercises run during the autumn.

Scientific panels

Task in 2005 according to the Work Programme

- Adopt procedure and terms of reference on how to constitute and operate ad hoc scientific panels.

In order to assist the scientific work of the Centre, ad hoc scientific panels are envisaged. The panels would serve two objectives: 1) to assist the ECDC in drawing up scientific opinions in response to questions put by European Parliament, European Commission or a Member State; 2) However, the panels will also have a second, rather more strategic and broader remit, namely to promote the scientific agenda of the Centre to – as envisaged by the Founding Regulation – issue scientific opinion on its own initiative on matters falling within its mission. For this task, a closer link between the panel members and the ECDC would be advantageous, complemented by a stronger internal capacity when this is in place.

Recruiting the experts for ad hoc panels

In October, a call for interest to serve on such a panel was issued through the Official Journal, The Lancet, and meetings of the Advisory Forum and the Management Board. Some 75 learned societies of the EU were also contacted and asked to encourage their members to apply. At the close of the call, almost 300 experts from the Union (as well as a few from countries outside the EU) had reported their interest through a web-based application form. From this roster, experts will be selected for ad hoc panels but also used in their personal capacity.

Guidance documents

Background

Another task of the Unit is to produce guidance documents to assist the concrete work of the Member States, and especially the work of their surveillance and public health institutes. The process to produce such guidance documents has been established as follows:

1. Most suggestions for development of new guidance documents will come from the Advisory Forum, which represents the group of experts most aware of shortcomings and gaps as regards guidelines in the Union. The ECDC can also take the initiative to suggest issues for new guidance documents.
2. A prioritisation scheme has been developed to assess the need for a specific guidance document, taking into account public health considerations,

present discordance between Member States, lack of updated existing guidelines, etc.

3. When a topic has been agreed, the members of the Advisory Forum are asked to investigate whether they already have good guidelines in their own country. If so, these may have to be translated into a more widely understood language.
4. At the same time, the Unit will scan for good guidelines on the topic in public health institutions in non-EU countries, for example the US CDC, and in WHO.
5. After advice from the Advisory Forum, and with input from a relevant scientific panel, a working party will be set up to start on the guidance documents production.
6. The product of the working party will be presented to the Advisory Forum for their input and advice, and then finally approved by the director and put on the ECDC website.

In 2005, public-health-based guidance documents for the protection of people exposed to highly pathogenic avian influenza in birds has been produced by a working party and put on the ECDC website.

Scientific inputs to all ECDC activities

One important task of the unit is to provide scientific input to the activities of the ECDC. During the second meeting of the Management Board in May, the unit arranged a two-hour scientific seminar with international experts on epidemiology, immunology and public health as part of the proceedings.

There have been several contacts with the Karolinska Institute Medical University (KI) – the ECDC's closest neighbour - to agree on issues for cooperation. ECDC

has received assistance from the KI library in setting up its own scientific library. Furthermore, the Chief Scientist of ECDC was appointed Adjunct Professor of Infectious Disease Epidemiology at the Karolinska Institute.

There was also an agreement to hold common scientific seminars during at least every other meeting of the Advisory Forum.

As regards scientific conferences, the unit has given lectures at the meeting of the European Scientific Working Group on Influenza (ESWI) in Malta in September, the European Health Forum in Bad Gastein in October, the meeting of the Leibnitz Society in Brussels in October.

The unit has also provided scientific input to the two meetings of the EU Chief Medical Officers (CMOs) and Chief Veterinary Officers (CVOs) in Brussels and to the joint WHO/European Commission/ ECDC meeting on influenza in Copenhagen in October.

Unit for Surveillance and Communications

Mission statement

The long-term strategic focus of the Unit for Surveillance and Communication is to strengthen European surveillance in order to reinforce detection, prevention and control of infectious diseases in Europe.

Organisation

The Unit of Surveillance and Communication is currently divided into two sections (Figure 1): database management and surveillance. The surveillance section has developed the interim surveillance strategy approved by the Management Board, and will start implementation, beginning with the evaluation of the networks in 2006. This section will diversify into disease specific subgroups in the coming two to three years when assuming responsibility for the surveillance networks. The data management section has started development of the concept for the database of the future European surveillance system, and the databases of the currently existing networks will be incorporated into the concept as they are taken on board.

Networking and surveillance

Tasks in 2005 according to Work Programme

- Start the preparations to take over responsibility for surveillance activities at EU level and consult the Advisory Forum to this end.
- Evaluate existing surveillance networks, leading to a strategy on gradually taking over the coordination of surveillance activities or the continuation and/or integration of networks for diseases for which funding is currently provided and will be provided (during 2005) under the EU Public Health Programme.
- Put special focus on the participation of the new Member States in all relevant surveillance activities.
- Produce a planning document spelling out the future strategy to evaluate and consolidate the existing surveillance networks as the steering of surveillance activities is taken over by the Centre.

One of the ECDC's key tasks is to reinforce and develop the existing system of EU-wide disease surveillance. The need for coordination and harmonisation is particularly important as some of the early surveillance systems were funded during their research stage as concerted actions by the European Commission and later as actions in the public health area. As a result, the surveillance systems and subsequent surveillance networks differ in size, details, organisational structure and development phase. Furthermore, the development of the current systems as separate and individual networks has resulted in those databases that exist being at times incompatible with each other. Finally, due to above and other reasons there has not been systematic, wide and regular use and reporting of the data and information contained in the networks.

Preparations to take over the responsibilities for surveillance activities at EU level

In accordance with the 2005 Work Programme, an interim surveillance strategy for the EU was submitted to the Management Board in October 2005. In parallel, preparations have started to resume responsibility for surveillance activities at the EU level and also a system of periodic reports has been initiated.

The future surveillance strategy for the EU (see Box), in line with the advice of the Advisory Forum, was formulated after a wide and in-depth consultation of a large number of different key stakeholders across Europe to seek their views on the future development of Europe-wide surveillance of infectious disease. The qualitative and quantitative in-depth consultation was carried out during June to September 2005 in two phases by an ECDC and Member State team of experts (with WHO/EURO as observer). The stakeholders included Member States governments and institutions, European Union institutions and agencies, European surveillance projects, learned societies and the WHO.

The surveillance strategy for Europe

The European Strategy for Communicable Disease Surveillance, approved by the Management Board, describes the way forward for the transition period of the next three years to enable the current decentralised approach to be strengthened through better management and coordination.

The opinions and expectations of relevant stakeholders were sought in a wide consultation process and were taken into account when shaping the strategy, which has three main components: 1) routine surveillance with a basic set of information (that can gradually be en-larged) for all diseases; 2) enhanced surveillance with additional information collected according to public health objectives for priority diseases; 3) specific projects and feasibility studies to test new methods or new approaches to surveillance.

The routine surveillance will be located at ECDC. After an evaluation of all networks and a prioritisation exercise for all diseases, a decision will be made on which networks or which part of the single networks will be based at ECDC and on which parts calls for tender will be launched. Collaborations will be developed with WHO and neighbouring countries, and also with the scientific community to join forces and gather the best available expertise in Europe.

A long-term strategy for the next decade will be developed based on the current concept by the end of 2006.

The results of the consultation highlighted a number of issues where there was considerable consensus and agreement on how the ECDC, given its mandate, should proceed. Chief amongst these were:

- Evaluate each network before any final decision of future management of network activities.
- Develop an outbreak surveillance system.
- Establish close contacts with the national reference laboratories to facilitate the development of training programs and exchange of laboratory staff in order to develop sufficient capacity to detect, identify and characterise infectious agents within the EU. The establishment of European Reference Laboratories should be further explored.
- ECDC should identify the most effective means of data dissemination with necessary clearance procedures with the Member States.
- ECDC and the networks should work closely with

learned societies, scientific institutes and other organisations to ensure the highest possible scientific standard.

- ECDC should build on existing contacts by EU Member States and networks to strengthen working relations with the neighbouring countries on all aspects of surveillance.
- ECDC should be well acquainted with the frontline discussions on all aspects of new and alternative surveillance systems to detect outbreaks and bioterror events and assist the national surveillance institutes in these matters.

