ECDC **CORPORATE**

Annual Report of the Director

2012

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European Centre for
Disease Prevention and Control

Annual Report of the Director

2012

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Abbreviations

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

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

Foreword by the Chair of the Management Board

I felt very honoured in November 2012 when the Management Board elected me as their Chair. I would like to begin this foreword by thanking my fellow Board members for the confidence they have placed in me. I also wish to congratulate my Deputy Chair, Dr Tiiu Aro, on her election. I look forward to working with Tiiu Aro, Marc Sprenger and the Board Members over the coming years to consolidate, and build on, the achievements of my esteemed predecessor, Professor Dr Hubert Hrabcik (Chair, Management Board, 2008–12).

I joined ECDC's Board as the member appointed by France in 2008, when the Centre was still in its start-up phase. Over the subsequent years, I saw ECDC reach full maturity. Both as a Board member and in my capacity as Director-General for the French Institute for Public Health Surveillance (InVS), I was impressed by the role ECDC played in supporting the EU and Member States in responding to the first influenza pandemic of the 21st Century (2009–10), and the multicountry outbreak of Shiga toxin-producing *E. coli* (STEC) O104 centred on northern Germany in 2011.

It has been hugely satisfying to see the disease programmes conceived in ECDC's Strategic Multi-annual Programme for 2007–13 bear fruit. By 2012, these programmes were playing a major role in pooling the Member States' expertise and developing our collective knowledge of what works in preventing and controlling infectious diseases. This meant that, when ECDC decided to make measles elimination its theme of the year in 2012, the Centre was able to pull together input from an impressive array of national, EU-level and international experts. This is a model we should make use of in relation to other diseases in the future.

2013 will be a crucial year for the next stage of ECDC's development. The Management Board must agree to a new Strategic Multi-annual Programme for the Centre covering 2014–20. This is likely to be a period of continuing budgetary restraint for the public health sector in all EU countries. Defining the support and added EU-level value that ECDC can bring to national disease prevention and control programmes is therefore of crucial importance.

Reviewing this Annual Report and recalling the discussions we had in the Board in 2012, I feel confident that we are on the right track. I look forward to an even more successful 2013!

Dr Françoise Weber
Chair of Management Board
22 February 2013

Introduction by the Director

2012 saw three very welcome firsts in our Centre's (relatively short) history. In March, ECDC confirmed its place as a key member of the EU family by taking on the chairmanship of the Network of EU Agencies and by coordinating the Network for the subsequent 12 months. In September, we held the first Joint Strategy Meeting, bringing together the Centre's key technical partners (Advisory Forum members, Coordinating Competent Bodies, National Focal Points for Surveillance and National Microbiology Focal Points). Then in November, our Management Board began its 2012–16 mandate and elected our first-ever female Chair, Dr Françoise Weber. Dr Weber replaces Professor Dr Hubert Hrabcik (Member, Austria, 2005–12), who was Chair of the ECDC Management Board between 2008 and 2012. Professor Hrabcik will be greatly missed not only because of his insightful contributions, but also because of the profound dedication and professionalism he demonstrated in leading our often challenging but fruitful plenary discussions.

All of these developments help strengthen ECDC's position and set us up for a successful future. Important discussions are taking place between the EU Agencies, the Commission, and the European Parliament and Council on the future governance and financing of Agencies. It is important for all Agencies to have a well-functioning network so that they can have a clear and coherent voice in these discussions. The Joint Strategy Meeting in September gave us vital technical input for developing ECDC's Strategic Multiannual Programme for 2014–20, a first draft of which was sent to our Management Board in February 2013. Last, but by no means least, it has been a pleasure working with our new Chair, Dr Weber, over the last few months. I am sure her tenure as Chair will be a success, and I am confident that Dr Weber will help ECDC and its Board define the right strategy for the coming years.

In our Work Programme for 2012, we identified measles elimination as our top cross-cutting priority for the year. Of course, we fully realised that measles elimination will need a sustained effort over many years by the EU's public health sector. But following the shocking upsurge of measles cases reported in the EU in 2011, ECDC and its partners felt it was important to raise the profile of this public health challenge. ECDC has, since autumn 2011, produced monthly surveillance reports on the measles situation in the EU. In 2012, ECDC devoted considerable intellectual energy in analysing the barriers to increasing measles vaccine coverage in the EU, and worked hard to identify options for overcoming those barriers. Our efforts included an innovative 'Free Thinkers Meeting' in April and a meeting with representatives of the Roma and other hard-to-reach populations in September. The outcome of our efforts was a package of analysis and options for actions that various members of ECDC's Advisory Forum and I had the pleasure to present at the EU Conference on Childhood Vaccination hosted by the European Commission in Luxembourg in October. With a solid analysis of the problems facing us, and some well-thought-out options for action, I feel the road towards measles elimination in the EU has become clearer and I am proud of the work ECDC has done to facilitate this.

Among the other highlights of 2012, in my view, were the progress we made on further strengthening cooperation between public health laboratories in the different EU countries, and the development of tools to help countries joining the European Union assess their readiness to join the EU's system of disease prevention and control. However, there were many other highlights. I invite you to look through the report and read for yourself the highlights for the various issues and diseases we work on.

Dr Marc Sprenger
ECDC Director
20 February 2013

Executive summary

In 2012, ECDC managed to implement most of its Work Programme. At the same time, it increased its output, consolidated its structures, and further developed its partnerships to address the need for a strengthened response to the threat of communicable diseases in Europe. In addition to presenting the main achievements of the Centre in 2012, this Annual Report includes, in Annex 1, tables showing the detailed implementation of the Work Programme 2012, as approved by the Management Board in November 2011.

Resources

The core budget of the Centre increased from EUR 56.6 million in 2011 to EUR 58.2 million in 2012 (+2.8%).

As of 31 December 2011, ECDC had 282 permanent staff (temporary agents, contract agents, and seconded national experts).

Disease-related work

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

With regard to **antimicrobial resistance and healthcare-associated infections** (ARHAI Programme), the main achievements in 2012 included ECDC's completion of a point prevalence survey of healthcare-associated infections and antimicrobial use in European acute-care hospitals. The final report from this survey is expected for July 2013 and will include an interactive database accessible from the ECDC website. Another key event was the second joint meeting of the ARHAI Networks, which took place in Berlin in November. With 240 participants from 38 countries, including all Member States as well as the European Commission and the WHO Regional Office for Europe, discussions covered ongoing and future activities of the ARHAI networks. The fifth annual European Antibiotic Awareness Day, coordinated by ECDC to promote the prudent use of antibiotics, was held in November 2012. A total of 43 European countries participated.

In the area of **emerging and vector-borne diseases** (EVD Programme), practical guidelines for the surveillance of invasive mosquitoes in EU countries were published and successfully used in a pilot project in Belgium. Furthermore, tick-borne encephalitis was added to the list of notifiable diseases at the EU level and an epidemiological situation report was published. With regard to mosquito-borne diseases, ECDC produced weekly West Nile fever spatial distribution maps of human cases in the EU and neighbouring countries (end of June

Robert-Jan Smits, Director General DG Research, and Dr Marc Sprenger, Director ECDC, at the launch event for the European Antibiotic Awareness Day 2012 in Brussels

to mid-November). During a joint ECDC–WHO mission to Greece in November, surveillance and control measures for malaria and West Nile fever were assessed. An expert meeting was convened to evaluate the risk of malaria re-establishment in Europe and improve preparedness in the EU in order to preserve the status of the EU as a malaria-free area. Finally, a mission to Madeira was conducted three weeks after the dengue fever alert in October. It aimed to set up an electronic surveillance system for the monitoring of dengue outbreaks.

The area of **food- and waterborne diseases and zoonoses** (FWD Programme) launched the molecular surveillance pilot project for three foodborne pathogens (*Salmonella*, *Listeria monocytogenes* and STEC/VTEC). The pilot project aimed to improve the detection and further investigation of foodborne outbreaks that affect more than one country by linking European surveillance with global laboratory surveillance networks. ECDC also took part in a joint investigation following the first large *Salmonella* Stanley outbreak recorded in the EU. ECDC and EFSA released a joint risk assessment, linking information from human, veterinary, and food sectors ('one health' approach). ECDC, together with European Union Reference Laboratory (EURL) for *Salmonella*, also developed a standard EU protocol for the collection of data on isolates and PFGE analyses.

Major achievements in the area of **Legionnaires' disease** included a training course entitled 'Legionnaires' disease: risk assessment, outbreak investigation and control' with 15 participants from five Member States in October 2012. Each participating country sent one epidemiologist, one microbiologist, and one environmental health officer – ideal for the future creation of investigation teams in Member States. In addition, ECDC sent – upon request from the Spanish public health authorities – a response team to support the investigation of a large outbreak of travel-associated Legionnaires' disease associated with a Spanish hotel.

In the field of **sexually transmitted infections (STI), including HIV/AIDS and blood-borne viruses** (HASH Programme), ECDC published a risk assessment on the situation of HIV in Greece, following the outbreak of HIV infections among people who inject drugs in Athens. A comprehensive STI surveillance report, covering 20 years' worth of data, was published. It shows the current heterogeneity in care and case reporting while examining the challenges to improve the understanding of STI epidemiology in Member States. A response plan was launched to assist countries in the control and management of multidrug-resistant gonorrhoea. Enhanced surveillance and data collection for hepatitis B and C was implemented. Projects were also launched to support Member States in strengthening prevention and control programmes in this disease area in the future.

With regard to **influenza** (FLU and Other Respiratory Viruses Programme), ECDC held a successful annual meeting, featuring a training session on the implementation of the 2009 EU Health Council recommendation on seasonal influenza vaccination. This year, using an ECDC protocol, Member States indicated the insufficient effectiveness of seasonal flu vaccines. Through the VAESCO project and working with public health institutes and EU authorities (including EMA), no links were found between pandemic vaccines and a number of plausible side effects such as Guillain–Barré syndrome. However, ECDC confirmed national observations of a link between *Pandemrix* and narcolepsy with cataplexy in children. A new influenza video was developed and addressed to the general public and healthcare workers. ECDC published an evidence-based review of influenza immunisation in children and pregnant women.

