



## In this issue:

1. **ECDC 2008 Annual Work Programme approved**
2. **Editorial by Director Zsuzsanna Jakab**  
  
External evaluation of ECDC : share your views  
  
A new building for ECDC  
  
26 EU nationalities working together at ECDC
3. **Competent Bodies: official list published on ECDC website**  
  
Liaising with the world: ECDC External Relations
4. **ECDC's Surveillance Unit (SUN)**
5. **Food and water borne diseases team**  
  
Tuberculosis team
6. **Microbiology support at ECDC**  
  
Knowledge and Information Services at ECDC  
  
ECDC meets to discuss HIV testing in Europe
7. **External views on Eurosurveillance**
8. **New publications**

## ECDC 2008 Annual Work Programme approved

### Based on a new strategic foundation

ECDC's Annual Work Programme for 2008 is the first that is completely based on ECDC's new *Strategic Multiannual Programme (SMP) for 2007–2013*. It starts an important new phase of ECDC's development where annual work programmes are planned, monitored and evaluated transparently according to ECDC's long-term strategy. This development is directly supportive of the proposed new EU strategy '*Together for Health: A Strategic Approach for the EU 2008–2013*'.

### Consultation process

Consensus on ECDC's 2008 Annual Work Programme was built on extensive consultations and a fruitful collaboration in particular with ECDC's Management Board and Advisory Forum, as well as the Commission and the European Parliament (ENVI committee).

### Main principles

ECDC's start-up phase is now over and 2008 represents the start of a new phase. *Content* is now the focus rather than infrastructure, tools and procedures, which are largely in place. More broadly the *European added value* is a strong guiding principle behind priority decisions. *Partnerships* with EU institutions, WHO and others key partners will be very actively pursued for synergy and added efficiency. *Cooperation* with the Member States will continue stressing quality, networking and synergy. During 2008, a key priority is to build up collaboration with the newly appointed Competent Bodies. Country specific approaches will be fully considered in the work with Competent Bodies. ECDC will pay particular attention to striking the right balance between networking for European synergies and avoiding putting undue pressure on countries.

### Priorities for 2008

- *Public Health Functions* (surveillance, scientific advice, early warning/preparedness and response, training and health communication) will remain a high priority. Efforts will focus on deepening, consolidating and refining these functions;
- *Disease-specific work* will be given an even higher priority than previous years. There will be a strong emphasis on a



Management Board meet at ECDC, December 2007

'science watch' function, the development of technical guidance and scientific advice to support Member States, as well as enhanced dissemination of the state-of-the-art knowledge produced;

- *Partnership* will continue with the building up of effective working relationships with the Member States' Competent Bodies being prioritised;
- A list of *expected results* for 2008 is available in the 2008 Annual Work Programme available on-line (see link below).

### Growing resources for delivery

The total budget of ECDC for 2008 is €40,1 million compared with €27 million in 2007. Thus, there is an increase in the budget of €13,1 million, or 48%. The total number of staff at ECDC, including Seconded National Experts and interim staff, is set to grow to nearly 300 by the end of 2008, compared to around 200 at present.

For more information: [http://ecdc.europa.eu/About\\_us/Key\\_Documents/ECDC\\_WP\\_%202008.pdf](http://ecdc.europa.eu/About_us/Key_Documents/ECDC_WP_%202008.pdf)



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### 2008: increased focus on content delivery

ECDC's start-up phase is over and 2008 will open a new phase focusing on ECDC delivering results to its stakeholders. *ECDC's guidance for the introduction of human papillomavirus (HPV) vaccines in EU countries* which was presented at the European Cervical Cancer Summit in Brussels on 22 January 2008 is a good example of the type of scientifically rigorous publication that ECDC will be delivering on a regular basis in 2008.

The purpose of the HPV guidance is to lay down the scientific basis to help the EU Member States make policy choices. The key message delivered by ECDC is that vaccination against HPV could be an effective prevention strategy against cervical cancer, but that vaccination is complementary to cervical cancer screening. Coordinated by ECDC, a scientific panel of independent experts was set up to analyse scientific evidence for the introduction of HPV vaccines and list the policy options available to the Member States.