ECDC has moved forward on these areas, while for the issues where there was no full consensus, further discussion will take place.

Preparation of the evaluation of networks

A framework for the further evaluation process has been developed and discussed by the Advisory Forum to have process start early in 2006. The results of the evaluation and assessment process will provide ECDC with objective information for decision-making in the integration of the functions and activities of the surveillance networks into the ECDC.

The evaluation will cover the objectives and activities of the networks as defined by their current contracts, the usefulness of the activities and outputs, the technical performance of the network, and an assessment of the capability of the network to meet the future surveillance objectives for the respective disease. The results will form the basis for a strategy on gradually taking over the coordination of surveillance activities or the continuation and/or integration of networks for diseases for which funding is currently provided. Which functions and activities of the networks will be transferred to ECDC after the present contracts run out will be decided on a case-by-case basis depending on the outcome of the evaluation and assessment process.

Collection and analysis of data

Tasks in 2005 according to the Work Programme

1. Acquiring and installing necessary systems for data collection and analysis.
2. Develop standard operating procedures (SOPs) with Member States for data exchange according to Decision 2119/98/EC and other relevant Commission decisions and discuss them with the Advisory Forum.

Currently all networks have contracts with the European Commission. As these contracts expire, the ECDC will take over the financial and managerial responsibility for the networks. In the meantime, procedures covering the interim period need to be in place, and a number of steps to facilitate the work during the transition phase have been undertaken in 2005 and discussed with the Advisory Forum, the European Commission and the networks.

These steps include: 1) a draft agreement with surveillance networks on integrated operation, standardised operating procedures and ECDC access to the network databases; 2) a draft agreement with the Member States on data transmission and exchange and 3) preparations for the revision of European case definitions for surveillance following a request from the European Commission.

Dissemination of data

Tasks in 2005 according to the Work Programme

1. Produce and disseminate a weekly epidemiological report using appropriate verification procedures.

The Founding Regulation for the ECDC (851/2004 EC) specifies its role for the identification, assessment and communication of new threats to human health from communicable diseases. Data collection, monitoring and analyses are crucial activities to recognise those risks and to produce understandable information useful for public health decision-making. They allow, for instance, the identification of changes in diseases patterns in terms of demographic conditions, spread to new geographical areas, emergence of microbiological types with different pathogenicity, and prediction of future trends. All this information should be distributed to those who may use it to improve European citizens' health.

Preparation of weekly epidemiological bulletin

It was decided to use the weekly release of Eurosurveillance as the medium for the weekly epidemiological bulletin of ECDC. For further information on the strategic partnership between ECDC and Eurosurveillance, see section under Director's Cabinet.

European Zoonoses Report

Directive 2003/99/EC requires the Member States to:

- Monitor zoonoses and zoonotic agents in feeding-stuffs, animals and foodstuffs along the food chain and to report each year these data to the Commission.
- Report information on food-borne outbreaks.
- Report data on antimicrobial resistance in zoonotic agents isolated from animals and foodstuffs (human isolates).

Data on human zoonotic cases have to be provided to the ECDC by Member States under Decision 2119/98/EC. It was decided that the ECDC will forward data to EFSA, following collection using the set-up of the Basic Surveillance Network (BSN). Procedures were discussed and agreed with the Advisory Forum in July. The first report of the set-up will be compiled in 2006. As a result, data will have to be sent by the Member States to the ECDC before the end of May 2006. The ECDC has a close collaboration with EFSA for the analysis and interpretation of the human data as well as the reporting of food-borne outbreaks, and it is part of the respective EFSA taskforce.

Preparation of the Annual Report in 2006

An Annual Report on infectious diseases in Europe will be published starting in 2006 with data from 2005. The report will give an overview on the epidemiological situation of infectious diseases regarding main demographic characteristics, temporal and geographical distribution. This first report will include the information that Member States and specific surveillance networks can currently provide. It should be noted that it will probably be difficult to obtain comparable data for many variables because much work on data harmonisation still needs to be done. However, the report may offer an overview of the different surveillance systems in place in Europe. It will also provide information on the difficulties that some Member States have to deliver epidemiological data, and thus identify areas for future strengthening, possibly with support from the ECDC.

The report will, most likely, change its contents in the next years, shifting from basic descriptive information to more in-depth analyses. Such evolution will be parallel to the improvement in coordination of data

delivery, the convergence of some surveillance systems and the development of new epidemiological tools. The present proposal on how the annual report with the data from 2005 should be organised in terms of content, timeline and clearing process has been discussed by the Advisory Forum. A working group will be set up

to produce a template for collecting the descriptions of the national surveillance systems and to review the draft documents of the “Infectious Diseases in Europe in 2005: annual report”. An exploratory timeframe is also provided.



Unit for Preparedness and Response

Mission statement

The long-term strategic focus of the Unit for Preparedness and Response is to assist Member States and the Commission in preventing, detecting, assessing, investigating and responding to communicable disease threats.

Organisation

The Unit for Preparedness and Response is divided into three sections (Figure 2); Epidemic Intelligence, Outbreak Response and Training.

The Epidemic Intelligence Section keeps track of and assesses emerging threats through scanning various sources of epidemic intelligence information. It prepares a daily briefing to review in-coming information, a weekly threat report and the Epidemic Intelligence Weekly Report (EIWR) for the European Commission.

The Outbreak Response Section deals with the requests for support from Member States and other agencies such as WHO. In taking action on requests the section liaises with Member States to identify required expertise and also coordinates the teams mobilized to provide support.

The Training Section coordinates ECDC training activities and works closely with the European Programme for Intervention Epidemiology Training.

Epidemic intelligence

Task in 2005 according to the Work Programme

- Agreements for co-operation with the Commission, Member States and international partners (WHO) that provides for the continuous search and exchange for relevant information and best practice around the world from available sources.

Epidemic intelligence can be defined as the process to detect, verify, analyse, assess and investigate public health events that may represent a threat to public health. It encompasses activities related to early warning functions and also signal assessments and outbreak investigation.

Standard operating procedures, tools and feedback

Given its European perspective, and under the principle of subsidiarity, ECDC is collecting information for the detection of threats from the surveillance networks, from calls received by ECDC duty officer, from the EWRS and other European Commission alert systems (Rapid Alert System for Food and Feed – RASFF), from European epidemiological bulletins, from partner agencies (for example, WHO outbreak verification list, Pacific network forum, World Organisation for animal health – OIE), from epidemic intelligence distribution lists (PROMED), from specialised Internet resources (MediSys, Gideon, GPHIN) and from the human network of the Member States epidemic intelligence officers.

Signals detected through these sources are assessed to determine the risk that they pose to European citizens and to define resulting actions. A threat-tracking tool was developed by ECDC to facilitate the capture, verification and assessment of relevant public health events. A daily epidemic intelligence briefing takes place and decisions are taken on the basis of the advice of ECDC staff attending the meeting. Every Friday morning, a conference call with the European Commission is held to jointly review current threats and prepare the Epidemic Intelligence Weekly Report for the European Commissioner responsible for Health and Consumer Protection.

The regular and on-going dissemination of public health threats is done through the EWRS, the weekly threat report, Eurosurveillance weekly and the ECDC website for influenza. An annual report will be prepared. ECDC is planning a meeting on epidemic intelligence in January 2006, to formalise the agreement with Member States. The procedures for communication on public health threats with the European Commission have been defined and are operational since June 2005. ECDC has established a collaboration mechanism with the WHO regional office for Europe and the Alert and Response department of the WHO headquarters in Geneva. Under this agreement, the WHO outbreak verification list is provided routinely to ECDC and access to EWRS is granted for WHO, subject to the decision of each Member states.

Agreement with epidemic intelligence stakeholders

Member States: It has been agreed with the Member States to have a meeting on epidemic intelligence in January 2006 to present the strategy and procedures and to formalise agreements with Member States. The meeting will be attended by the representatives of the Member States in charge of epidemic intelligence activities, and European and international partner agencies. The objectives of the meeting will be to:

- Strengthen the human network of epidemic intelligence officers in Europe.
- Establish an informal rapid information exchange mechanism with the Member States.
- Determine the feedback mechanisms for regular information of the Member States.
- Capitalise on the experience acquired by the Member States on epidemic intelligence, in term of organisational models, source of information used, verification mechanisms, etc.
- Define the added value expected by the Member States from ECDC.
- Consider areas of harmonisation of epidemic intelligence process among the Member States.