Aedes Albopictus, also known as the Asian tiger mosquito
Photo: Sean McCann

In the area of **tuberculosis** (TB Programme), ECDC raised awareness of urban TB control by taking this as a theme for World TB Day. The annual report on 'Tuberculosis surveillance and monitoring in Europe 2012' was published together with the WHO Regional Office for Europe. For the first time, this report included an overview of progress in TB control in the EU/EEA. The ERLN-TB network and the Joint ECDC–WHO TB Surveillance Network held their annual meetings together, focusing on the implementation of network activities, the training of experts, the interpretation and analysis of surveillance data, and the reporting of treatment outcomes. Finally, at the request of the respective ministries of health, ECDC and the WHO Regional Office for Europe sent a team of experts to Hungary and Latvia to jointly review with national experts the TB control situation in these countries and to present the health authorities with key suggestions for action to improve TB prevention, control and care.

In the field of **vaccine-preventable diseases** (VPD Programme), a measles-rubella elimination action plan was implemented in order to support the EU Member States in their disease elimination efforts. ECDC sponsored a Euronews-produced documentary, directed at a potential audience of over 20 million people. The

European Measles Monthly Monitoring (EMMO) bulletin now also covers rubella surveillance data. The new system for active surveillance of invasive pneumococcal disease in the EU was established and should result in more accurate estimates of the burden of disease and the effectiveness of vaccination programmes. The resurgence of pertussis in the EU in 2012 came largely unexpected. An assessment of pertussis epidemiology in the EU was initiated at a workshop with high-level experts, who also discussed the problem of waning pertussis immunity. Finally, the first Eurovaccine.net conference was held in Barcelona in November, with experts from ECDC's vaccine-preventable disease networks. Many participants expressed their appreciation as Eurovaccine.net is the only European conference on vaccination issues that is publicly funded and industry independent.

Public health functions

Since its establishment in 2005, ECDC has placed heavy emphasis on the continued development of its public health functions: surveillance, scientific advice, preparedness and response, training and health communication. In 2012, ECDC has further strengthened its infrastructure and fine-tuned its mode of operation, working together with the Disease-Specific Programmes to provide high-quality deliverables to our stakeholders and the citizens of Europe.

Surveillance

2012 was the first year following the incorporation of all the former DSN databases and historical data into a single platform known as The European Surveillance System (TESSy). Most of the work in 2012 focussed on consolidating the system and discussing priorities and the resulting work load on Member States. Much thought and efforts throughout the year went into discussing and planning the next long-term surveillance strategy and how to integrate it with the upcoming Strategic Multi-annual Programme.

In addition to the Annual Epidemiological Report, ECDC published individual surveillance reports on a variety of diseases. A very large number of articles, abstracts and presentations were based on the analysis and interpretation of surveillance data collected throughout 2012.

Scientific support

In 2012, ECDC organised the sixth annual ESCAIDE conference in Stockholm, attended by 511 public health experts, epidemiologists, and microbiologists from 50 countries. Ninety oral presentations were given and 155 posters exhibited. ECDC was asked to provide risk assessment and technical advice on numerous issues. The Scientific Advice Repository and Management System (SARMS) was increasingly used to manage and record data relevant for scientific guidance. In mid-2012, ECDC held, for the first time, a public consultation on the guidance on 'Prevention of norovirus infections in schools' and established a format for similar public consultations.

A user-friendly software toolkit was developed that will allow Member States to estimate the burden of communicable diseases in their countries, expressed in disability-adjusted life years (DALYs). In December, this toolkit and its implementation strategies, as well as the main features of the BCoDE methodology, were presented to interested Member States. The first country results are expected for 2013. A new international working group on evidence-based public health was established in 2012, with the aim to develop an evidence grading system for the public health field. The training programme on EBM for public health/infectious diseases prevention and control for ECDC staff and Member States was

Committed to public health: ECDC's staff outside the Tomteboda headquarters

successfully continued and delivered two courses in 2012.

Preparedness and response

In 2012, ECDC assessed and monitored 69 health threats, 24 of which originated outside the EU. Seventy-three threats of EU scope were reported through the ECDC-run EWRS. In all, 38 threat assessments were produced and shared with Member States. ECDC also provided experts in the field to support Member States in response to outbreaks such as the first autochthonous outbreak of dengue fever in Madeira, Portugal. Field support was also provided for two mass-gathering events, namely the EURO football tournament in Poland and Ukraine, and the Olympics in London.

A general framework for preparedness was prepared and a simulation exercise was conducted to test ECDC's revised public health emergency plan.

In 2012, the weekly feedback of monitored threats was made publicly available through ECDC's website.

Training

Training activities for capacity building included the two-year fellowship programmes EPIET and EUPHEM, the 'Member States track programme', the 'EU track programme', and the collaboration with several EPIET-associated programmes. The total cohort size in 2012 was 38 fellows. A total of 27 visits to Member States were conducted in conjunction with internal quality control for EUPHEM and EPIET. ECDC also organised several specific training programmes, including a 'summer school' for experts who work in ECDC-related networks. All training activities received full UEMS accreditation (continuous medical education). A total of 125 new training materials were developed, available to all partners in the associated training networks.

Health communication

In 2012, ECDC edited and published 240 publications. The ECDC website, which constitutes an important European source of information on public health issues, had 800 000 unique visitors. The media remains a critical channel to reach out and disseminate ECDC information on publications and activities. During 2012, ECDC was cited in over 3000 press articles across nearly 2000 print and media outlets in 64 countries across the globe. The combined impact represented a reach of approximately 270 million individuals. In addition to traditional media channels, ECDC also further established itself in the social media field and had a number of important activities delivered through Twitter, with a combined reach of 3.5 million.

In 2012, *Eurosurveillance* was awarded its first impact factor, a stunning 6.15, and was placed among the top-ten journals in its field. The number of subscribers continued to grow and so did the number of collaborators: some 500 experts, 120 more than in 2011, dedicated time, often on short notice and with tight deadlines, to review for *Eurosurveillance*. In 2012, when it became known that patients from Saudi Arabia and Qatar with severe respiratory symptoms had been infected with a novel coronavirus, *Eurosurveillance* was among the first scientific journals to provide authoritative information.

ECDC's Emergency Operations Centre

ECDC continued to develop research projects, tools and resources, as well as partnership and networking initiatives that support health communication capacities in the Member States. Activities included the publication of a series of extensive status reports on health communication activities, entitled 'Insights into health communication'. A comprehensive curriculum for training on risk communication was developed. Workshops were organised with Member States and with representatives of different sectors in order to share best practices and innovative approaches to improve immunisation uptake, in particular in underserved populations. ECDC also developed practical health communication resources to support countries in the planning and development of health communication interventions for specific disease prevention areas.

Partnerships

In 2012, ECDC continued its efforts to strengthen and simplify its way of working with the EU/EEA Member States by further developing the Coordinating Competent Body (CCB) structure introduced in 2011. A Working Group with representatives of eight CCBs assisted ECDC in the development of a framework paper which was discussed at the Second Annual Meeting of the Coordinating Competent Bodies in September 2012. This paper will guide the further implementation of the CCB structure. The Director also visited several countries for both information interchange and to address technical issues.

In mid-2012, the ECDC International Relations Section was created to coordinate ECDC's work with partners in non-EU countries and to improve the internal coherence of ECDC activities in this field. The implementation of ECDC's policy for collaboration with third countries, adopted by the ECDC Management Board in November 2010, continued successfully. Cooperation with EU candidate countries and potential candidate countries focussed on the implementation of ECDC project 2011/282-291(IPA-3) and the testing of a new assessment tool that was produced in close collaboration with the European Commission/Directorate-General for Health and Consumer Protection. ECDC coordinated the Network of EU Agencies and three of its seven sub-networks for most of 2012 and will be doing so until February 2013. Interinstitutional relations were further strengthened with the European Commission; the Executive Agency for Health and Consumers; the European Parliament; ECDC peer institutes in the US, China and Canada; and several international NGOs working in the same or similar fields as ECDC. Improved coordination at the technical level with the WHO Regional Office for Europe helped to avoid double reporting and reduced the burden on the EU Member States.

Leadership

ECDC continued to work according to the set of values adopted in 2010: ECDC is quality driven, service oriented, and collaborates as one unified ECDC team. A total of three Management Board meetings and four Advisory Forum meetings were organised and supported by dedicated collaborative extranets.

An inaugural ECDC Joint Strategy Meeting convened on 25–27 September 2012. It brought together – for the first time – four of the bodies working with ECDC: the Advisory Forum, the Coordinating Competent Bodies, the National Microbiology Focal Points, and the National Surveillance Focal Points from the EU/EEA and accession/candidate countries. In total, 120 country representatives participated.

In 2012, ECDC held its first quality management self-assessment, using the CAF[1] methodology. This self-assessment resulted in five priority actions required to improve organisational performance; they are now included in the 2013 Work Programme, as are 20 so-called quick wins. In addition, ECDC started the development of a new methodology to unify project management across the centre. The Management Information System, an essential part of project planning, was also further developed.

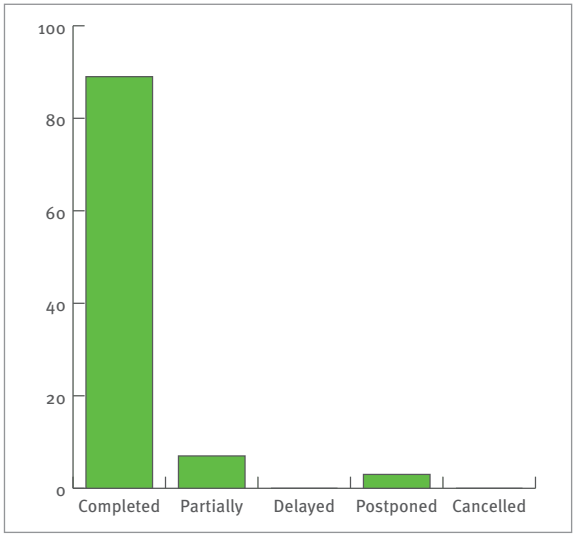
Administration

The Resource Management and Coordination Unit continued to support ECDC's operational activities throughout the year. The core budget of the Centre increased from EUR 56.6 million in 2011 to EUR 58.2 million in 2012 (+2.8%). In June 2012, the Management Board gave a positive opinion on the annual accounts of the Centre for 2011. A number of new staff were recruited, reaching a total of 282 employees by year's end. In 2012, the Centre's management development programme was further developed for managers at all levels. In 2012, under one thousand missions were organised for ECDC staff; 149 meetings were held and almost 2800 external participants attended ECDC meetings or interviews. 2012 saw a significant increase in deliverables from the procurement office, which supported 43 open calls for tender, two calls for proposals, and 13 negotiated procedures, three of which with a value above EUR 25 000. The number of reopening procedures within ICT framework contracts was 71. Operational ICT applications were developed for ECDC, its external partners, and the Member States; in addition, the ICT Section provided support for existing applications and services. The internal communication team introduced an electronic newsletter and rapid feedback from Senior Management Team meetings to improve the internal flow of information.