ECDC will be preparing further scientific/technical guidance intended to support the Member States in their policy decisions. ECDC's current focus on delivery is also

dedicated to providing *added-value for Europe*. The independent scientific panel set up by ECDC to prepare the HPV guidance was chaired by Patricia Clayes, University of Ghent, Belgium and the members of the panel represented four other Member States. The guidance includes studies undertaken in a number of countries looking at the cost effectiveness of vaccinating young adolescent girls. Collaboration by ECDC at EU-level was illustrated by the participation of Johan Giesecke, ECDC's Chief Scientist, together with British Socialist MEP Glenis Willmott, Jaroslaw Waligora from DG SANCO, and Karine Moykens, Head of Cabinet for the Belgian (Flanders) Minister for Public Health at a session to discuss guidelines for cervical cancer screening and HPV vaccination at the European Cervical Cancer Summit.

We have a very full scientific programme planned for this year. It is impossible for me to list here all the scientific documents ECDC plans to deliver in 2008. I would therefore invite you to keep an eye on our website and keep reading *ECDC Insight*.

### External evaluation of ECDC: share your views

ECORYS Nederland, an independent research and consulting company, is carrying out the first evaluation of ECDC as required by its Founding Regulation. The evaluation is aiming to demonstrate the accountability of ECDC to its stakeholders and support learning for the future. One of the evaluation tools, designed to acquire stakeholders' views on the achievements of ECDC since its inception, is an online survey. In addition to targeting stakeholder groups, the survey is available on ECDC and DG SANCO websites for public consultation. We encourage you to participate by completing the survey!

For more information: [www.ecdc.europa.eu](http://www.ecdc.europa.eu)

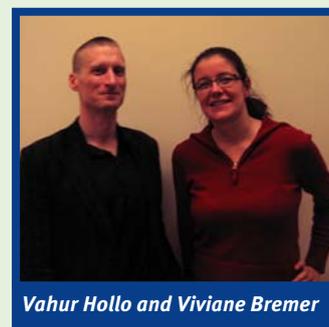
### A new building for ECDC



Peter Kreidl, Ana Espinosa, Pedro Arias, Paola Vasconcelos, Theodoros Orfanos, Lydia Papadimitriou

### 26 EU nationalities working together at ECDC

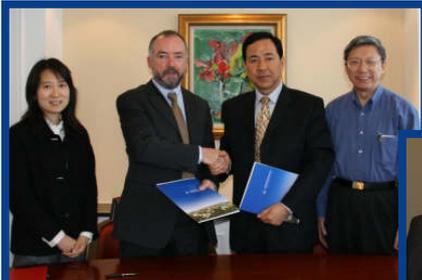
With Vahur Hollo from Estonia arriving in January and the Luxembourg national Viviane Bremer arriving in February, ECDC now has staff from 26 out of the 27 EU Member States. As well as the EU nationals at ECDC, we also have a representative from the US CDC and a Turkish national on detachment from the Ministry of Health in Turkey. The diversity of its staff is of course a great added-value for ECDC in its work!



Vahur Hollo and Viviane Bremer

ECDC is expanding making the famous Tomtebodavägen building too small to welcome the growing number of ECDC's staff members. ECDC's logistic team efficiently supervised the renovation of a new building close to ECDC's seat. On 17–18 February 2008, the Scientific Advice Unit (SAU) and the Surveillance Unit (SUN) moved into their new offices. The Director's Cabinet, Health Communication Unit (HCU), the Preparedness and Response Unit (PRU) and the Administrative Services will stay in the original Tomtebodavägen building. Further relocation might be needed in the future as ECDC is still welcoming new colleagues this year.

Global health threats can make the world seem very small. Collaboration with EU, national and international partners is increasingly important. The aim of the ECDC External Relations work is therefore to support ECDC in achieving its objectives given the fast pace and complexity of developments at global level. The ECDC's Founding Regulation provides a clear basis for these activities.