European Commission: The procedures for communication on public health threats with the Commission have been defined and have been operational since June 2005. The collaboration mechanism relies on:

- A weekly teleconference with SANCO C3 unit to review current threat and jointly prepare the epidemic intelligence weekly bulletin for the Commissioner.
- Ad-hoc calls and teleconferences when required.
- The operations of the EWRS to assist the European Commission.

WHO: ECDC has established collaboration mechanism with the WHO regional office for Europe and the Alert and Response department of the WHO headquarters in Geneva. Under this agreement, the WHO outbreak verification list is provided routinely to the ECDC and access to EWRS is granted for WHO, subject to the decision of each Member State.

Threats processed in 2005

Table 1: Summary of threats reviewed by the Preparedness and Response Unit, April–December 2005

Indicator	Number
Threats processed	102
Total number of countries involved*	199
Threats follow-up events	899
ECDC actions resulting from threats	51
Threats x countries involved in:	
• EU 25 Member States	76
• WHO European region except EU, Russia and EFTA	27
• Asia (outside WHO Euro countries of Central Asia and Russia)	38
• Africa	26
• Russia	10
• Americas	8
• Middle-east	8
• EEA-EFTA countries	4
• Oceania	2

* One threat may involve several country

Figure 3: Distribution of threats by geographical areas, April–December 2005

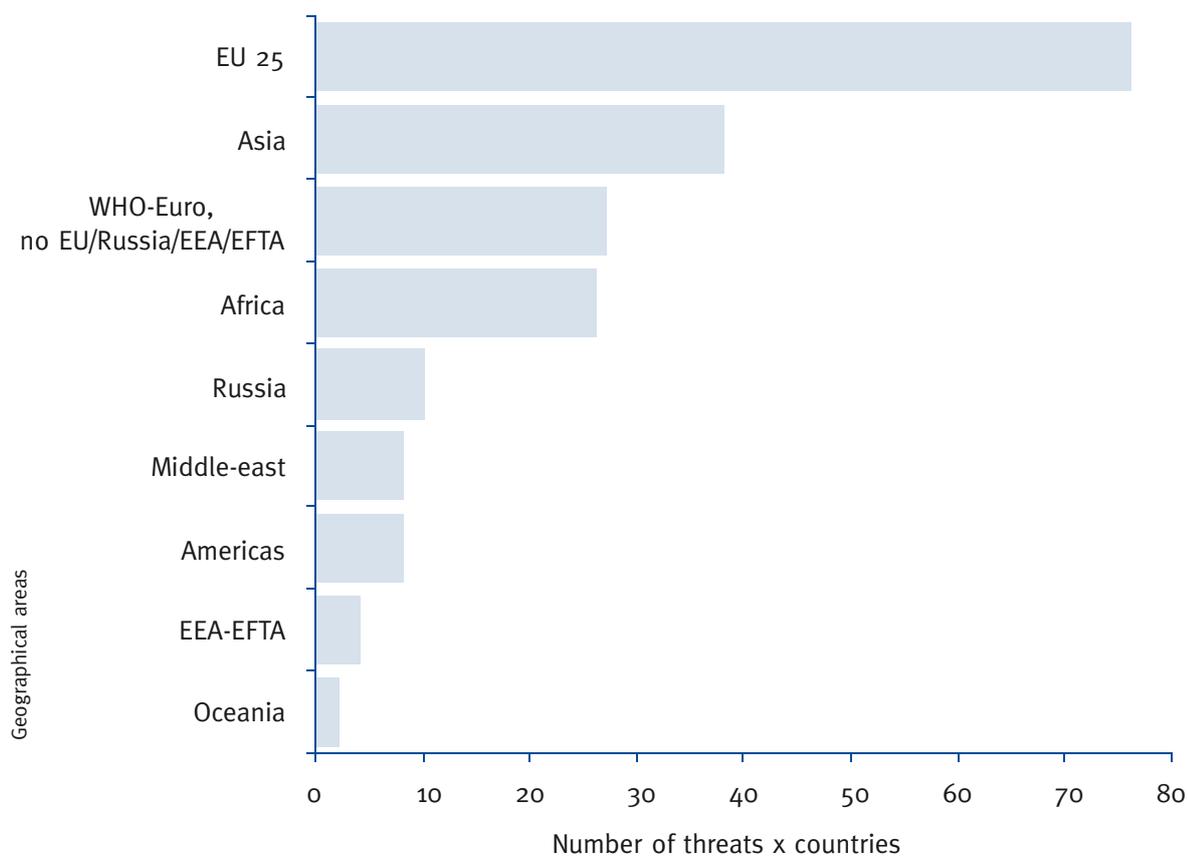
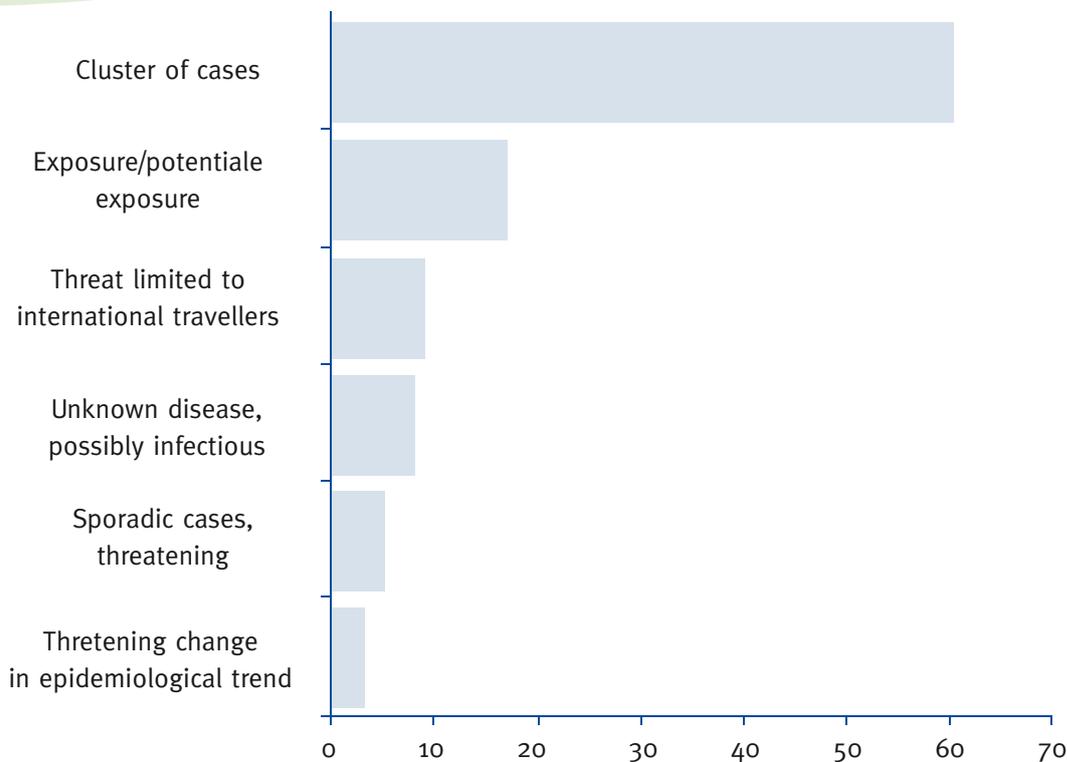


Table 2: Threats reviewed by ECDC by nature of the threat

Nature of the threat	Number
Cluster of cases	60
Exposure/potential exposure to pathogens	17
Threat limited to international travellers	9
Unknown disease, possibly infectious	8
Sporadic cases, threatening	5
Threatening change in epidemiological trend	3
Total	102

Figure 4: Distribution of threats by nature of the threat, April–December 2005



Early Warning and Response System (EWRS)

Tasks in 2005 according to the Work Programme

- Link up to the EWRS system.
- Set up a 24h/7day permanent on-duty system.
- Agree with the Commission on a standard operating procedure (SOP) for the handling of incoming messages.