Implementation of the Work Programme 2012: Overview

ECDC implemented nearly 90% of its 2012 work programme. Budget execution at year-end 2012 reached 94% for commitments and 76% for payments.

Figure 1. Work Programme implementation 2012



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

Table 1. **Implementation of the Work Programme 2012 by target**

Target/DSP	Total	Completed	Partially	Delayed	Postponed	Cancelled
ARHAI	15	12			2	1
EVD	12	11	1			
FWD	18	17			1	
HASH	15	15				
Influenza	14	11	3			
TB	9	8			1	
VPD	25	23	1		1	
Surveillance	7	6	1			
Scientific advice	25	24	1			
Preparedness/response	14	14				
Training	6	6				
Health communication	15	15				
Partnerships	3	3				
Leadership	10	8	2			
Administration	45	36	7		2	
TOTAL	**233**	**209**	**16**	**0**	**7**	**1**
%	100%	90%	7%	0%	3%	0%

ECDC – the vision

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

As ECDC is consolidating its organisational achievements, it will increase its impact on public health and improve its performance in order to strengthen Europe's capacity to tackle communicable diseases and their determinants.

ECDC – mission and mandate

The Centre's mission is laid down in Article 3 of the Founding Regulation[2], which states that

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

The Centre's mandate can be derived from Article 168 of the Treaty on the Functioning of the European Union, which defines an overarching principle for ensuring a high level of human health protection in the definition and implementation of all Union policies and activities.

2 Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control. Official Journal of the European Union. 2004;L 142:1–11.

ECDC's role is to provide the necessary scientific support for EU actions as defined in Article 168: encourage collaboration between the Member States, coordinate their actions, support the European Commission in its initiatives aiming at the establishment of guidelines and indicators, exchange best practices, and prepare the necessary elements for periodic monitoring and evaluation.

Key tasks

Key tasks of ECDC include:

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

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

Structure of the Work Programme

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

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

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

Disease-related work

Target 1: Disease-specific programmes

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

The DPs represent the cornerstone of the Centre's disease-specific scientific output and cover all diseases under EU-wide coverage. In 2012, ECDC continued to build the tools, databases, networks and methodologies for the scientific work related to specific diseases.

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

In 2011, the Disease Programmes were established as a section within the Office of the Chief Scientist.

ARHAI Programme: Antimicrobial resistance and healthcare-associated infections

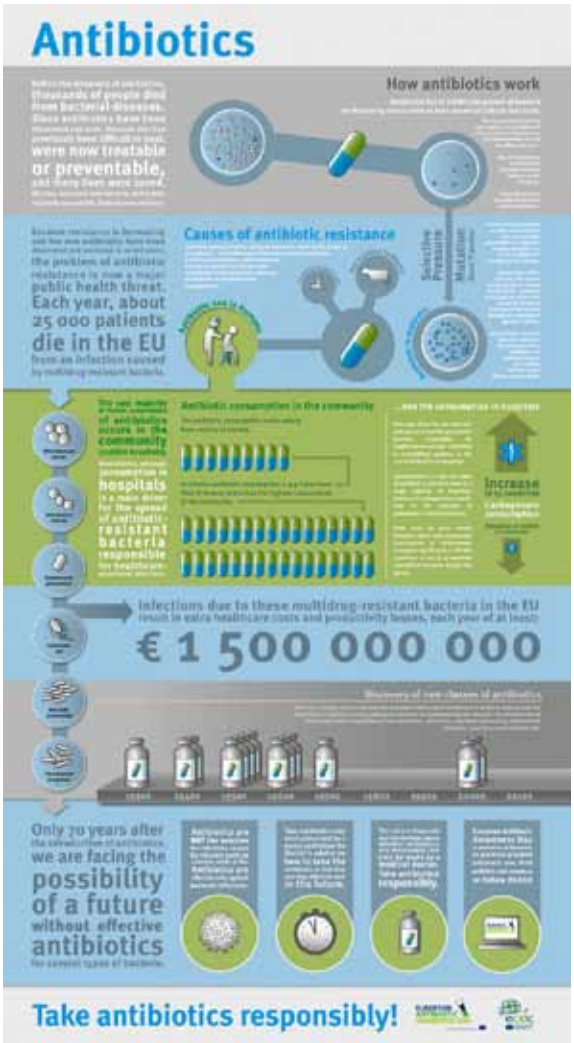
Long-term objectives of the Programme

- Improve coordination, methods and capacities for surveillance of antimicrobial resistance (AMR), antimicrobial consumption and healthcare-associated infections (HAI).
- Develop an Epidemic Intelligence Information System (EPIS) – a web-based platform for rapid communication on AMR and HAI events between Competent Bodies and experts.
- Provide evidence-based guidance and systematic reviews on the prevention and control of AMR and HAI in healthcare settings and in the community.
- Contribute to training activities on surveillance, prevention and control of AMR and HAI.
- Support Member State activities in the field of AMR, antimicrobial consumption and HAI.

Background of disease(s)/health topic area

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

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



Information graphic on antimicrobial resistance

Major achievements in 2012

ECDC point prevalence survey of HAI and antimicrobial use in European acute-care hospitals

In 2012, ECDC completed its first point prevalence survey of HAI and antimicrobial use in European acute-care hospitals. Data collection took place in three stages between May 2011 and November 2012 in 30 countries (all EU Member States, Iceland, Norway, and Croatia) and in more than 3000 hospitals. A preliminary analysis of a representative sample of 905 hospitals (226829 patients in 13601 wards) showed that 5.9% of the enrolled patients had at least one HAI on the day of the survey and 35% were receiving at least one antimicrobial. The final report from this survey is expected for July 2013 and will include an interactive database accessible from the ECDC website.

Second Joint Meeting of the ARHAI Networks

The second joint meeting of the ARHAI Networks took place in Berlin on 26–28 November 2012. The 240 participants came from 38 countries and included all EU Member States, Iceland, Norway, all EU enlargement countries, as well as representatives of the European Commission (Directorate-General for Health and Consumers) and the WHO Regional Office for Europe.

Fifth European Antibiotic Awareness Day

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

In 2012, the WHO Regional Office for Europe participated in European Antibiotic Awareness Day for the first time. This resulted in a total of 43 European countries (compared to 37 countries in 2011) conducting activities on the prudent use of antibiotics related to the Day, mostly during the week preceding 18 November 2012. These countries included all EU Member States, two EEA countries, and all EU enlargement countries. In an effort to show global solidarity, the US *Get Smart About Antibiotics Week*, the *Canadian initiative AntibioticAwareness.ca*, and the *Australian Antibiotic Awareness Week* were also launched during the same week.

In Europe, the Day was officially launched on 16 November at a stakeholder event organised by ECDC in Brussels. The event was attended by the European Commission, the WHO Regional Office for Europe, and a wide range of EU stakeholders and journalists. It emphasised a multi-faceted, comprehensive approach to the prevention and control of antimicrobial resistance and stressed that keeping antibiotics effective is everyone's responsibility. The latest ECDC data on surveillance of antimicrobial resistance (EARS-Net Annual Report 2011) and on surveillance of antimicrobial consumption in Europe were released at the event.

The 5th European Antibiotic Awareness Day attracted strong media interest across Europe. Between 18 October and 28 December 2012, 446 articles (in print or online) referred to European Antibiotic Awareness Day. It is estimated that these articles reached 60.4 million readers. The ECDC campaign TV spot on the prudent use of antibiotics broadcast on Euronews reached an estimated 9.4 million Europeans.

Launch event, fifth European Antibiotic Awareness Day, Brussels

Indicators	Targets	Result
1. Number of reports published		
Surveillance	Three reports to be published: • EARS-Net (antimicrobial resistance) • ESAC-Net (antimicrobial consumption) • HAI-Net (healthcare-associated infections)	Only two reports were published: one on the surveillance of antimicrobial resistance in Europe 2011 (EARS-Net) and one on the surveillance of surgical site infections in Europe 2008–09 (HAI-Net SSI, postponed from 2011). The reports on surveillance of antimicrobial surveillance in Europe 2010 (ESAC-Net) and on surveillance of HAI in intensive-care units 2008–10 (HAI-Net ICU) were moved to 2013.
Guidance	Two guidance documents available: • evidence-based guidance on organisation of hospital infection control programmes • systematic review on the effectiveness of perioperative prophylaxis	The two guidance documents (including systematic reviews) were completed and will be published in 2013.
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Proportion of Member States having completed the European prevalence survey of HAI and antimicrobial use in acute-care hospitals	At least 50% of Member States	All Member States completed and submitted data to ECDC for the point prevalence survey of HAI and antimicrobial use in European acute-care hospitals.
Number of countries organising activities on the prudent use of antibiotics in connection with European Antibiotic Awareness Day (EAAD 2012)	At least 25 Member States	All EU Member States, as well as Iceland, Norway, and Croatia, organised activities on the prudent use of antibiotics in connection with EAAD. Thanks to the collaboration of the WHO Regional Office for Europe, a total of 43 European countries participated in EAAD.

Topics included the ongoing and future activities of the ARHAI networks, i.e. the European Antimicrobial Resistance Surveillance Network (EARS-Net), the European Surveillance of Antimicrobial Consumption Network (ESAC-Net) and the Healthcare-Associated Infections Surveillance Network (HAI-Net). Separate sessions were held on the ECDC point prevalence survey of HAI, antimicrobial use in acute-care hospitals, and on antimicrobial use and HAI in long-term care facilities.

EVD Programme: Emerging and vector-borne diseases

Long-term objectives of the Programme

- Define priorities for prevention and control, based on EU-wide risk assessments regarding emerging and vector-borne diseases.
- Assess the needs for vector surveillance and identify priorities for surveillance actions.
- Identify the scientific expertise and diagnostic laboratory capacity in Europe and ensure full support to outbreak assistance in terms of diagnostic capacity, updated scientific advice and surveillance activities.
- Provide both epidemiologic updates on the current situation in Europe and fact sheets on diseases and vectors.
- Reinforce links with veterinary public health in the field of non-food-related emerging and vector-borne zoonoses.
- Develop guidance for surveillance, prevention and control of vector-borne diseases at the EU level.