John O'Toole and Yu Wang, Director of China CDC



Ken Beaubien, John O'Toole, Zsuzsanna Jakab, Robert C. Clarke, Helena Holland and Ron Soreanu



ECDC at WHO Expert Group on outbreak communication – Ottawa – January 2008

In the health sector there is widespread and growing recognition of the need to develop partnerships that thrive on the shared strengths and mutual benefits of their participants. The challenges and opportunities faced by the health sector cannot be met by any one organisation or agency alone. Effective collaboration with other agencies and stakeholders is an imperative. ECDC identifies and fosters a number of strategic relationships with institutions which have complementary or overlapping missions and tasks to establish more linkages globally.

## Links to European institutions

ECDC continues to focus its external relations activities to develop close and effective working relations with the European Parliament, the Council of Ministers including the EU Presidency as well as with the Commission,

particularly DG SANCO. In June 2007, ECDC signed a Memorandum of Understanding with the EU drugs Agency (EMCDDA) and works closely with the European Food Safety Authority, the European Environment Agency and the European Medicines Agency.

## Links to the neighbouring countries

In 2008 ECDC is developing closer relations with three candidate countries: Croatia, Turkey and the Former Yugoslav Republic of Macedonia. This cooperation is funded by the

Commission's DG Enlargement. Efforts to further develop working relations with the neighbourhood countries will build on the contacts already established between the Nordic and Baltic countries and Russia within the Epi-North network. A similar project aiming at collaborating with the Southern Mediterranean countries (EpiSouth) has recently been established.

## Links to the wider world

Links outside the EU geographical area are forged when they have a direct and meaningful impact on the health protection of the European citizens. ECDC continues to work closely with WHO at all levels. In September 2005, ECDC signed a formal Memorandum of Understanding with WHO EURO. In 2007, Memorandums of Understanding were also signed with the counterpart agencies of China CDC and the Public Health Agency of Canada. In 2008 ECDC is planning to sign a similar agreement with the US CDC. ECDC has a Liaison Officer in place from WHO and also from the US CDC.

For more information: [http://ecdc.europa.eu/About\\_us/Directors\\_Cabinet.html](http://ecdc.europa.eu/About_us/Directors_Cabinet.html)

## Competent Bodies: official list published on ECDC website

The official list of ECDC's Competent Bodies is now available online on our website. In December 2007 ECDC's Management Board compiled and endorsed the list. In the course of 2007 Member States had appointed the Competent Bodies on the basis of their expertise. The cooperation begins in 2008.

According to article 2 of ECDC's Founding Regulation, 'Competent Bodies are structures, institutes, agents or other scientific bodies recognised by Member States authorities as providing independent scientific and technical advice or capacity for action in the field of the prevention and control of human disease'. Depending on their organisation at national level, some countries appointed more than one Competent Body to fully cover all areas of ECDC's mandate (scientific advice, preparedness and response, communication, surveillance, training...)

The cooperation between ECDC and Competent Bodies has already begun. ECDC organised four meetings with the Directors of the newly appointed institutions to deepen their knowledge of ECDC and to discuss basic principles for organising the future cooperation. Full collaboration will start in 2008 and procedures will be developed together with ECDC's Management Board and Advisory Forum in order. In 2008 ECDC's technical units will also hold meetings with their counterparts and begin the cooperation.

For more information: [http://ecdc.europa.eu/About\\_us/Key\\_Documents/Competent\\_bodies\\_20dec07.pdf](http://ecdc.europa.eu/About_us/Key_Documents/Competent_bodies_20dec07.pdf)

The Surveillance Unit's strategic objective is to build a Europe-wide surveillance system that provides high quality, comparable and easy to access information on all infectious diseases of interest at EU level. Carrying out this task, the Unit reinforces ECDC's mission to strengthen European surveillance in order to reinforce detection, prevention and control of infectious diseases in Europe. To achieve this strategic objective, Andrea Ammon, Head of Unit, together with the 22 colleagues that compose her staff, initiated a number of ambitious projects. *For more information: [http://ecdc.europa.eu/About\\_us/Surveillance.html](http://ecdc.europa.eu/About_us/Surveillance.html)*

### TESSy – The European Surveillance System – soon operational

In October 2005 ECDC started the challenging process of planning The European Surveillance System (TESSy). The database aims at collecting, analysing and disseminating data on the 49 infectious diseases reported at European level. TESSy has been designed to provide comparable information on infectious diseases across the countries. It will give an overview of the current status of infectious diseases in Europe and will help to detect changing trends over time.