Since April 28th, 2005, the ECDC has been linked up and operational as a focal point for the EWRS. Messages from Member States are monitored, reviewed and acted upon accordingly. Since April 2005, 102 events have been reported and reviewed (Table 2).

While the ECDC is now fully operational regarding the follow-up of messages posted by Member States, the transfer also of the EWRS technical operations requires a transition period to also enable sufficient ICT capacity

to become available in the new ECDC premises. Options for ensuring the continuity of EWRS service during the transition period are being reviewed with the European Commission and include using a service provider for technical EWRS operations and keeping the technical (IT) operations in the European Commission until the ECDC has its full technical capacity. In the interim, the DG-DIGIT of the Commission has been approached to continue servicing the EWRS server.

24/7 on duty procedures

ECDC has implemented already from May 26th, 2005, a 24 hours, 7 days (24/7) on duty system through a unique telephone number and email address. Since its implementation, two calls have been processed, not related to emergency issues. These channels of emergency communication with ECDC have been communicated to the EWRS, the surveillance component of the Community network (ESCON), the Advisory Forum members, the European Commission and the DSN focal points.

Emergency operations

ECDC public health event plan

The ECDC developed a public health event plan which covers activation mechanisms, setting the level of public health alert, scaling ECDC intervention, implication for reassignment of duties and maintaining core ECDC mission functions. This plan was presented to the advisory forum in September 2005.

Role of ECDC in public health emergencies

Following the handover of responsibilities from the public health and risk assessment directorate of the European Commission, the ECDC developed a document outlining its role in the event of a European public health emergency requiring its intervention. The document defines the role of the ECDC for the risk monitoring (leading role), risk assessment (leading role), risk management (support role) and risk communication (coordination role) functions as well as the preparedness activities (provision of scientific evidence and support to drafting of preparedness plans).

Simulation exercises – New Watchman and Common Ground

The ECDC participated in the two European Commission simulation exercises that took place in October (New Watchman) and November (Common Ground) 2005. It contributed to the planning of the exercises as well as being a key player during the simulation.

The New Watchman exercise highlighted the need to better define the role of the ECDC when intentional release of biological agents is suspected. These events remain a high public health concern, even though the forensic dimension of the investigation should be taken into account. The Common Ground exercises showed the value of having defined the role of ECDC in risk monitoring, assessment and management, which were clearly understood by the European Commission and the Member States.

Both exercises demonstrated the ECDC's ability to communicate effectively through video conferencing with the European Commission and WHO. However, the EWRS showed its limitations as a communication tool during a crisis of European scope, especially when the traffic of messages increases. Therefore, the EWRS should be enhanced to include new functionalities that would allow structuring access to circulating messages and logging events and decisions.

Internally, the exercises showed the need for the ECDC to further develop its standard operating proce-

dures when the public health event operation plan is activated, in particular, the interactions between the public health event management team and the ECDC executive management team.

ECDC emergency operations centre

From October 1st, 2005, a temporary emergency operations room has been set up and equipped in the new ECDC premises. This "operation room" has been equipped with communication equipment (video conferencing). It will be transferred and enhanced when the ECDC premises are fully renovated in 2006. In preparation the ECDC is designing the specification of a state-of-the-art public health emergency centre and a preliminary consultation has been held with a company experienced in designing such centres. The US CDC has also been visited in December to gain from their experience.



Professor Angus Nicoll of ECDC in Ankara as part of the international assistance team, January 2006. Also pictured is Caroline Brown of WHO Europe.

Outbreak assistance mechanisms

Mobilisation of outbreak assistance teams

A set of procedures for mobilising outbreak assistance teams has been developed and presented to the Advisory Forum in November 2005. This document stipulates that outbreak assistance can be triggered by requests from Member States, third countries or the WHO. In addition, the ECDC can offer assistance to Member States as a result of the assessment of a threat. The call for assistance is then circulated to Member States through outbreak response country focal points (EWRS

Training

Task and indicator in 2005

- Create an inventory of prioritised training needs.

focal points and the DSNs for diseases that they cover will be used in the interim). The ECDC then proposes identified experts to the requesting country and covers the cost of travelling and subsistence of the teams in the field.

Assistance provided in 2005

In 2005, the ECDC provided assistance of one expert through WHO Regional Offices for Europe and for the Western Pacific, in Romania and China respectively, for assisting national authorities in dealing with human issues related to outbreaks of avian influenza in birds. In January 2006 assistance was significantly increased as avian influenza reached EU borders and the first human cases were detected outside the Far East.

Training strategy

A five-year training policy document has been prepared, in collaboration with the European Programme for Intervention Epidemiology Training (EPIET) and was presented to the Advisory Forum in September 2005. The document describes objectives, targets and training approaches respectively at the national, European and international (beyond Europe) level.

It stresses the importance of conducting a needs assessment and an inventory of resources at the European level. Activities proposed at Member State level include the organisation of workshops, short courses, the design of training material, consideration of the distance learning approach and implementing new field epidemiology training programmes (FETP). At the European level, it refers to the continuation and expansion (see also below) of the European Programme for Field Epidemiology Training (EPIET), the development of joint microbiologists/epidemiologists training courses, the exchange of senior experts, scientific seminars, the organisation of workshops, training courses and modules, and the redaction of a European field epidemiology manual.

Member State consultation

Following the presentation of the training strategy to the Advisory Forum, a consultation of Member States representatives in field epidemiology training activities was held in December 2005. The consultation resulted in a set of recommendations that will be used to draft a training activities implementation plan for 2006–2007.

EPIET

The ECDC will ensure the continuation of the EPIET programme after the current contract with the European Commission. This will take place during 2006 and 2007 as the programme is organised in a cohort of fellows spread over 2 years. The unit has been involved in discussion with the EPIET steering committee and reached an agreement on the procedures to be used for the recruitment of a cohort 12 fellows. The ECDC will pay eight fellows as contract agents in 2006 and take over the cost of the training activities for this cohort (introductory course and scientific seminar).

Unit for Administrative Services

Mission statement

The administrative services aim to facilitate the operational activities of the Centre, to help ensure that the human and financial resources are properly and well managed and to make the Centre a good place to work.

Organisation

The Unit for Administrative Services is currently composed of two established sections (Figure 1): the Human Resource Management Section and the Financial Services Section, as well as an ICT and Logistics function. The setting up of these two sections has been a main priority for the Centre in 2005 and reflects 1) the emphasis given to building up the staff capacity of the Centre and to 2) the priority of setting up the internal capacities to manage the financial resources along the lines of a public Community body.

As well as the two established sections, there is a nucleus of a support group for information technology and for logistics. The capacities in these areas will be further developed and will evolve in 2006 towards full support teams.

Financial services

Tasks in 2005 according to the Work Programme:

- Set up the financial systems such as an independent accounts system, ancillary tools providing payroll, mission expense and reporting.
- Adopt internal rules and guidance on budget execution and procurement.
- Document financial circuits and possible delegations and sub-delegations.
- Set up an audit function.
- Cost the proposals in the future work programmes and draw up necessary budget estimates on a strategic level.

The key objectives in 2005 for the Finance Section have been to:

- Exercise the accounting function.
- Plan, manage and follow up on the budgetary resources and assets of the Centre.
- Facilitate public procurement and financial processes.
- Manage missions and meetings.
- Build up the financial and management systems for the Centre.
- Support the building up of the audit function.

Substantial progress has been made in these areas in 2005 to ensure that all the above match and are in line with EU financial and administrative procedures. The basic capacities are in place for the finance group to develop further along with the growth of the Centre in the coming years.

The budgetary authority had approved a budget of 4,853,000 euro for the Centre. While the European Commission assumed responsibility of the ECDC budget in the first half of the year, the Centre's Director took up the role as financial authority as from 1 July onwards. The establishment of the accounting function has been a key priority. Initially the accountant of EMEA assumed this function, until the Management Board appointed on October 1st the Centre's own accountant.

A finance group was established during the very early phase of the development of the Centre in order to support the procurement and contracting of the Centre and to manage the travel and reimbursement services. These functions will be further consolidated in 2006, especially the travel support capacity which has been challenged by the need to have intense interaction with the governance bodies, the stakeholders and networks.