Background of disease(s)/health topic area

Several thousand cases of tick-borne encephalitis and hantaviral infections (haemorrhagic fever with renal syndrome) are reported in Europe each year.

In 2012, West Nile fever – 237 cases were reported from Greece, Italy, Hungary, and Romania; 670 cases were reported from countries neighbouring the EU – spread to regions previously not affected. An additional concern was the risk of transmission through blood donations or organ transplants. Greece was the most affected EU country for the third year in a row, with 161 cases reported in 15 prefectures.

Diseases linked to the spread of the *Aedes albopictus* mosquito have increased in Europe since the 1990s. Mosquito vectors for malaria are present in several

September 2012: Dengue outbreak in Madeira
Photo: P. Vasconcelos, Directorate-General of Health, Portugal

Indicators	Targets	Result
1. Number of reports published		
Guidelines	Field evaluation of guidelines on monitoring invasive mosquitoes	Yes
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Vector distribution maps available and updated on the website	At least 10	18 vector maps available
EVD case definitions revised and report available	Two	Two new case definitions (dengue and chikungunya) elaborated (consultation meeting held)
Number of External Quality Assurance (EQA) reports accomplished and results published	Two	Two EQAs published Two EQA peer-review publications

EU countries. Hundreds of cases of malaria or dengue are imported each year by tourists and travellers from endemic countries. A mild outbreak of dengue fever (DENV 1) has been ongoing in Madeira since the end of September 2012 (2137 cases by 2 January 2013), an island where the presence of *Aedes aegypti* mosquitoes has been reported since 2005. More than 70 cases have been imported into the continental part of the EU.

Locally acquired malaria due to *Plasmodium vivax* has returned to Greece, but with fewer cases (16 cases) than in 2011. However, new regions were affected, and cases had no history of travel to endemic areas.

Greece had been declared malaria-free in 1974.

Major achievements in 2012

Vector surveillance

Practical guidelines for the surveillance of invasive mosquitoes in EU countries were published and successfully tested in Belgium. Vector distribution maps (invasive mosquitoes, ticks, sandflies) were updated quarterly on the ECDC website.

Tick-borne diseases

Tick-borne encephalitis was added to the list of notifiable diseases to be reported at the EU level. An epidemiological situation report was published.

West Nile fever

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

Malaria

Surveillance and control measures for malaria and West Nile fever were assessed during a joint ECDC–WHO mission to Greece in November. The number of locally acquired malaria cases remained relatively low, despite the influx of people from malaria-endemic countries. An expert meeting was organised to analyse the lessons learnt from the Greek situation, evaluate the risk of re-establishment of malaria in Europe, and enhance preparedness in the EU in order to preserve the status of the EU as a malaria-free area.

Dengue fever

A mission to Madeira was conducted within three weeks after the alert in October. It aimed to set up an electronic surveillance system for the monitoring of the outbreak, conduct an epidemiological analysis of the outbreak, implement the surveillance system and provide recommendations on vector control.

FWD Programme: Food- and waterborne diseases and zoonoses

Long-term objectives of the Programme

- Improve and harmonise the surveillance of food- and waterborne (FWD) diseases as well as Legionnaires' disease, including the monitoring of antimicrobial resistance (AMR) in *Salmonella* and *Campylobacter* infections.
- Improve knowledge on the prevention and control of FWD and Legionnaires' disease.
- Strengthen public health laboratory capacity in the Member States.
- Improve the early detection of, and coordinated responses to, EU-wide outbreaks due to FWD and travel-associated Legionnaires' disease.
- Facilitate collaboration between public health, veterinary, food, and environmental sectors.

Background of disease(s)/health topic area

Food- and waterborne diseases

Campylobacteriosis, salmonellosis, and STEC/VTEC infections were the three most commonly reported enteric diseases in the EU in 2011 (data became available in 2012), affecting mainly young children under five years of age. The trend of campylobacteriosis and STEC/VTEC infections has been increasing in the past few years, whereas the trend of salmonellosis and brucellosis continued to decrease. The reporting of listeriosis has remained stable; the majority of reported cases were so severe that they required hospital care. Cases of alveolar

echinococcosis due to an infection with *Echinococcus multilocularis* have been increasing steadily in the past five years.

Legionnaires' disease

Over the last few years, travel-associated Legionnaires' disease accounted for almost 900 cases annually; approximately 100 clusters are identified by the network every year. The case-fatality rate was recorded at around 5%. The large majority of cases and clusters occurred in France, Italy and Spain.

Generally, the trend in total annual number of cases of Legionnaires' disease has been increasing in Europe, but in 2011 the number of all reported cases (domestic and travel associated) decreased by 22%. In 2011, 763 cases of travel-associated cases were reported by 18 EU/EEA countries and the United States of America. This was 12% less than the 864 cases reported in 2010 and continued the decreasing trend in travel-associated cases observed since 2007. For 2012, preliminary figures state that about 800 travel-associated cases were reported.

Major achievements in 2012: Food- and waterborne diseases

- The **FWD molecular surveillance pilot project** was launched for three foodborne pathogens (*Salmonella*, *Listeria monocytogenes* and STEC/VTEC). The pilot project aims to improve the timely detection and investigation of multicountry foodborne outbreaks; it also links European surveillance networks with global laboratory surveillance networks. Laboratory support for the quality assessment of molecular typing of the three pathogens was established, helping laboratories to assess their performance. A group of experts assessed the quality of typing data before they were used in TESSy. A common vision paper on the collection of molecular typing data was produced in close collaboration with the European Food Safety Agency (EFSA) and under the coordination of the European Commission.
- The first large ***Salmonella* Stanley outbreak** recorded in the EU was investigated by ECDC, EFSA, the EU Reference Laboratory (EURL) for *Salmonella*, several EU Member States, Infosan[3], RASFF[4] and the US Centre for Disease Control (CDC). A joint risk assessment was produced by ECDC and EFSA, incorporating information from the human, veterinary, and food sectors in a 'one health' approach. ECDC developed a standard hypothesis-generating questionnaire with EPIET fellows in the Member States. EURL[5] and ECDC jointly developed a standard EU protocol to collect data on isolates and perform PFGE analyses. PFGE patterns from cases of non-travel-related *S.* Stanley in affected Member States were compared with those obtained from animals, food products and animal feed, using a newly developed technical platform for molecular typing. This allowed an analysis that showed again the contamination of the turkey food production chain in the EU. As of 23 January 2013, 684 cases in 10 Member States have been associated with this outbreak since 1 August 2011. The affected countries reported 16 cases in December 2012, which still exceeds the pre-outbreak rate of nine cases per month.

Major achievements in 2012: Legionnaires' disease

- **A course entitled *'Legionnaires' disease: risk assessment, outbreak investigation and control'*** was held with 15 participants from five Member States in October. The course applied a multidisciplinary approach: each participating country sent one epidemiologist, one microbiologist, and one environmental health officer – an ideal combination for the creation of investigation teams in the Member States.
- A large **outbreak of travel-associated Legionnaires' disease** was associated with a Spanish hotel, where 38 people contracted the disease during their stay. Following a request from the Spanish public health authorities, ECDC sent a response team to support the investigation.

3 FAO/WHO International Food Safety Authorities Network

4 EU's Rapid Alert System for Food and Feed

5 European Union Reference Laboratory for Feed Additives

Indicators	Targets	Result
1. Number of reports published		
Surveillance	Four reports: two quarterly surveillance reports (Salmonella, VTEC), two annual reports (EU report on zoonoses, report for six FWD priority diseases)	Quarterly reports published on TESSy website, two EUSR reports 2010 (zoonoses, AMR) published in spring 2012
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Proportion of countries involved in the seroepidemiology study of *Salmonella* and *Campylobacter* infections in humans	At least 50% of Member States participating	A total of 10 countries (37%) participated in the collaborators meeting on 4 October 2012, including Scotland, England and Wales
Number of countries participating in the EFSA–ECDC joint Listeria typing study	At least 50% of Member States participating	Nineteen countries (70%) have expressed their interest in participating the study

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

Medium-term objectives of the Programme

The main objectives are to:

- implement and strengthen the surveillance of sexually transmitted infections (STI), HIV/AIDS, and hepatitis B and C in Europe;
- provide technical support for the implementation of STI/HIV behavioural surveillance;
- provide evidence-based guidance for key prevention interventions, including HIV testing guidance, prevention measures for men who have sex with men (MSM) and people who inject drugs (PWID);
- provide evidence-based guidance for the prevention and control of hepatitis B and C; and
- develop a flexible monitoring and evaluation system to monitor political commitment at the national and international levels[6].

Background of disease(s)/health topic area

HIV/AIDS remains a major public health problem which is characterised by significant heterogeneity across EU/EEA countries and evidence of continued transmission. The most affected populations include men who have sex with men (MSM), heterosexuals with multiple new partners, migrants from countries with generalised epidemics, and people who inject drugs (PWID). HIV-related morbidity and mortality is decreasing in most countries due to the availability of antiretroviral treatment. For other STIs, the situation is more complex and shows diverging trends, particularly when investigating outbreaks among risk groups. Cases of gonorrhoea and syphilis increased in many countries (but also decreased in several others); antimicrobial resistance in gonorrhoea increased significantly in recent years. Although chlamydia is the most prevalent bacterial STI in Europe, trends are highly affected by testing and screening practices. With respect to hepatitis B and C, there is a distinct geographical variation in incidence and prevalence. Both diseases are concentrated in subpopulations, especially in PWID and some migrant populations. Hepatitis surveillance systems vary across countries and limit the possibilities for measurement of disease burden and impact forecasting.