Further to the database development, the new challenge faced by Tina Purnat, Per Rolfhamre and Edward van Straten, supported by a team of external IT specialists, was to train dedicated staff in the Member States to work with TESSy. On 28–29 January 2008 two people per country (the national surveillance coordinator and an IT specialist) gathered in Stockholm to receive the necessary training. Differences in data recording at European level and potential common solutions were also thought of. From April 2008 onwards ECDC expects regular data recording from the Member States. It will come after two months of testing and training. When the coordination activities of a disease network are already managed in ECDC, the full set of data is expected to be recorded. Otherwise, the registration of a common set of data only is requested with an increase of variables in the coming years depending on the priority of the disease.

For the time being access to TESSy is strictly restricted to staff appointed by Member States. ECDC is working towards an agreement with the Member States to monitor data access and dissemination. In the future, part of TESSy might be available to the public. Universities, researchers and companies might soon become inter-

ested in the information collected in TESSy. But ECDC insists upon Member States' confidence and avoiding data misinterpretation. ECDC and WHO agreed on joint reporting for two networks that cover a wider area that the European Union: tuberculosis and HIV. Data will be collected in a joint database to avoid duplication of work and ensure that countries do not have to report twice.

### Evaluation of European-wide surveillance networks: completed by end of 2008

	Evaluation	Transfer to ECDC	Out-sourced
BSN	2006	2006	
DIVINE	2006		Not continued
ESAC	2006		Until Aug. 2010
EUCAST	2006		X
EuroCJD	2007		X <sup>1</sup>
EWGLINET	2007		X <sup>2</sup>
EARSS	2007		X <sup>2</sup>
EU-IBIS	2007	3/10/2007	
ENIVD	2007		X
EuroCJD	2007		X <sup>1</sup>
EISS	2007	Sept. 2008	X <sup>3</sup>
IPSE	2007		X <sup>4</sup>
EuroTB	2007	1/01/2008	
Enter-net	2007	2/10/2007	
EuroHIV	2007	1/01/2008	

1: 3 years from February 2008    2: 2 years from January 2008  
3: Outsourced until August 2008    4: Contract with the Commission

By the end of 2007, 14 out of 17 European-wide dedicated surveillance networks (DSNs) have been evaluated and assessed under ECDC's guidance. Of the 14 DSNs, five have been integrated as part of ECDC activities, two will be integrated in 2008, and six have been outsourced for 2–3 years (see table).

One DSN (DIVINE) was not continued as a surveillance network. This decision was based on opinions expressed in the ECDC Advisory Forum and the fact that norovirus is not on the list of diseases for EU wide surveillance. However, the diseases prioritisation review this year may change the situation. ECDC started the preparations for the evaluation process in 2005; building on a previous DG SANCO-funded project SURVEVAL, which was implemented by the Finnish Public Health Institute KTL. Three networks remain to be evaluated this year. Many experts outside ECDC, i.e. epidemiologists, laboratory experts, and EPIET/FETP fellows, have participated in the process.



From left to right – first row: Johanna Takkinen, M... Per Rolfhamre, Guia... Laar, Charin Carlsson. Second row: Magid Herida, Isabel... Denny, Tina Purnat, E...

### ECDC first Annual Epidemiological Report on Communicable Diseases in Europe: a unique data collection flow for the first report

In June 2007 ECDC launched its first Annual Epidemiological Report on Communicable Disease in Europe (AER). The report contains a considerable volume of epidemiological data on 49 communicable diseases (together with healthcare associated infections and antimicrobial resistant infections) collected from 25 EU Member States, Norway and Iceland for the year 2005. As the centralised systems for surveillance data collection (see TESSy above) were not yet in place, a unique or 'once only' data collection flow was followed in the production of this first report (see Figure 1). Various data sources were combined to produce country and disease specific aggregated tables, which were then sent to specific contact points in the Member States for validation.