A financial system has been installed in 2005 and will be developed further into a full, IT based management system in the coming years.

An internal audit committee, as a sub-committee of the ECDC Management Board, was established in 2005 and mandated to oversee the internal and external audit functions of the Centre and to report to the Board. The committee focussed in 2005 on defining and setting up of the internal control standards for the Centre.

Human resources management

Tasks in 2005–2006 according to the Work Programme

- For the initial two-three months until staff is recruited, set up an initial core team of approximately 10-15 technical, administrative and managerial staff to start operations in May. All possibilities of secondment from Member States, the Commission, WHO and others should be explored with support from the Commission.
- Determine the staff needs and set the priorities.
- Recruit the staff.
- Organise secondment of experts from Member States.
- Set up human resources tools, such as implementation of rights and obligations and establishing the relevant bodies in accordance with the staff regulations.

The Human Resources Section was established early in the development of the Centre. Its objectives for 2005 were to:

- Recruit interim staff and to implement the recruitment plan for the centre's core staffing.
- Welcome newly recruited colleagues.
- Assume the staff administration function.
- Start the training and development framework for the centre.

The recruitment of staff for the ECDC has been fostered intensely since the ECDC Director assumed the function in March 2005. Between then and mid December around 740 applications have been screened and nearly 200 interviews took place for candidates that applied for posts at the Centre.

The ECDC management was appointed in the middle of 2005, followed by key expert and support staff in the second half of the year. By the end of 2005 the Centre had appointed 43 staff.

Temporary agents (filled and appointed):	22
Contract agents (filled and appointed):	3
Auxiliary agents (filled):	12
Seconded national experts (filled):	6
<hr/>	
Total:	43

The establishment table of 2005 for the Centre shows 29 temporary agents posts intended to cover long-term,

core functions. This quota will be reached in early 2006 with recruitment processes that have been initiated and are on the way.

To complement the above staffing capacities of the Centre, further support has been prepared for in 2005. With this aim the following initiatives were taken that will result in complementary resources in 2006 and beyond:

- The publication of a call for expression of interest for experts in epidemiology.
- The launch of a call for tender for IT consultants.
- The opening up of a vacancy notice for detached national experts.

Parallel to the building up of staff, the personnel administration services have been developed with a strong focus on integrating new staff at the Centre and the setting up a development framework for staff.

ECDC facilities and ICT

Tasks in 2005

- Establish a strategic plan for housing options for a growing agency.
- Short list possible business hotels or other first-phase office facilities.
- Contract a real estate consultancy firm in order to accomplish a technical survey on premises and to develop a detailed technical requirement document for the premises in conjunction with proposal for a solution for a growing agency.
- Take a decision on housing providing 10 fully equipped work stations for the first part of 2005 and increase them up to 35 by the end of the year.
- Prepare a decision on further premises and sign the contract in order to ensure that the Centre can continue its operations smoothly in 2006.
- Set up the computer and telecommunication facilities.

The objectives for 2005 for the support services were to:

- Prepare and move into ECDC premises.
- Establish the basis for future ICT and logistics services.
- Prepare for the information and publishing support function of the Centre.



ECDC Staff.

In early October 2005 the staff moved from the temporary ECDC premises, hosted by Solna Town, into new premises. The Tomtebodavägen building that is rented by ECDC from Akademiska Hus is located on the Karolinska Institute campus area in Solna, close to Stockholm city.

Jointly with the owner of the building, the premises are being renovated and refurbished to meet the needs of ECDC. It is planned that the renovated and refurbished building will be fully used by ECDC from early 2007 onwards.

Emphasis has been given on installing the basic information and communication technology and other core facilities for the Centre. With this aim several calls for tender were organised and are establishing the basis for outsourcing services and procurement of materials and equipment for the Centre for the coming years. The ICT, logistics and information services will be further developed in 2006 in order to support the planned operational and administrative functions of the Centre.

Horizontal projects

Role of projects in a matrix organisation

The horizontal projects are the corner stones of the scientific output of the Centre. All disease-related activities in the various Units are coordinated within the projects. Each project has a project coordinator who is linked to one of the units and heading a project team with representatives from all involved units. The projects coordinate all project-related products of the involved units at the ECDC. The units carry out their own products according to their work plans and under the supervision of the unit heads. Projects build on the work plans, integrate them, ensure synergy, and avoid gaps and overlaps. In the first year, with limited scientific staff, horizontal projects have been set up in three priority areas: influenza, antimicrobial resistance and HIV/AIDS. These are only initial priorities and the intention is to cover all infectious disease areas by the end of 2006, building on this experience of horizontal working.

Influenza

Because of the events of 2005 and the global crisis around influenza (human influenza, avian influenza and pandemic influenza), the most developed area has had to be influenza and acute respiratory infections. A project plan was devised almost immediately in the spring and this focused on ten areas:

1. Risk monitoring and assessing the threats of avian and pandemic influenza.
2. Strengthening European, ECDC and country preparedness.
3. Further developing surveillance of seasonal and epizootic influenza and devising pandemic surveillance based on these.
4. Ensuring effective communication among Member States, European agencies and the European Commission, international partners, decision makers and especially to the public.
5. Monitoring important scientific developments, providing opinion and promoting issues.
6. Undertaking advocacy.
7. Developing with others counter measures and interventions tools and guidance.
8. Supporting Member States for investigation and response at early phases and especially for Avian Influenza.
9. Establishing crisis coordination internally;
10. Developing key partnerships.

An influenza team with representatives from all the units was established to implement this plan. To some extent the work was driven by events and especially the

need to respond to the appearance of avian influenza (Type A/H5N1) in Europe (see Annex 5) and a heightened risk of a pandemic. Achievements and deliverables in 2005 can be broadly divided into those concerning seasonal influenza and avian influenza.

Seasonal Influenza and Pandemic Preparedness

Routine clinical and laboratory surveillance is undertaken with the European Influenza Surveillance System (EISS). Identification of circulating influenza strains through surveillance and networking of national reference laboratories has begun for the 2005–2006 winter season in cooperation with the EISS network, which is increasingly working with the ECDC Surveillance and Communication Unit, prior to its review as a Disease Specific Network in 2006. The network is an important component of influenza surveillance and risk monitoring which is updated weekly on the ECDC website. The influenza component of the website was developed in the autumn and includes a “Frequently Asked Questions and Answers” section, fact sheets including “Ten things you must know about Influenza”, travel and occupational guidance

Pandemic Preparedness Assessment Tool: Working from the WHO global plan and checklist, a detailed paper assessment tool was created and published by the Unit for Preparedness and Response, working with the European Commission and WHO/EURO. This tool has been made available to the Member States, but its real use has been (following a pilot programme in Sweden) to review and analyse national preparedness plans on influenza in six countries, three in the European Union (Greece, Poland and UK) and three in Europe outside the EU (Kazakhstan, Turkey and Ukraine). Each visit was undertaken by Commission and WHO/EURO staff and resulted in a formal report to the country and a shortened report to the Commission and WHO.

More assessment visits will be undertaken in 2006, with specific attention being paid to the interoperability of plans. The Centre played an important role in the Second Joint European Commission-WHO/EURO Workshops on Influenza Planning in Copenhagen in October 2005. This workshop was reported in Eurosurveillance and was effectively the major fixed point for influenza planning in Europe along with the command post exercise “Common Ground” in the autumn. It has been agreed with the European Commission and WHO/EURO that a third workshop should be held in the spring of 2006 in Stockholm under the leadership of the ECDC.

Review of the scientific basis for non-pharmaceutical public health measures: The Scientific Advice Unit was a major contributor to a two-part review of the scien-

tific basis for public health measures that will and will not be expected to be effective against influenza (hand washing, face masks, travel restrictions etc.). These publications appeared in the *Emerging Infectious Diseases* journal in December and represent work undertaken under the auspices of the WHO to generate an annex to its pandemic plan published in May this year. The first article focused on the international aspects and second on national and community measures. They have joint authorship under a WHO group of specialists from ECDC, WHO (Geneva), CDC (USA), the Health Protection Agency (UK), Canada and other scientific partners. The outputs have also been used by WHO for its recommendations.