Major achievements in 2012

- A **risk assessment on HIV in Greece** was published following an outbreak of HIV infections among people who inject drugs in Athens. The risk assessment was conducted at the request of the European Commission and covered all key populations and various aspects of HIV infection, treatment and care.
- A **rapid risk assessment on HIV among people who inject drugs** was published, jointly with EMCDDA, in early 2012 and was followed up with two consultation meetings with a number of affected countries.
- The **HIV surveillance report 2011** showed an increase in the number of newly diagnosed HIV cases, especially among MSM, and – in Greece and Romania – in people who inject drugs. The heterogeneity in the epidemic across countries underlines the need to tailor national prevention and intervention strategies.
- The interim report on the implementation and monitoring of the **European Commission Communication and Action Plan against HIV/AIDS** was published in early 2012 and provides insights into the actions taken by individual Member States and also the international bodies in Europe. Response data were collected on the implementation of the Dublin Declaration and the EU action Plan; final reports will be published in 2013.
- The report on **STI in the EU/EEA 1990–2010** shows significant heterogeneity with respect to STI care and case reporting but also highlights similarities

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

Indicators	Targets	Result
1. Number of reports published		
Surveillance	Three annual report: HIV/AIDS, STI (hepatitis B/C), and EURO-GASP	HIV report published; two reports drafted
Technical reports	Three reports: two technical reports from the STI microbiology project and a special report on the response to the HIV epidemic in Europe	All published
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Number of countries participating in the behavioural regional workshops	8 Member States	12 Member States
Expand Euro-GASP to include new Member States and support Member States in controlling the emerging multidrug-resistant gonorrhoea	20 Member States	21 Member States

in trends among risk groups (MSM, young people). **The European Gonococcal Antimicrobial Surveillance Programme** (Euro-GASP) report shows a decreasing susceptibility of gonococci to first-line treatment regimens. A response plan was launched to support Member States in the control, management and treatment of multidrug-resistant gonorrhoea.

- The **evaluation of STI and HIV prevention programmes among MSM** shows that there is little evidence from European studies for effective interventions to reduce the burden of disease. This also emphasises the challenges when tackling the ongoing transmission of STI/HIV among MSM. This evaluation will be followed up in 2013, when a comprehensive approach to disease prevention will be developed.

TB Programme: Tuberculosis

Long-term objectives of the Programme

- Strengthen tuberculosis prevention and control.
- Strengthen and enhance EU-wide tuberculosis surveillance and laboratory capacity.
- Provide guidance on TB control among vulnerable populations.
- Provide guidance on the introduction of new tools for TB control.

Background of disease(s)/health topic area

With 74 000 notified tuberculosis (TB) patients in 2010, TB remains an important public health problem in the EU/EEA. Currently, 23 Member States are considered low-TB-incidence countries, with a notification rate of <20 per 100 000 population; six Member States are considered high-incidence-countries, reporting ≥20 tuberculosis cases per 100 000 population. There are also significant differences between the Member States in the percentage of drug-resistant TB cases, TB-HIV co-infection, and the aggregation of burden among vulnerable populations. This heterogeneous situation requires a tailored approach to prevent and control TB in the various settings. The TB programme aims to address this heterogeneity by providing strategic and technical support to the Member States.

The Tuberculosis (TB) Programme's key areas of work are based on the 'Framework action plan to fight TB in the EU'. To assess the impact of efforts and identify needs and challenges in the EU/EEA, the Programme uses the monitoring framework, 'Progressing towards TB elimination: A follow-up to the action plan to fight TB in the EU'. In 2012, the progress towards TB elimination in the EU/EEA was monitored for the first time.

Major achievements in 2012

- **World TB Day** (24 March): In 2012, ECDC chose urban TB control as the theme for World TB Day. A series of activities were initiated and supported: 'Urban TB Control' events were held in Barcelona, Milan, London and Rotterdam; a twitter chat was moderated jointly by ECDC and the WHO Regional Office for Europe; a press release and package were released; articles on urban TB control were published in peer-reviewed journals; and an expert video was launched.
- **Publication of 'Tuberculosis surveillance and monitoring in Europe 2012':** The surveillance report 2012 provides, for the first time, an overview of the progress on TB control in the EU/EEA. The report, which is published annually together with the WHO Regional Office for Europe, measures twelve indicators linked to the *Follow-up of the Action Plan to fight TB in the European Union for the EU/EEA*.
- **Laboratory and Surveillance network meetings:** Both TB networks, the European Reference Laboratory Network for TB (ERLN-TB) and the Joint ECDC–WHO TB Surveillance Network, held their annual meetings. The ERLN-TB meeting focussed on progress in the implementation of the network activities and training of experts, while the Joint ECDC–WHO TB Surveillance Network concentrated on the interpretation and analysis of surveillance data and reporting of treatment outcome.
- **Country visits to Hungary and Latvia:** At the request of the ministries of health, ECDC and the WHO Regional Office for Europe sent a team of experts to Hungary and Latvia in order to review the TB control situation in the country and – together with local experts – present the health authorities with key suggestions for action to improve TB prevention, control and care.

Indicators	Targets	Result
1. Number of reports published		
Surveillance	TB Surveillance and Monitoring Report	2012 report was published as scheduled in March 2012
Guidance	Childhood TB outbreak management; consensus paper on the introduction of programmatic latent TB infection (LTBI) control to eliminate TB	Evidence basis for the childhood outbreak management accomplished. As planned, guidance will be developed as part of the 2013 Work Plan. Activity of LTBI postponed to 2013
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Number of External Quality Assurance (EQA) schemes accomplished and results published	One	Achieved: The ERLN-TB performed its EQA round as planned

Programme on influenza and other respiratory viruses

Long-term objectives of the Programme

- Support of the work carried out in European Member States in order to prevent and mitigate influenza with specific work on surveillance, risk assessment, science, monitoring and evaluation, and communication.
- Coordination, further development and strengthening of the European Influenza Surveillance Network (EISN) and preparation of various papers and annual reports.
- Maintenance of the Community Network of Reference Laboratories for Human Influenza in Europe (CNRL), managing and monitoring specific contracts concerning, among other things, training and antiviral resistance.
- Managing and monitoring influenza sequencing database work.
- Responding to epidemic intelligence signals, news screening and research, and selected scientific publications in the area of influenza.
- Contributing to reducing the burden of seasonal influenza and other respiratory viruses in Europe through supporting and promoting the implementation of the 2009 Council recommendation on influenza vaccination by Member States, monitoring vaccine effectiveness, investigating vaccine safety signals, and assisting the European Commission in the monitoring and evaluation of the recommendation.
- Improving European pandemic preparedness and response by working with the Commission and WHO to assist Member States in improving their pandemic planning and preparedness.
- Producing the Weekly Influenza Surveillance Overview (WISO), the *Influenza Weekly Digest*, scientific advice, and organising a joint annual meeting with WHO.

Background of disease(s)/health topic area

Influenza remains a serious personal and public health threat in Europe. Seasonal influenza is an annual threat and burden, but the volume of the threat varies year by year. The 2011–12 season was unusually mild and late in most countries, with a mix of viruses.

The 2009 pandemic had revealed many weaknesses in European preparedness and response, which need to be rectified through work to be coordinated with the Commission's initiative on serious cross-border threats to health. Animal influenzas remain a constant and unpredictable threat and need a structured approach to risk. Among available countermeasures, seasonal influenza immunisation remains the most effective single way to reduce the burden. However, the effectiveness of the vaccines is suboptimal. Current policies on vaccination in Europe focus on immunising older people and those with chronic medical and physical conditions. Early self-isolation and personal hygiene measures are also important. Few European countries have a formal control or immunisation programme, and there are major differences in the use of vaccines across Europe. In 2011–12, the likelihood of an older person being immunised varied 40-fold between countries, from 2 to 80 per cent. At the same time, influenza will become more burdensome and hence immunisation more worthwhile in Europe, where an ageing population with growing numbers of people living with well-controlled chronic illnesses are particularly vulnerable. This is contingent, though, on vaccines becoming more effective for these groups.

Indicators	Targets	Result
1. Number of reports published		
Surveillance	At least 20 issues of *ECDC Influenza Weekly Digest* and 40 Weekly Influenza Surveillance Outputs (WISO), one annual influenza surveillance report and 10 scientific publications	Partly achieved: 14 Digests and more than 40 WISOs produced
Guidance	Four guidance documents related to influenza and immunisation updated	Achieved: • guidance on immunisation of pregnant women • guidance on immunisation of children • reviews or vaccine effectiveness • pandemic vaccine safety
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Proportion of Member States participating in workshops on pandemic preparedness and immunisation training	At least 70% of Members States participating in both workshops	• Partly achieved: immunisation workshop was well attended; it only had capacity for 18 countries – 15 from EU/EEA countries plus Croatia, Switzerland and Turkey • By agreement with the Health Security committee, the planned joint ECDC–WHO Regional Office for Europe pandemic preparedness workshops was postponed to 2013

Major achievements in 2012

- Working with the Member States (through the I-MOVE collaboration) and using ECDC protocol, it was demonstrated that while influenza immunisation remained worthwhile, the effectiveness of influenza vaccination in 2011–12 was especially low.
- Following a series of publications by the I-MOVE collaborators, the Director of ECDC started an initiative which pointed vaccine manufacturers towards scientific evidence that the current seasonal vaccines were insufficiently effective. This led to a major editorial in the journal *The Lancet Infectious Diseases* whose message was that while vaccination remained the single most effective way of preventing influenza, the vaccines had to improve.
  - Demonstration was made through the VAESCO project and working with European authorities (including EMA) and public health institutes that there had been no link between pandemic vaccines and a number of plausible side effects such as Guillain–Barré syndrome.
  - At the same time, ECDC confirmed national observations of an unexpected link between the pandemic vaccine *Pandemrix* and narcolepsy with cataplexy in children.
  - An agreement was reached with the Commission on a framework for monitoring the implementation of the Council recommendation on immunisation.
  - While work on pandemic preparedness was held back, awaiting agreement on the European Commission's initiative on serious cross-border threats to health, ECDC led the global CONSISE initiative which develops protocols that would be used in a pandemic or outbreaks of novel respiratory infections. This was combined with the development of laboratory protocols and quality assurance measures.
  - ECDC, together with the Member States, refined its severity concept, which was later used for delivering the annual risk assessment for the 2011–12 influenza season.
- A new influenza video was developed for the general public and healthcare workers.
- An evidence-based review of influenza immunisation in children and pregnant women was published.
- ECDC, together with the WHO Regional Office for Europe, held a second joint annual meeting which, for the first time, focussed on vaccination.
- Support through training activities for Member States was provided for the implementation of the 2009 EU Health Council recommendation on seasonal influenza vaccination.
- VENICE surveys and publications of vaccine policies and coverage (pandemic and seasonal influenza) were conducted.
- Intensive work was undertaken with European laboratories, WHO, and the Epidemic Intelligence function in ECDC to address the emergence of a novel respiratory coronavirus in Europe.
- Publications included the regular *Influenza Weekly Digest*, the Weekly Influenza Surveillance Output (WISO), and over 10 peer-reviewed papers.