then sent to specific contact points in the Member States for validation. It was only after these data were agreed that the report was drafted. A second data validation exercise was then carried out with all the contributing countries to ensure that the data interpretation in the report was as accurate as possible. Despite the evident problems with the comparability of data discussed



**First line:** Andrew Amato – Gauci, Lucia Pastore Celentano, Ilka Docheva. **Second line:** Karoline Fernandez de la Hoz, Miniotti, Andrea Ammon, Pernille Sokoni, Marita van de. **Third line:** Csaba Ködmön, Therese Westrell, Flaviu Plata, le Devaux, Vahur Hollo, Gloria Hernandez Pezzi, Justin Edward van Straten

in a separate article (see link below), a number of conclusions on the epidemiology of infectious diseases in Europe were still possible.

This year, the epidemiological data from 2006 will be reported. To achieve this, ECDC will still make

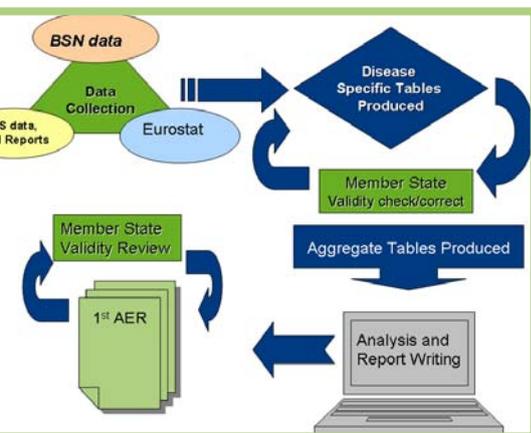


Figure 1. Unique Data Collection flow for the first AER.

use of the work of the Dedicated Surveillance Networks (DSN), and collect surveillance data directly submitted by the Member States.

In most cases countries request at least 10 months to confirm their data although ECDC aims at progressively reducing the delay from data collection to publication. In 2009 the data collection path will be much simplified as all the Member States will have the possibility to report into the TESSy, even on a daily basis if they so choose! This should serve to bring the publication date even closer to the reporting year.

We at ECDC acknowledge the ongoing fruitful collaboration with our colleagues in the Member States without which the production of this report would not be possible.

For more information: [http://ecdc.europa.eu/pdf/ECDC\\_epi\\_report\\_2007.pdf](http://ecdc.europa.eu/pdf/ECDC_epi_report_2007.pdf)  
<http://www.eurosurveillance.org/ew/2007/070607.asp>

### Speaking the same language: European infectious diseases' case definitions

Revised European infectious diseases' case definitions will be soon published in the EU's Official Journal. This is of particular importance to improve the comparability of the data from the Member States. For the first time in 2002 decision 2002/253/EC laid down case definitions for reporting 49 infectious diseases to the Community network, which was amended in 2003 by decision 2003/534/EC.

The publication of revised case definitions comes as a major achievement for ECDC and as the result of a long consultation process. In February 2006, ECDC, together with the Member States, started the revision process. In September 2006, an agreement on the revised case definitions was reached and transmitted to the Commission. In July 2007, according to the Parliament and the Council's Decision N. 2119/98/EC ('Network decision'), the Commission called the Community network committee that decided that further work was necessary before approval. In December 2007, the reviewed case definitions were finally adopted. ECDC's next mission is to support the smooth implementation of the revised case definitions.

### Food and water-borne diseases team: focus on listeria and human gastrointestinal infections in 2008

In 2007, the food and water-borne diseases (FWD) team implemented its first annual work plan. One of the main activities was the transfer of Enter-net coordination to ECDC in October 2007. In 2008, the team intends to focus on listeriosis and on broadening the scope of the former Enter-net to cover more pathogens in the network activities. The team also plans to intensify collaboration with a number of key stake holders, like EFSA, WHO Regional Office for Foodborne Diseases, CDC, and the Commission. Collaboration with Global Salm Surv will be explored to look for appropriate training possibilities for the countries. Johanna Takkinen coordinates a team of 10 ECDC's staff members from all technical Units.