Surveillance for Influenza during a Pandemic: A meeting has taken place with EISS and Advisory Forum members to discuss preliminary thoughts on the surveillance that will take place in a pandemic. A paper on "Surveillance and Information Demands during an Influenza Pandemic Affecting Europe" is being prepared and will be considered by a larger workshop in January 2006. ECDC also proposes that this will be a substantial issue at the Third Influenza Workshop.

More specific issues that have been covered by the ECDC during the year include:

- **Antivirals and Pandemic Vaccine:** There are ongoing discussions with EMEA to clarify what the ECDC's role will be on these two important topics.
- **Risk Monitoring:** This continues to be published weekly as a concise one-page summary (see below) as well as a more complete version.
- **The Pandemic Exercise:** The ECDC played a full part in the command-post exercise "Common Ground" in late November. The Centre is now undertaking its internal debriefing. Communications with the European Commission and WHO worked well through video and teleconferencing. In contrast, the EWRS again produced a huge amount of work to process messages, and it was often difficult to distinguish between important messages and 'noise'.

Avian Influenza "Bird Flu" (Influenza A/H5N1) Activities

Work in this area began over the summer when it was identified that a European weakness was a lack of occupational guidance for those who may be exposed to influenza A/H5N1. Work was led by the Scientific Advice Unit, which convened an expert group drawn from the ECDC Advisory Forum, EFSA, the European Commission and occupational health specialist. Guidance was discussed and essentially approved by the ECDC Advisory

Forum, and was then discussed as Interim Guidance by the EU CVOs and CMOs at their second joint meeting in December.

When A/H5N1 was confirmed in birds almost simultaneously in Romania and Turkey, close to major sites of wild and domestic birds, the activity at the Centre heightened, with a peak when the Commissioner announced that the Centre would be producing Occupational and Travel Guidance. This was done in only a few days, based on a Risk Assessment that the Centre undertook getting expert input from members of the Advisory Forum. Documentation for the public was published on the Centre's website. In addition, the Director held a press conference that received international coverage, and briefed the EU Ministers of Health at the Informal Health Council on October 20th. Earlier she also addressed the European Parliament in Brussels.

In all of these communications the scientific message given was three-fold:

- There had been an unhelpful mixing up of the three types of influenza – human seasonal influenza, bird flu and pandemic flu – which should be considered as separate but related topics, each with their own risks.
- The actual risk of humans being infected with bird flu is low, though on the rare occasions when a person becomes infected with A/H5N1 the risk to health is serious;
- It is crucial to continue the work on general pandemic preparedness.

Surveillance for Human Avian Influenza (A/H5N1) in Europe: Surveillance was established in the autumn with EISS. No human cases of highly pathogenic avian influenza (HPAI) were seen in Europe in 2005, specifically no cases of influenza A/H5N1, although the situation changed in early January 2006 when the first human cases of HPAI and A/H5N1 outside of the Far East were detected in Turkey. There was an immediate and coordinated response and senior ECDC experts joined an inter-agency team led by the WHO to Turkey.

European Commission Joint Meeting of CVOs and CMOs: The Centre has been represented at the first two meetings on September 22nd and December 12th in Brussels. At the second meeting, the ECDC presented the Interim Occupational Guidance and an update of its October risk assessment

European Commission, ECDC, EFSA European Avian Influenza Teleconferences: Regular weekly European teleconferences were established in the autumn that were convened by the Centre

External Missions to Romania and China: ECDC staff went on two WHO missions, advising the Romanians and Chinese on their public health measures for dealing with the outbreak of A/H5N1 in birds.

Antimicrobial resistance

Antimicrobial resistance (AMR) is an area of concern for the Health Council, (Council Recommendation on the prudent use of antimicrobial agents in human medicine (2002/77/EC)). AMR is thus one of the ECDC's priority areas during the first years of its operations. The issue is complex and is already a significant public health problem.

The project AMR follows the strategy laid out in the Council recommendations. It is planned to run for a number of years. All units of the ECDC will be involved to some extent depending on objectives and activities. External help will be looked for when appropriate. The work, which is presently done in different projects, will be supported. The ECDC's main role will be to coordinate and support technical activities especially interventions and also to identify areas that are not covered but would need technical support. A close collaboration with all stakeholders is essential.

The work plan for 2006 has been discussed in the Advisory Forum and presented to the Management Board.

Activities in surveillance: The European Commission has funded a large number of projects and networks in the field of AMR. The networks are generating data on usage of antibiotics and resistance patterns. ECDC has started to review and assess these networks.

Activities to diminish spread and lower need for antibiotics: ECDC has participated in discussions with the Eu-

ropean Commission and the IPSE network to strengthen infection control in healthcare settings. ECDC has participated in WHO workshops on immunisations.

Activities to strengthen member state support: A website on the ECDC homepage will be set up. Discussions have started. Work with localising contact points in Member States has also started. A tool for self-assessment and as a basis for discussions for Member States is under development. Work on this has started.

HIV/AIDS and other sexually transmitted infections and blood-borne viruses

Human immunodeficiency virus (HIV) infection and its severe disease presentation Acquired Immune Deficiency Syndrome (AIDS) are both sexually transmitted conditions and blood-borne viral infections. Effective prevention activities have to span both groups of infections, and therefore it is important to look at HIV/AIDS with the other sexually transmitted and blood-borne viral infections.

European Union Policy on HIV and AIDS

It is considered by the European Commission that after the interest and investment in the 1980s and early 1990s, HIV/AIDS fell down policy priorities while hepatitis B and C have never been adequately recognised as a preventable health burden. To address this the Commission stimulated the Dublin and Vilnius Declarations



of 2004 which built on the United Nations approach outlined in its special meeting on AIDS of 2001 and follow up meetings of 2003 and 2005. The Commission is putting forward a Communication Concerning Action in Europe 2006-2009. ECDC and the Member States will be expected to play a major part in the implementation of this action plan. For these reasons and others, ECDC is developing another priority focus of work around these infections.

Accompanying the new European Commission document "Communication on Combating HIV/AIDS within the European Union and in the Neighbouring Countries for 2006-2009" is a Draft Action Plan specifying the role of ECDC and the contributions of Member States. To a large extent this is setting the agenda for ECDC work with components that include making HIV surveillance universal in Europe, developing behavioural surveillance, consolidating surveillance for antiviral resistance as well as a number of advocacy and research priorities.

An area ECDC would wish to concentrate on is ensuring that surveillance links with policy and practice for example in the area of ensuring voluntary but universal opt-out antenatal HIV testing in all European countries where the data indicate this is desirable.

Initial Actions by ECDC

- The Director has spoken on the topic at the European Parliament.
- In addition to identifying HIV/AIDS as one of the Centre's priority disease areas, discussions are taking place with the European Commission and EuroHIV on how to use the established coordination structures (Think Tank, Civil Society Forum, interservice group) and to determine how the ECDC's work can complement its activities after the Dublin and Vilnius Declarations.
- An ECDC and EuroHIV media briefing was released on November 25th and achieved good impact.
- One of the Centre's scientific panels is on HIV/AIDS, STIs and blood-borne viruses
- A broader programme of work is being developed across the Centre's units in support of the Commission's action plans and a project team has been established.