Programme on vaccine-preventable diseases

Long-term objectives of the Programme

- Identification and assessment of threats posed by vaccine-preventable diseases (VPDs) or adverse events following vaccination.
- Surveillance data collection, data analysis and reporting.
- International collaboration on overarching issues through expert groups, workshops, scientific panels.
- Coordination and conducting of scientific working groups.
- Assessment of national immunisation programmes.
- Communication activities promoting vaccination.

Background of disease(s)/health topic area

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

Major achievements in 2012

- A specific measles-rubella elimination action plan has been implemented in order to support the EU Member States in their elimination efforts. The ECDC plan includes 25 different activities and a similar number of deliverables, including reports, guidance documents, meetings, and advocacy tools. For example, ECDC sponsored a documentary produced by Euronews, which was broadcast to a potential audience of more than 20 million people in and outside Europe. A list of actions aimed at improving MMR (measles, mumps and rubella) vaccination coverage in the EU was developed in a series of stakeholder meetings and presented in October at a Luxembourg meeting organised by the Directorate-General for Health and Consumers. The finalised list of actions was agreed upon by all attending Member States. All participants received a complete portfolio including all deliverables produced under the ECDC action plan.
- The European Measles Monthly Monitoring (EMMO) bulletin now also covers rubella surveillance data.

Indicators	Targets	Result
1. Number of reports published		
Surveillance	12 annual reports (one report per disease/ group of diseases, with the exception of measles)	Monthly reports of measles epidemiology were published. In addition, rubella reports were added
Guidance	One scientific guidance published	Guidance document on HPV vaccine introduction in the EU published. In addition, several guidance documents on communication in the field of vaccination were produced
2. Proportion (number) of Member States participating in specific ECDC initiatives		
Number of Member States participating in activities related to measles and rubella elimination	At least 10 Member States	All EU and EEA Member States were involved in advocacy activities related to measles elimination. In particular, the EC–ECDC meeting in Luxembourg and the ECDC meeting in Barcelona were well-attended

- A new system for the active surveillance of invasive pneumococcal diseases (IPD) in the EU was established. Ten surveillance centres from eight countries now provide data on IPD incidence and vaccination status, thus allowing a more accurate estimate of the burden of disease and of the effectiveness of the different vaccination programmes.
- The resurgence of pertussis in the EU in 2012 came largely unexpected. An assessment of pertussis epidemiology in the EU was initiated at a workshop with high-level experts who also discussed the problem of waning pertussis immunity. A meeting report, together with an in-depth analysis of surveillance data, will be provided in 2013. The initial assessment will be followed by further expert consultations and a guidance document on priority measures to lower the pertussis burden in the EU.
- The first Eurovaccine.net conference was held in Barcelona in November. The conference gathered all experts belonging to ECDC's vaccine-preventable disease networks. Eurovaccine.net replaced the former network meetings (EUVAC, EU-IBIS and DIPNET). More than 200 experts (both epidemiologists and laboratory professionals) from all EU/EEA countries attended the meeting. In a survey, many participants expressed their appreciation for the scientific content of the conference, but also for the fact that Eurovaccine.net is the only European conference on vaccination issues that is publicly funded and industry independent.

Public health functions

Target 2. Communicable disease surveillance

Strategy 1: Improving data collection

By 2012, the coordination of the formerly independent disease surveillance networks had been transferred to ECDC; one network (DIVINE) was discontinued. Some of the specific activities had to be outsourced as, for example, ECDC cannot carry out laboratory work. Data collection was improved, and in December 2012, TESSy Version 3 went live, boasting considerable performance improvements.

In addition, ECDC's surveillance experts improved the quality and comparability of data and led the following projects and initiatives: Third external quality assurance scheme for *Salmonella* typing; external quality assurance scheme for typing of verocytotoxin-producing *E. coli* (VTEC); influenza A(H3N2)v laboratory detection questionnaire results; CNRL in silico exercise to determine the capabilities of network laboratories to detect triple reassortant swine origin influenza A(H3N2) viruses; external quality assessment scheme for influenza virus detection and culture for the Community Network of Reference Laboratories for Human Influenza in Europe 2010–11; survey of national reference laboratory capacity for six FWD in EU/EEA countries; guidelines for the surveillance of invasive mosquitoes in Europe; external quality assessment (EQA) scheme on PCR for *Bordetella pertussis* (2012) on behalf of the EUpert-labnet network; external quality assessment scheme for antiviral susceptibility detection in influenza viruses; molecular typing of *Neisseria gonorrhoeae*; HELICSwin.Net 1.3 – user manual; point prevalence survey of healthcare-associated infections and antimicrobial use in European acute-care hospitals – protocol version 4.3; severe influenza surveillance in Europe; guidance and protocol for the use of real-time PCR in laboratory diagnosis of human infection with *Bordetella pertussis* or *Bordetella parapertussis*; guidance and protocol for the serological diagnosis of human infection with *Bordetella pertussis*.

In November of 2012, the molecular surveillance component of TESSy went live (pilot version), with the Member States covering isolates of *Salmonella*, *Listeria*, *E. coli*, and *Mycobacterium tuberculosis*.

Some statistics on TESSy usage in 2012

- 1324 active users from 56 countries* (up from 845 in 2011)
- 13 million unique records in the database (up from 11.2 million in 2011)
- 0.6 million existing records updated
- 49 diseases covered
- Enhanced surveillance covering 33 topics

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

Support of TESSy users in Member States

In 2012, the TESSy programme offered training sessions to new users.

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

Finalisation of data sharing model

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

The changes concern different areas:

- Restricted use of generic (non-personal) user accounts is now possible for Member States and European Agencies.
- Data already published by ECDC can be provided in aggregations different from the ones available in the original publication (subject to technical feasibility). In case of new aggregations, Member States will be informed.
- Access to non-case-based data has been streamlined.
- The requirements for the authorisation of publications have been eased, but a standardised acknowledgement and disclaimers are still required.

Strategy 2: Improving data analysis

Regular data analysis and data quality

Maintaining sufficient data quality standards represents one of the major challenges when collecting and analysing surveillance data from multiple countries and systems. Therefore, a number of initiatives – coordinated by the Epidemiological Methods section – were started in 2012 to improve data quality at various levels of the reporting system. A group of surveillance experts (selected from the National Focal Points for Surveillance and the ECDC expert directory) worked together to develop guidelines for monitoring data quality and evaluating surveillance systems. ECDC experts also started to review the information on surveillance systems collected in TESSy in order to facilitate the analysis of differences in reporting rates in the Member States. TESSy validation rules were further reviewed and improved through the annual TESSy metadata set revision. A toolkit for time-series analysis (TSA) was developed and will be published on the ECDC website. More than 30 ECDC experts received TSA training. A new system called 'Biostatistics Advice Request and Response Management System' (BARRMS) was developed. A number of in-depth analyses were performed using time-series analysis techniques. These enabled the identification of increasing trends for pertussis in several countries; the description of the temporal pattern of STEC/VTEC cases – based on routine surveillance data – allowed to arrive at estimates of the increase of VTEC cases. The inclusion of age-standardised rates in Table 1 of the Annual Epidemiological Report enhanced the comparability of rates between countries. Adjustments for reporting delay of surveillance data were made in the preparation of the HIV/AIDs surveillance report. Using prevalence data from the point prevalence survey on healthcare-associated infections, incidence (inverse) was calculated. A team of GIS experts made it possible to present data with high-quality maps. This was particularly useful for delivering key messages to public health authorities and decision-makers.

Data collection in 2012

The following data collections were conducted in 2012 (continued from 2011). All diseases are specified by ECDC's mandate (Annual Epidemiological Report for 2011).

- Zoonoses (EFSA report for 2011)
- Zoonoses (quarterly reports for 2011)
- HIV/AIDS (annual report for 2011)
- Tuberculosis (annual report for 2011)
- *Haemophilus influenza* and meningococcal disease (annual report for 2011)
- Sexually transmitted infections for 2011
- Healthcare-associated infections for 2010–11
- Influenza, for weekly reports during 2012
- Antimicrobial resistance for 2011
- Legionnaires' disease for 2011
- Continuous collection of data on travel-associated Legionnaires' disease
- Measles and rubella for monthly reports (for 2012)
- Invasive pneumococcal disease (annual report for 2011)
- Continuous collection of diphtheria data for 2012
- Gonococcal AMR for 2011

The following data collections were new in 2012:

- Continuous collection of vCJD data for 2012
- Antimicrobial consumption data (annual report for 2010 and 2011)
- Vaccine-preventable diseases – mumps and pertussis (annual report for 2011)

Strategy 3: Improving reporting and outputs

Disease surveillance – information for action

Surveillance data collected in 2012 served as a basis for several risk assessments, formal opinions and advice to the European Commission and Member States, as well as weekly, monthly, quarterly or annual reports for use by policymakers and experts in the Member States. The following risk assessments, technical reports and other documents were produced by projects either led by ECDC surveillance experts or activities that involved surveillance experts in a leading role and that relied heavily on surveillance data:

Joint ECDC–EMCDDA rapid risk assessment: HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania; risk assessment: laboratory-created A(H_5N_1) viruses transmissible between ferrets; rapid risk assessment: outbreak of Legionnaires' disease in a hotel in Calpe, Spain, December 2011–January 2012; risk assessment: seasonal influenza 2011–12 in Europe (EU/EEA countries); rapid risk assessment: outbreak of Legionnaires' disease in a hotel in Calpe, Spain, November 2011–May 2012; joint rapid risk assessment: anthrax cases among injecting drug users, Germany; rapid risk assessment: a community outbreak of Legionnaires' disease in Edinburgh, Scotland; rapid risk assessment: outbreak of Legionnaires' disease in a hotel in Calpe, Spain, November 2011 – May 2012 (update 4 June 2012); rapid risk assessment: multi-country outbreak of *Salmonella* Stanley infections; risk assessment: anthrax cases among injecting drug users Germany, June–July 2012 (updates 6 and 13 July 2012); risk assessment: outbreak of Legionnaires' disease in a hotel in Calpe, Spain, November 2011–June 2012; risk assessment: swine-origin triple reassortant influenza A(H_3N_2) variant viruses in North America; rapid risk assessment, update: multicountry outbreak of *Salmonella* Stanley infections; rapid risk assessment: autochthonous dengue cases in Madeira, Portugal; risk assessment on HIV in Greece; rapid risk assessment, update: autochthonous

dengue cases in Madeira, Portugal; rapid risk assessment, update: severe respiratory disease associated with a novel coronavirus.