For more information: [http://ecdc.europa.eu/About\\_us/Disease\\_projects.html](http://ecdc.europa.eu/About_us/Disease_projects.html)

### Tuberculosis (TB) team: making the difference at EU level on TB

2007 has been a challenging and stimulating initial year for the TB team. The team organised the first scientific seminar held in the European Parliament to highlight the relevance of TB as a public health burden at the occasion of World TB Day on 22 March 2007. One of the main challenges in 2007 was answering Commissioner Kyprianou's call for ECDC to develop a proposal for an Action Plan to fight TB in the EU. Following an extensive consultation with Member States, the proposal was sent to the Commission in early 2008. In 2008 one of the main challenges for the TB team will be to handle the coordination of TB surveillance at European level together with WHO EURO. This follows the transfer of the EuroTB surveillance network coordination activities to ECDC and WHO EURO. Among other activities planned in 2008, the team will visit countries with high incidence of TB in order to identify potential areas where ECDC can offer support. Karoline Fernandez de la Hoz coordinates a team of 9 ECDC's staff members from all technical Units.

For more information: [http://ecdc.europa.eu/About\\_us/projects/workplan\\_07/TB.html](http://ecdc.europa.eu/About_us/projects/workplan_07/TB.html)

### Knowledge and Information Services at ECDC (KISatECDC)

Timely and accurate scientific information is a cornerstone in ECDC work. The Founding Regulation emphasises ECDC's duty 'to ensure that the public and interested parties are rapidly given objective, reliable and easily accessible information'. In 2007 the 'Knowledge and Information Services', a set of harmonized IT based services, was envisioned and designed to serve these tasks. KIS will be a one stop shop for all information related to ECDC activities – either generated by our own work or collected for external activities. KIS will provide five key services:

- Electronic Library providing access to external information resources and information services;
- Content services (document registry & repository) for internally produced e-documents;
- Terminology Services for system developers and users;
- Access to Public health Directories and Maps, under development by the Centre;
- Knowledge Navigation Services, where users can search across all ECDC information in a three dimensional concept space.

KIS, implemented as a SharePoint Portal application, will provide the needed functionalities to handle the several thousands of documents in the foreseeable future. KIS will be also a working pilot regarding content management for a future institutional intranet. Since December 2007, KIS implementation was started by the Knowledge Management group, Ana-Belen Escriva, Christophe Opitz and László Balkányi. The first working version is expected by the end of first quarter 2008. Advanced features and services may be gradually added in the coming years.

HIV experts from across the EU and beyond met at ECDC on 21–22 January 2008 to discuss how to improve HIV testing and counseling in the EU. It has been estimated that 30 percent of people living with HIV in the EU are unaware of their infection, and as undiagnosed patients cannot benefit from early treatment and may unknowingly transmit HIV to others, this poses a major challenge in the fight against the HIV/AIDS epidemic. ECDC has commissioned the International Centre for Reproductive Health at the University of Ghent in Belgium to undertake research into HIV testing policies and practices in the EU, in collaboration with institutions in Estonia, Poland, Portugal and Finland. The two-day meeting in Stockholm looked in particular at how to gauge the barriers to testing in member states, with presentations on various aspects of the problem and two long working group sessions. A fuller report of the meeting can be found in *Eurosurveillance* (see link below).

For more information: [http://www.eurosurveillance.org/edition/v13n04/080124\\_5.asp](http://www.eurosurveillance.org/edition/v13n04/080124_5.asp)

See the video news report at: <http://www.videonewsmanager.com/default.aspx?i=2565&aid=447&p=preview>



### Microbiology support at ECDC: Framework of Actions for strengthening public health microbiology in the EU



Following ECDC's Founding Regulation, the Centre's activities involve microbiological activities together with epidemiology. The Scientific Advice Unit (Johan Giesecke, Chief Scientist and Head of Unit and Amanda J. Ozin, Microbiology Support Coordinator) is coordinating the development of a flexible strategy for ECDC collaboration with microbiology laboratories. Since mid-2006, consultations have taken place with the Commission, ECDC's Advisory Forum and Management Board, other key stakeholders, and most recently with a special forum of microbiologists ('National Microbiology Focal Points' – NMFPs) representing each Member State. The General Strategy and Framework of Actions (2007–2013) for ECDC Cooperation with Microbiology Laboratories and Research Institutes in the EU (ref MB11/11) is being implemented in this year's workplan together with the Member States/the Commission.