Annex 1:

Members of the Management Board

Members and alternates in 2005

Austria	Dr <i>Hubert Hrabčík</i> (member) Prof <i>Robert Schlögel</i> (alternate)
Belgium	Dr <i>Daniel Reynders</i> (member)
Cyprus	Dr <i>Chrystalla Hadjianastassiou</i> (member) Dr <i>Irene Cotter</i> (alternate)
Czech Republic	Prof <i>Roman Prymula</i> (member) Dr <i>Jan Kyncl</i> (alternate)
Denmark	Dr <i>Jens Kristian Gøtrik</i> (member) Dr <i>Else Smith</i> (alternate)
Estonia	Dr <i>Tiiu Aro</i> (member) Dr <i>Inna Sarv</i> (alternate)
Finland	Dr <i>Tapani Melkas</i> (member) Dr <i>Merja Saarinen</i> (alternate)
France	Prof <i>Gilles Brücker</i> (member)
Germany	Mr <i>Franz J. Bindert</i> (member) Dr <i>Johannes Blasius</i> (alternate)
Greece	Ms <i>Olga Adrami</i> (member) Mr <i>Alkiviadis Aivaliotis</i> (alternate)
Hungary	Dr <i>Gábor Kapócs</i> (member) Dr <i>Marta Melles</i> (alternate)
Ireland	Dr <i>Eibhlin Connolly</i> (member) Dr <i>Colette Bonner</i> (alternate)
Italy	Dr <i>Donato Greco</i> (member) Dr <i>Maria Grazia Pompa</i> (alternate)
Latvia	Ms <i>Lelde Vancoviča</i> (member) Ms <i>Gunta Rozentale</i> (alternate)
Lithuania	Dr <i>Vytautas Bakasenas</i> (member) Dr <i>Romualdas Sabaliaukas</i> (alternate)
Luxembourg	Dr <i>Pierrette Huberty-Krau</i> (member) Mr <i>Patrick Hau</i> (alternate)
Malta	Dr <i>Andrew Amato Gauci</i> (member) Dr <i>Mario Fava</i> (alternate)
Netherlands	Dr Marc Sprenger (member) Chair Ms <i>Lenie Kootstra</i> (alternate)
Poland	Dr <i>Krzysztof Pajaczek</i> (member) Dr <i>Pawel Grzesiowski</i> (alternate)
Portugal	Prof <i>Paulo Ferrinho</i> (member) Dr <i>Maria da Graça Gregorio de Freitas</i> (alternate)
Slovakia	Prof <i>Eva Maderova</i> (member) Dr <i>Zuzana Kristufkova</i> (alternate)
Slovenia	Ms <i>Mojca Gruntar Činč</i> (member) Dr <i>Alenka Kraigher</i> (alternate)
Spain	Dr <i>Carmen Amela Heras</i> (member) Dr <i>Isabel Saiz Martinez-Acitores</i> (alternate)
Sweden	Ms <i>Iréne Nilsson-Carlsson</i> (member) Dr <i>Johan Carlson</i> (alternate)
United Kingdom	Mr <i>Gerard Hetherington</i> (member) Dr <i>Ailsa Wight</i> (alternate)
European Parliament	Prof Minerva-Melpomeni Malliori (member) Deputy Chair

European Commission	<i>Prof Jacques Scheres</i> (member) <i>Mr Ronald Haigh</i> (alternate) <i>Mr Georgios Gouvras</i> (member) <i>Mr Fernand Sauer</i> (member) <i>Mr Octavio Quintana Trias</i> (member) <i>Mr John F. Ryan</i> (alternate) <i>Mr Tapani Piha</i> (alternate) <i>Mr Timothy Hall</i> (alternate)
EEA/EFTA countries	
Iceland	<i>Mr Davíð Á. Gunnarsson</i> (member) <i>Dr Sveinn Magnússon</i> (alternate)
Liechtenstein	<i>Dr Eva-Maria Hiebl</i> (member)
Norway	<i>Mr Jon-Olav Aspås</i> (member) <i>Mr Birgit Lunden</i> (alternate)

Annex 2:

Members of the Advisory Forum

Members and alternates in 2005

Austria	Prof <i>Manfred P. Dierich</i> (member) Prof <i>Franz Allerberger</i> (alternate)
Belgium	Dr <i>René Snacken</i> (member) Mr <i>Carl Suetens</i> (alternate)
Cyprus	Dr <i>Olga Poyiatzi-Kalakouta</i> (member) Dr <i>Despo Pieridou-Bagatzouni</i> (alternate)
Czech Republic	Dr <i>Jozef Dlhý</i> (member) Dr <i>Jiri Wallenfels</i> (alternate)
Denmark	Dr <i>Kåre Mølbak</i> (member) Dr <i>Steffen Glisman</i> (alternate)
Estonia	Dr <i>Kuulo Kutsar</i> (member) Dr <i>Natalia Kerbo</i> (alternate)
Finland	Prof <i>Petri Ruutu</i> (member) Prof <i>Pentti Huovinen</i> (alternate)
France	Dr <i>Jean-Claude Desenclos</i> (member) Prof <i>François Dabis</i> (alternate)
Germany	Prof <i>Reinhard Kurth</i> (member) Dr <i>Michael Kramer</i> (alternate)
Greece	Dr <i>Angelos Hatzakis</i> (member) Mr <i>Theodoris Papadimitriou</i> (alternate)
Hungary	Dr <i>Ágnes Csohan</i> (member) Dr <i>Ádám Vass</i> (alternate)
Ireland	Dr <i>Darina O'Flanagan</i> (member) Dr <i>Derval Igoe</i> (alternate)
Italy	Dr <i>Stefania Salmaso</i> (member) Dr <i>Giuseppe Ippolito</i> (alternate)
Latvia	Mr <i>Jurijs Perevoscikovs</i> (member) Ms <i>Irina Lucenko</i> (alternate)
Lithuania	Dr <i>Kestutis Zagminas</i> (member) Dr <i>Rolanda Valinteliene</i> (alternate)
Luxembourg	Dr <i>Robert Hemmer</i> (member) Dr <i>Danielle Hansen-Koenig</i> (alternate)
Malta	Dr <i>Malcolm Micallef</i> (member) Ms <i>Tanya Melillo Fenech</i> (alternate)
Netherlands	Dr <i>Roel Coutinho</i> (member) Dr <i>Marina Conyn-van Spaendonck</i> (alternate)
Poland	Prof. <i>Andrzej Zielinski</i> (member) Dr <i>Malgorzata Sadkowska-Todys</i> (alternate)
Portugal	Dr <i>Maria Teresa Avilez Paixao</i> (member) Dr <i>Ana Maria Correia</i> (alternate)
Slovakia	Dr <i>Mária Avdicova</i> (alternate)
Slovenia	Dr <i>Irena Klavs</i> (member) Dr <i>Marta Vitek Grgic</i> (alternate)
Spain	Dr <i>Maria José Sierra Moros</i> (member) Dr <i>Odorina Tello Anchuela</i> (alternate)
Sweden	Prof <i>Ragnar Norrby</i> (member)
United Kingdom	Prof <i>Peter Borriello</i> (member)

Non-governmental Organisations

Standing Committee of European Doctors	Dr <i>Bernhard Grewin</i> (member)
Pharmaceutical Group of European Union	Dr <i>José Antonio Aranda da Silva</i> (alternate)
European Public Health Association	Dr <i>Ruth Gelletlie</i> (member)
European Society of Clinical Microbiology and Infectious Diseases	Dr <i>Elisabeth Nagy</i> (alternate)
European Patient Forum	Dr <i>Jana Petrenko</i> (member)
European Federation of Allergy and Airways Disease Patient's Association	Dr <i>Anna Doboszyńska</i> (alternate)

EEA/EFTA countries

Iceland	Dr <i>Haraldur Briem</i> (member) Dr <i>Gudrun Sigmundsdottir</i> (alternate)
Liechtenstein	Dr <i>Oskar Ospelt</i>
Norway	Dr <i>Preben Aavitsland</i> (member) Dr <i>Hanne Nøkleby</i> (alternate)

WHO Regional Office for Europe

Dr *Bernardus Ganter*

Non-governmental Organisations

Standing Committee of European Doctors	Dr <i>Bernhard Grewin</i> (member)
Pharmaceutical Group of European Union	Mr <i>José Antonio Aranda da Silva</i> (alternate)
European Public Health Association	Dr <i>Ruth Gelletlie</i> (member)
European Society of Clinical Microbiology and Infectious Diseases	Dr <i>Elisabeth Nagy</i> (alternate)
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Liechtenstein	Dr <i>Oskar Ospelt</i> (member)
Norway	Dr <i>Preben Aavitsland</i> (member) Dr <i>Hanne Nøkleby</i> (alternate)

WHO Regional Office for Europe

Dr *Bernardus Ganter* (member)