The data made it possible to monitor the implementation of various action plans, declarations, decisions or commitments. In order to increase timeliness, accessibility and usefulness of surveillance outputs, a number of initiatives started in 2012. A prototype for an interactive surveillance dashboard started to be developed based on a benchmark analysis of existing websites and on improved data management and analysis processes.

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

In addition to the reports listed below, a large number of articles, abstracts and presentations were based on the analysis and interpretation of the surveillance data collected throughout 2012.

ECDC's surveillance experts were instrumental in the publication of 74 major reports, a large number of articles, and several conference presentations in 2012.

Key surveillance reports 2012
Surveillance of healthcare-associated infections in Europe 2007
Surgical site infections 2008–09
Tuberculosis surveillance and monitoring in Europe 2012
The European Union summary report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2010 (EFSA–ECDC joint scientific report)
The European Union summary report on trends and sources of zoonoses, zoonotic agents and food-borne outbreaks in 2010 (EFSA–ECDC joint scientific report)
Sexually transmitted infections in Europe 1990–10
Gonococcal antimicrobial susceptibility surveillance in Europe – 2010
Legionnaires' disease in Europe, 2010
Influenza in Europe – Season 2011–12
HIV/AIDS surveillance in Europe 2011
Antimicrobial resistance surveillance in Europe 2011
Surveillance of invasive pneumococcal disease in Europe, 2010
Annual Epidemiological Report 2012
Weekly/bi-weekly influenza surveillance overview (43 issues in 2012)
Influenza virus characterisation, summary Europe (8 issues in 2012)
Measles and rubella monitoring (10 issues in 2012: 4 issues on measles monitoring and 6 issues on measles and rubella monitoring)

Strategy 4: Quality assurance of surveillance data

Introducing quality assurance practices in the Member States surveillance systems

Epidemiological surveillance systems aim to produce meaningful indicators for public health. In order to achieve this goal, data quality is essential. This is reflected in ECDC's long-term surveillance strategy which calls for improved and updated methodologies as well as quality assurance of epidemiological data. A survey conducted by ECDC in 2010 showed that practices for monitoring data quality vary across surveillance systems and Member States. However, the methods used to monitor the quality of surveillance data can be virtually the same between diseases. Hence, in agreement with national surveillance coordinators, ECDC started various activities to develop a common approach toward monitoring the quality of surveillance data. In 2012, a working group of experts established by the Director in 2011, conceptualised a toolset (e-library) and a manual intended to guide experts in the Member States through this process. Complete drafts of both the manual and the e-library were developed in 2012 and are currently under peer review and testing.

Monitoring progress in data quality and systems performance over time

In 2012, based on the experience gained from assessing candidate and accession countries, ECDC developed a more comprehensive tool for the assessment of surveillance systems in Member States.

Following advice from the National Focal Points for Surveillance, ECDC started to develop standards for operating effective national surveillance systems that meet EU demands. An expert meeting was organised in 2012 to define the scope of the project and develop an action plan. Representatives from National Focal Points and international surveillance experts provided inputs to this project. A number of follow-up actions started as result and are currently ongoing.

Indicators	Targets	Result
Number of queries on TESSy data through the new online query tool	100	
Percent of data calls processed according to time frame agreed with the Member States	95%	
Molecular surveillance component in TESSy implemented	Yes	

Target 3. Scientific support

ECDC's 'Strategic Multi-annual Programme 2007–2013' defines the vision for the Centre in the area of scientific support as follows: 'By the year 2013, ECDC's reputation for scientific excellence and leadership is firmly established among its partners in public health, and ECDC is a major source for scientific information and advice on communicable diseases for the European Commission, the European Parliament, the Member States and their citizens'.

One of the key tasks of ECDC is a to provide the European Parliament, the European Commission and the Member States with the best possible scientific advice on questions related to public health. In 2012, the Office of the Chief Scientist initiated and coordinated the delivery of robust, evidence-based scientific advice on many topics.

Strategy 1. Becoming a public health research catalyst

ECDC supports the EU public health research agenda through a range of activities, for example by advising EU funders on gaps with regard to communicable disease research, evaluating research proposals, building capacity, and providing fora for researchers.

ESCAIDE

The sixth annual ESCAIDE conference was held at Edinburgh International Conference Centre from 24 to 26 October 2012. The conference attracted 511 delegates from 50 countries. A total of 90 oral presentations and 20 moderated poster sessions with 155 presentations took place over the course of three days. In addition to the official conference programme, eight satellite events were organised; these events included a course on evidence-based medicine (EBM), a EUPHEM Forum and Evaluation meeting, the Eurosurveillance lunch seminar, and the EPIET Alumni Network (EAN) Board Meeting.

More information, including conference presentations can be found at: http://ecdc.europa.eu/en/escaide/Pages/ESCAIDE.aspx

Strategy 2. Promoting, initiating and coordinating scientific studies

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

Impact of climate change

A software tool for microbiologically assessing the risk of food- and waterborne diseases was developed. This tool assesses the impact of climate change on FWD pathogens. ECDC also presented a handbook for vulnerability, impact and adaptation assessment related to infectious diseases and climate change. Other topics included best practices in the EU and the monitoring of infections that are sensitive to climate change.

Burden of communicable diseases in Europe project

The primary objective of the Burden of Communicable Diseases in Europe (BCoDE) project is to produce tools that generate evidence-based, valid and comparable estimates of the burden from communicable diseases and related conditions in EU/EEA countries. In 2012, the BCoDE software toolkit was refined; a BCoDE coordination group was created which supports Member States through conference calls, shared materials and experiences, and country visits. The main challenge has been the collection of reliable notification data and the adjustment for underestimation for each disease. Moreover, disease models were updated according to expert feedback from the Member States.

Strategy 3. Producing guidelines, risk assessments, scientific advice

One of the key functions of ECDC is the provision of scientific advice, risk assessments and scientific guidance.

In 2012, the Scientific Advice Repository and Management System (SARMS) system handled 34 requests. ECDC was asked to provide risk assessments and technical advice on several issues, including a risk assessment on HIV/AIDS in relation to the increasing HIV incidence in Athens.

The ECDC report 'Evidence-based methodologies for public health', published in September 2011, explored how methods of evidence-based medicine (EBM) can be applied to the field of infectious diseases, identified knowledge gaps, and provided advice on which EBM principles and tools need further adaptation and development to make them applicable to public health and infectious disease control. Building on these results, a consortium of European experts in the areas of public health, infectious diseases and evidence-based methodology was established in 2012 (PRECEPT project) in order to develop a tool for grading the quality of the evidence in the field of infectious diseases. The tool will be piloted in 2013. The evidence-based methods training programme was continued in 2012. A four-day-course was held for ECDC staff and externals; a one-day session took place during the ESCAIDE conference in Edinburgh.

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

ECDC is working on becoming a 'one-stop shop' for relevant published scientific studies/reports and internally produced scientific advice.

- Knowledge Management: In 2012, the development of a talent map of ECDC staff was finalised and the work on the various terminology services further developed, with a focus on continuity and improvement of services so that staff members would have easier access to the latest external and internal scientific information and content. ECDC's Terminology Services were made available to around 20 selected external users from national public health institutes and academic institutions in the EU/EEA.
- Library services: The library consolidated its work in evidence-based practice by conducting systematic reviews for risk assessments and also provided advice to ECDC experts on their external systematic reviews. The library also collaborated in the final ECDC report on evidence-based methodologies for public health. In 2012, in collaboration with Knowledge Management, library staff created a list with ECDC peer-reviewed scientific outputs (from May 2007 onwards), which contains well over 300 articles; the list is available through the intranet and ECDC's website.

Strategy 5. Microbiology coordination

Microbiological laboratories are essential for the surveillance and early detection of outbreaks through timely detection and characterisation of human pathogens causing communicable diseases. ECDC does not have its own laboratories and therefore an important part of its remit is to build up close ties with microbiological laboratories in the EU and contribute to an integrated EU public health microbiology system through networking of national capabilities and expertise.

With the transfer of the Microbiology Coordination section and the Chief Microbiologist to the Office of the Chief Scientists, greater cohesion and interaction with the Disease Programmes was ensured, as guided by the Microbiology Steering Committee.

In 2012, key achievements included the implementation of the 'Joint ECDC-Commission strategy and position statement on human pathogen laboratories' and the 'ECDC public health microbiology strategy (2011–2016)', which paved the way for a closer cooperation between ECDC and the SANCO Health Threats unit on coordinating laboratory assessment of emerging threats, such as the *Salmonella* Stanley outbreak or the assessment of first cases of infection with a novel coronavirus. Other achievements included the strengthening of cross-disease coordination in public health laboratories, the development of capability assessment tools in the EU and accession countries, an ECDC strategy and roadmap for integrating molecular typing into EU surveillance, cross-disease harmonisation of antimicrobial resistance testing, and surveillance for human and zoonotic pathogens across countries and health sectors.

Indicators	Targets	Result
Number of external participants attending ESCAIDE	At least 300 participants	511 participants
Number of scientific studies published in 2012	At least 40	95 scientific documents published
Impact of ECDC scientific work: expected impact factor of scientific papers published by ECDC authors in peer-reviewed journals and as ECDC reports	At least 2.5	Five-year impact factor for 2012: 4.55
Proportion of requests for scientific advice answered within the time agreed with the requesting party	80%	100%
Proportion of scientific advice documents used by Member States	Target not available	n. a.
Development, piloting and validation of laboratory capability appraisal tools for priority diseases	Appraisal tools for generic and specific capabilities for three diseases	• Generic tools pilot-tested and validated with eight countries • Specific indicators pilot-tested with three countries

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

The detection and assessment of emerging threats is essential to ensure the safest possible environment for European citizens. To fulfil its mission, ECDC set up an emergency operations centre and put in place the appropriate plans and procedures for its efficient operation. ECDC focuses on threats affecting European citizens and supports EU countries in responding to outbreaks, e.g. Portugal during the first autochthonous outbreak of dengue fever in Madeira.