To implement the strategy, the first step is to learn more about Member States' systems and structures in public health microbiology as discussed in the first meeting of the NMFPs (15–16 November 2007). The NMFPs will be a key consultation partner for ECDC and the Commission on microbiology issues. Follow-up meetings are scheduled on 10–11 March 2008 and tentatively 21–22 September 2008, and a report on Public Health Microbiology in the EU expected in 2009. A number of other key projects that involve microbiology laboratory cooperations and identification of experts in microbiology will be published on our web site and coordinated by SAU across ECDC's unit work and disease specific programmes.

For more information: <http://www.ecdc.europa.eu/Calls.html>

[http://www.ecdc.europa.eu/Activities/Scientific\\_Advice/Expert.html](http://www.ecdc.europa.eu/Activities/Scientific_Advice/Expert.html)



*Eurosurveillance team*

*Eurosurveillance*, a leading European peer-reviewed journal devoted to the epidemiology, surveillance, prevention and control of infectious diseases, has been published by ECDC since March 2007. New issues are available online for free every Thursday. *ECDC Insight* asked a writer and a peer-reviewer to let us know more about their collaboration with *Eurosurveillance*.

For more information: [www.eurosurveillance.org](http://www.eurosurveillance.org)

**Wolfgang Witte** PhD, microbiologist, is head of the unit for nosocomial pathogens at the Robert Koch Institute, Wernigerode branch, and professor at the medical faculty of Magdeburg University in Germany.



### *How long and why have you been collaborating with Eurosurveillance?*

Our collaboration with *Eurosurveillance* goes back to 1997, when we published our first article in the journal. As Germany's national reference centre for Staphylococci, we are particularly interested in publishing results on molecular epidemiology, which are important for early warning. So we want to be both timely and address a wide range of readers in different fields of the medical world. We also see *Eurosurveillance* as a forum for reporting activities and results from European projects and networks in the fields of surveillance and epidemiology, thus helping to further develop these activities.

### *How would you describe the collaboration with the Eurosurveillance team?*

The collaboration with the *Eurosurveillance* team during the reviewing process has been excellent over the years – the team was always very helpful with respect to improving wording and layout.

### *What are the strengths of Eurosurveillance – and what are its weaknesses?*

The strengths of *Eurosurveillance* are that it offers fast and wide communication on a solid scientific basis. Our articles in *Eurosurveillance* have been cited in a substantial number of other journals. Unfortunately, although the contents of *Eurosurveillance* meet high standards, it does not yet have an 'impact factor'.

### *What would you say to encourage other colleagues to collaborate with Eurosurveillance?*

I highly recommend other colleagues to communicate their data via *Eurosurveillance* as a journal with a very fast processing of contributions and which informs about the most recent trends and data in the field of infectious diseases, in particular the surveillance and epidemiology branches.



**Tanya Melillo Fenech** MD, furthered her post-graduate studies in public health by obtaining a Masters and is currently the most senior doctor in the Infectious Disease Control Unit of Malta's Department of Health Promotion and Disease Prevention.

### *How long and why have you been collaborating with Eurosurveillance?*

I have been collaborating with *Eurosurveillance* as member of the Editorial Board since my country joined the EU in May 2004. I find reviewing articles is one of the best ways of using and improving my critical appraisal skills. It is also a good way of learning more about infectious diseases and the prevention and control measures adopted by different countries.

### *How would you describe your collaboration with the Eurosurveillance team?*

I have a very good relationship with the team – they always reply immediately to my emails and provide any information I may need promptly.

### *What are the strengths of Eurosurveillance – and what are its weaknesses?*

Its main strengths are that it is available for free and on the internet. The 'rapid communication' articles are also very useful because of their timeliness. Another strength is that the articles are indexed by Pubmed/Medline, which makes them easy to find. Overall, it has many pluses. Perhaps it could target general practitioners more, as they often come into contact with infectious diseases before anyone else.