Annex 3: Staffing of ECDC by end of 2005

Director's Cabinet

Ms *Zsuzsanna Jakab*
Dr *Karl Ekdahl*

Mr *Ben Duncan*
Ms *Julie Benichou*
Ms *Helena Holland-Burman*
Ms *Johanna Banks*
Mr *Helge Larsen*
Ms *Bettina Bumb*
Mr *György Cseh*
Mr *Arun Nanda*
Ms *Candice Pettifer*

Unit for Scientific Advice

Prof *Johan Giesecke*
Dr *Francoise Hamers* (appointed)
Dr *Amanda Ozin-Hofsaess* (appointed)
Ms *Monica Nilsson* (appointed)
Dr *Laszlo Balkanyi* (appointed)
Dr *Peet Tüll*
Prof *Angus Nicoll*
Dr *Pierluigi Lopalco*

Unit for Surveillance & Communication

Dr *Andrea Ammon*
Dr *Johanna Takkinen*
Dr *Bernadette Gergonne* (appointed)
Ms *Charin Carlsson* (appointed)
Dr *Sarah De Martin*
Dr *Karoline Fernandez de la Hoz*
Dr *Daniel Faensen*

Unit for Preparedness & Response

Dr *Denis Coulombier*
Dr *Massimo Ciotti* (appointed)
Dr *Carmen Varela Santos*
Dr *Evelyn Depoortere* (appointed)
Ms *Katarina Johansson* (appointed)
Dr *Arnold Bosman* (appointed)
Dr *Marco Baldari*
Dr *Reinhard Kaiser*

Unit for Administrative Services

Mr *Jef Maes*
Mr *Theodoros Orfanos*

Position *

Director (TA)
Strategic Advisor to the Director and
Co-ordinator of the Director's Cabinet (TA)
Spokesperson and Media Relations Officer (TA)
Administrative Officer Governance (TA)
Personal Assistant to the Director (TA)
Assistant in Director's Office (TA)
Senior Advisor (AUX)
Secretary (AUX)
Driver (AUX)
WHO liaison (SNE)
Assistant Editor, Eurosurveillance (SNE)

Head of Unit, Chief Scientist (TA)
Senior Expert (TA)
Expert (TA)
Secretary (TA)
Knowledge Manager (CA)
Coordinator AMR (AUX)
Coordinator influenza (SNE)
Coordinator scientific panels (SNE)

Head of Unit (TA)
Senior Expert (TA)
Expert (TA)
Secretary (TA)
EPIET fellow (CA)
Expert (SNE)
Database Expert (SNE)

Head of Unit (TA)
Deputy Head of Unit (TA)
Senior Expert (TA)
Expert (TA)
Secretary (TA)
Chief Training Coordinator (CA)
Senior Expert (AUX)
Senior Expert (AUX)

Head of Unit (TA)
Accountant (TA)

Ms <i>Åsa Hultman</i> (appointed)	HR Secretary (TA)
Ms <i>Jessica Sjöbom</i>	HR Officer (AUX)
Ms <i>Margaretha Letterhag</i>	HR Officer (AUX)
Ms <i>Ana Espinosa</i>	HR Officer (AUX)
Mr <i>Jouko Raatikainen</i>	System Administrator (AUX)
Ms <i>Maarit Hendriksson</i>	Financial Officer (AUX)
Ms <i>Marijke E. Impens</i>	Missions and Meetings Assistant (AUX)

* TA= Temporary Agent; AUX=Auxiliary Agent; CA=Contract Agent; SNE = Seconded National Expert.

By mid December additional 8 interim staff supported the Centre in the administrative area.

Annex 4: Chronological listing of key events 2005

Date	Event
1 March	Director takes office.
7 March	First expert in place.
23 March	Inauguration of temporary facilities in Solna City Hall, with the Swedish Minister for Public Health and Social Services, the Governor of Stockholm and the Mayor of Solna.
2 April	Director gives key note speech at the ECCMID in Copenhagen.
13 April	Director addresses the informal Council meeting in Paris.
28 April	First meeting with Advisory Forum.
2 May	Director addresses the European Parliament Workshop on "Importance of Continued Education on HIV and AIDS in Europe"
20 May	The Centre officially operational.
26 May	Third meeting with the Management Board– New Unit Heads presented
27 May	Official inauguration of the ECDC with the European Commissioner for Health and Consumer Protection, the Swedish Minister for Public Health and Social Services, the Luxembourg Minister of Health.
13-16 June	Official visit to USA (Washington and Atlanta) by Director and Management Board Chair.
11-12 July	Second meeting with Advisory Forum.
22-26 August	ECDC participates in joint EU-WHO mission to evaluate pandemic preparedness in Kazakhstan.
28 August – 1 September	ECDC participates in joint EU-WHO mission to evaluate pandemic preparedness in Ukraine.
1 September	ECDC enters strategic partnership with Eurosurveillance.
5-9 September	ECDC participates in joint EU-WHO mission to evaluate pandemic preparedness in the UK.
13 September	Memorandum of Understanding with WHO Regional Office for Europe signed during the WHO Regional Meeting in Bucharest.
14 September	Director addresses the European Parliament on avian influenza.
15 September	Official visit to ECDC by Chinese Ministry of Health delegation.
22 September	ECDC participation in first joint CMO & CVO meeting organised by European Commission (main topic avian influenza).
19-23 September	ECDC participates in joint EU-WHO mission to evaluate pandemic preparedness in Turkey.
26-29 September	ECDC participates in joint EU-WHO mission to evaluate pandemic preparedness in Greece.
27 September	Official visit by delegation from Finnish National Public Health Institute
28 September	Director addresses the International Bar Association in Prague.
29-30 September	Third meeting with Advisory Forum.
1 October	Move to new premises at the Tomtebodaskolan at KI campus area in Solna.
1-9 October	Official visit to India and Thailand by Director and Management Board Vice Chair.
3-5 October	ECDC participates in joint EU-WHO mission to evaluate pandemic preparedness in Poland.
13 October	Appreciation that avian influenza had spread to Romania and Turkey. Announcement by Commissioner at press conference that ECDC would produce travel advice and occupational guidance on avian influenza.
18-19 October	Official visit by delegation from US CDC.
18-20 October	ECDC participates in Exercise New Watchman on smallpox.
19 October	ECDC press conference on avian influenza – Interim guidelines for workers

	protection, risk assessment and travel advice presented.
21 October	Director addresses the informal Council meeting in UK on influenza.
24-26 October	2nd Joint European Commission–ECDC–WHO/EURO Workshop on Influenza Planning in Copenhagen.
27 October	Informal briefing by the new Member States on communicable disease response.
27-28 October	Fourth meeting with the Management Board in Budapest. Strategy for taking over responsibility for surveillance networks endorsed.
10-19 November	ECDC participates in WHO-Chinese Ministry of Health Mission appraising human avian influenza cases in Hunan, China.
15 November	Network Forum with coordinators for all surveillance networks in Stockholm.
17-18 November	Annual meeting with Eurosurveillance editorial advisors in Stockholm.
23-24 November	ECDC participates in Exercise Common Ground on pandemic influenza.
28-29 November	Fourth meeting with Advisory Forum.
1 December	Meeting with WHO Deputy Director General for Communicable Diseases and the Regional Director for WHO/EURO at ECDC headquarters.
30 November- 1 December	European Training Strategy Meeting in Stockholm.
1 December	Director and Eurosurveillance press release on World AIDS Day topics.
13-14 December	Fifth meeting with the Management Board.

Annex 5: ECDC Budget summary 2005

Including contribution from EEA EFTA Member States 100,000 for 2005 and 346,080 for 2006

Million (three decimals)	2005
Staff	1.796
Missions / interpretations / recruitment/ interim assistance	0.736
Title I	2.532
Rent and associated costs	0.285
ICT and equipment	0.446
Other administrative	0.507
Title II	1.238
Networking, surveillance and data collection on communicable diseases	0.165
Preparedness, response and emerging health threats	0.235
Scientific opinions and studies	0.221
Publications and communications	0.462
Information and communication technology to support projects	0
Build up and maintain the emergency operations centre	0
Technical assistance and training	0
Meetings to implement the work programme	0
Translations of scientific documents	0
Operating expenditure Title III	1.083
Total expenditure	4.853



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