### *What would you say to encourage colleagues to collaborate with Eurosurveillance?*

It is an ideal way of practicing your critical appraisal skills, which one tends to lose over time if not used. It does not involve too much time and it is a way of keeping informed and learning more about different infectious diseases.

## New publications

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

### Guidance for the introduction of the HPV vaccination in EU countries

This guidance provides a scientific basis for European Union policy makers to decide about the potential introduction of the human papillomavirus vaccination to their Member State. This document was developed by a Scientific Panel of experts set up and coordinated by the Scientific Advice Unit of ECDC. An increasing number of countries are introducing HPV vaccines and policy makers have needed to take a position on this matter. The report highlights the issues surrounding the HPV vaccine and provides a list of policy options for each of these issues. Published in January 2008.

### Core Competencies

This document defines the core competences for mid level epidemiologists. It is intended as a reference document for different institutions and individuals related to public health in Europe. The list will be updated periodically and in collaboration with potential users. The list contains 'workforce', rather than 'instructional' competencies. The document's drafters believe it should be an important tool for public health institutes and training programs. The list of core competencies is the result of questionnaires on the topic sent out by ECDC to public health professionals from different European countries. Due for publication in spring 2008.

### Consultation on vector related risk for chikungunya virus transmission in Europe

This document is a meeting report on a gathering that took place in Paris in October 2007, where a consultation took place on the vector related risk for Chikungunya virus transmission in Europe. The objectives of the consultation were to eliminate the risk of the vector *Aedes albopictus* spreading in Europe and to define the vector related determinants for the transmission of Chikungunya virus. The consultation also covered the making of recommendations for refining the vector-related risk mapping. The meeting consisted of expert presentations and discussions. Due for publication in spring 2008.

## Upcoming events...

- |                      |                                                                                                                               |
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| <b>4.03.2008</b>     | <b>Inauguration of ECDC's<br/>Emergency Operations Centre<br/>by Dr Ouzky, Stockholm, ECDC</b>                                |
| <b>10-11.03.2008</b> | <b>2<sup>nd</sup> meeting of the National<br/>Microbiology Focal Points,<br/>Stockholm, ECDC</b>                              |
| <b>11-12.03.2008</b> | <b>Workshop on HIV incidence<br/>assays, Stockholm, ECDC</b>                                                                  |
| <b>13.03.2008</b>    | <b>4<sup>th</sup> AMR meeting with National<br/>Focal Points, Slovenia</b>                                                    |
| <b>14.03.2008</b>    | <b>Joint meeting of Chief Medical<br/>Officers and Antimicrobial<br/>Resistance Focal Points,<br/>Slovenia</b>                |
| <b>18-19.03.2008</b> | <b>Management Board meeting,<br/>Stockholm, ECDC</b>                                                                          |
| <b>8-9.04.2008</b>   | <b>Meeting of Head of<br/>Communication from the<br/>Competent Bodies, Stockholm,<br/>ECDC</b>                                |
| <b>6-7.05.2008</b>   | <b>Advisory Forum meeting,<br/>Stockholm, ECDC</b>                                                                            |
| <b>12-14.05.2008</b> | <b>Selection week for EPIET<br/>fellows and placement</b>                                                                     |
| <b>17-18.06.2008</b> | <b>Management Board meeting,<br/>Helsinki</b>                                                                                 |
| <b>23-24.09.2008</b> | <b>3<sup>rd</sup> meeting of the National<br/>Microbiology Focal Points,<br/>Stockholm, ECDC (<i>to be<br/>confirmed</i>)</b> |
| <b>23-24.09.2008</b> | <b>Advisory Forum meeting,<br/>Stockholm, ECDC</b>                                                                            |
| <b>13-14.11.2008</b> | <b>Management Board meeting,<br/>Paris</b>                                                                                    |
| <b>18.11.2008</b>    | <b>First European antibiotic day,<br/>Across Europe</b>                                                                       |
| <b>9-10.12.2008</b>  | <b>Advisory Forum meeting,<br/>Stockholm, ECDC</b>                                                                            |

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