Strategy 1. Detecting and assessing threats

In 2012, ECDC identified and monitored 69 health threats, 24 of which originated outside of the EU. Of these 69 threats, 57 (83%) were identified in 2012 and twelve were ongoing; six were carried over from 2011 (measles in the EU, autochthonous malaria in Greece, seasonal influenza in the EU, influenza A(H3N2)v in the USA, Schmallenberg virus in ruminants, and the re-entry of the Phobos-Grunt satellite), one from 2010 (cholera outbreak in Haiti and the Dominican Republic), one was re-opened in 2012 and considered to be carried over from 2009 (anthrax among intravenous drug users), one from 2006 (global monitoring of dengue fever) and three from 2005 (global monitoring of influenza A(H5N1), poliomyelitis and chikungunya).

More than one third (38%) of threats monitored during 2012 were related to food- and waterborne diseases, followed by diseases of environmental and zoonotic origin (19%); influenza (11%); vaccine-preventable and invasive bacterial diseases (9%); tuberculosis (3%); antimicrobial resistance and healthcare-associated infections (3%); and hepatitis, HIV, sexually transmitted infections and blood-borne infections (1%). Sixteen per cent of monitored threats were not related to any of ECDC's disease programmes.

For three main mass gathering events during 2012, namely the EURO 2012 football tournament in Poland and Ukraine and the Olympics and Paralympics in London, communicable disease-related risks for attending European citizens were assessed and monitored. Field support was provided to the EURO 2012 and the Olympics. Given the exceptional nature and/or public importance of these events, ECDC also monitored the potential risk for EU/EEA countries in relation with:

- the severe respiratory disease related to a novel coronavirus in the Arabian Peninsula;
- the re-entry of the Phobos-Grunt satellite; and
- an unknown disease causing 52 fatalities in Cambodia.

In 2012, ECDC continued to operate the Early Warning and Response System (EWRS). EU Member States reported 73 health threats of EU scope via the EWRS. EWRS pages were consulted more than 66 000 times during the year.

Hannes Swoboda (Chair of the Group of the Progressive Alliance of Socialists and Democrats in the European Parliament) and Denis Coulombier (Head of Unit for Surveillance and Response Support, ECDC) meet for a talk in ECDC's Emergency Operations Centre

ECDC continues to communicate on health threats through its daily epidemic intelligence activities and the weekly Communicable Disease Threat Reports (CDTR), which has been available on its website since 2012.

The monitoring of these threats resulted in the production of 38 risk assessments (six risk assessments, 16 original rapid risk assessments and 16 updates) and 29 epidemiological updates, which were communicated to the Member States. The majority of the (rapid) risk assessments were directly related to communicable diseases, such as the first occurrence of autochthonous transmission of dengue virus in Madeira, Portugal; Ebola haemorrhagic fever outbreaks in Uganda and the Democratic Republic of Congo; the identification of a novel coronavirus in the Arabian Peninsula; or laboratory-created A(H5N1) viruses transmissible between ferrets.

Strategy 2. Support and coordination of investigation and response

For health threats involving more than one Member State, ECDC is mandated, upon request by affected Member States, to provide support in the coordination of the investigation. In 2012, ECDC provided experts in the field to support Member States in their response to outbreaks, such as the dengue virus outbreak in Madeira, a legionellosis outbreak in Calpe, Spain, or the three mass gathering events mentioned above.

Strategy 3. Strengthening preparedness

ECDC further contributed to assist Member States to strengthen their outbreak preparedness. Major achievements in 2012 were:

- The EUFRAT (European Up-Front Risk Assessment Tool) is a risk web-based risk assessment tool which provides risk estimates for the different stages of the blood transfusion chain for several communicable diseases, especially during outbreak situations. Due to scarce data on many predefined relevant parameters, the tool operates under substantial assumptions which are currently under evaluation. This evaluation is conducted by comparing the risk quantification results of the tool with actual outbreak data.
- A concept paper on strategies at the European level to address potential shortages of vaccines and treatment for rare diseases was developed and shared with the European Commission and the Health Security Committee.
- SHIPSAN ACT is a Joint Action between DG-SANCO (European Commission) and the Member States, following up previous SHIPSAN and SHIPSAN TRAINET projects. The current scope is broader (not only cruise ships but also cargo vessels; all threats follow International Health Regulations (IHR): biological, chemical and radiological). In January 2012, the European Commission and the Executive Agency for Health and Consumers invited ECDC to a meeting in Luxembourg to explore synergies with EU Agencies and other Directorate Generals. ECDC commented the first draft of the Joint Action. The Project starts on 1 February 2013. ECDC involvement in the Joint Action is planned to be on preparedness, training, early warning and response support.
- New advances in pandemic preparedness: The Member States evaluated their pandemic preparedness plans, and started to revise them. ECDC took part in a joint workshop with WHO/EURO to support the countries in the revision of their pandemic preparedness planning following the lessons learnt from the 2009 pandemic. ECDC, together with the WHO Office for the European Region, is finalising a pandemic guidance document for Member States planned to be available in 2013.
- A mapping of tools for preparedness provided by ECDC was conducted in 2012 to offer a repository of products for preparedness.
- An internal re-organisation of ECDC has been launched to address the needs and resources dedicated to preparedness.
- A risk assessment for anthrax infections in intravenous drug users was conducted in collaboration with the European Monitoring Centre for Drugs and Drug Addiction in December 2012.
- An ECDC internal simulation exercise was conducted to test the revised public health emergency plan.
- Upon request of the Austrian Ministry of Health, support was provided to revise the National Measles Elimination Plan.

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

Indicators	Targets	Result
Percentage of daily and weekly threat bulletins produced and disseminated in due time* * Before 2 p.m. on weekdays for the daily bulletin; before noon on Fridays for the weekly bulletin	100%	100%
Percentage of rapid risk assessment produced within 48 hours of initial decision	75%	61% for rapid risk assessments and updates with readily available data
Development of preparedness strategy	Draft strategy agreed internally	Draft preparedness strategy developed and agreed internally as a chapter of the SMAP

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

Strategy 1. Development of European Union capacity

The EPIET Training Framework offers fellowships of two years, with pathways for intervention epidemiology (EPIET) and public health microbiology (EUPHEM). In addition to the traditional European Union track (EPIET-EU), the Public Health Training Section also coordinated an EPIET Member State track (EPIET-MS) and national EPIET-associated programmes (EAP). Fellows train in one single cohort, sharing common training modules, regardless of their programme association. ECDC coordinates the EPIET training framework with a team of scientific coordinators, cultivating a multidisciplinary approach to disease prevention and control.

In 2012, a total of 105 fellows were enrolled in three cohorts: 27 in Cohort 2010, 40 in Cohort 2011, and 38 in Cohort 2012.

ECDC also organised eight one-week training activities, which were attended by 218 experts from various public health networks. Topics included training of trainers for vaccine-preventable diseases, seasonal influenza, Legionnaires' disease, applied epidemiology, and public health microbiology.

Strategy 2. Networking of training programmes

Network partnerships are essential for ECDC-coordinated training activities. The EPIET and EUPHEM programmes are heavily dependent on resources contributed by 36 institutes in EU Member States, in particular the time that senior experts dedicate to the teaching and supervision of EPIET/EUPHEM fellows. A dedicated workshop was held for the institutes that participate in the EPIET Member State track.

Collaboration with the World Health Organisation was continued. ECDC hosted a visit for staff members at WHO's Lyon Office and paid a visit to the WHO Regional Office for Europe in conjunction with the South-Eastern Europe Health Network Conference (SEEHN). In addition, ECDC participated in a meeting of the Global Foodborne Infections Network of the WHO.

The Public Health Training Section supported teaching activities in conjunction with the 'Better Training for Safer Food' activity by DG-SANCO.

The Fellowship Programmes conducted three meetings of the Training Site Forums in 2012; eight fellowship

Participants of the EPIET introductory course gather for a group photo outside the historic Lazaretto in Mahon Harbour, Menorca, Spain

training modules/courses were organised in three countries (France, Spain and Sweden).

At the global level, ECDC contributed to a TEPHINET meeting. TEPHINET is a membership organisation for field epidemiology training programmes around the world.

A new curriculum was developed for ECDC's Summer School programme. The Summer School brings together experts from the fellowship training programmes and ECDC network experts.

The implementation of a training strategy for infection control started in 2012.

Strategy 3. Creation of a training centre function

Quality assurance activities in 2012 included 17 EPIET and 10 EUPHEM visits in associated training institutions and in conjunction with the implementation of the UEMS accreditation process: full UEMS accreditation (CME) was granted to all training modules.

The Field Epidemiology Manual Wiki (FEM Wiki) was further developed; new functionalities were added to the wiki platform and it was integrated into the ECDC information infrastructure. An ECDC extranet for training was continued for online collaboration with network partners and was extended with a repository for training materials.

At the end of 2012, an e-learning project was initiated in order to produce a report scheduled for March 2013 on ECDC's future e-learning strategy.

Indicators	Targets	Result
Number of professionals participating in ECDC workshops, courses and extended programmes	200 professionals trained	219 professionals trained: • Short courses: 114 (influenza:18, legionella: 14, training of trainers in applied epidemiology: 30, VPD training of trainers: 29, introduction to epidemiology: 20, EPIET modules: 3) • 105 fellows in training: – 27 from Cohort 2010 (2 EUPHEM, 7 EAP, 18 EPIET-EU) – 40 from Cohort 2011 (4 EUPHEM, 12 EAP, 17 EPIET-EU, 7 EPIET-MS) – 38 from Cohort 2012 (4 EUPHEM, 8 EPIET-EU, 14 EPIET-MS, 12 EAP)
Number of contributions to training efforts of Member States and ECDC partners	35 contributions from ECDC	42 implemented: • 17 EPIET site visits • 10 EUPHEM site visits • EPIET-Member States consultation workshop • TEPHINET meeting • WHO-Lyon visit • 'Better Training for Safer Food' meeting • 3 EPIET/EUPHEM forum meetings • 8 fellowship modules/courses in three countries (France, Spain, Sweden)
Number of training resources developed: training materials and curriculum	26	125 implemented: • Initial management EUPHEM: 1 curriculum, 5 presentations, 7 case studies/exercises • BQM: 1 curriculum, 20 presentations, 6 case studies/exercises • training of trainers VPD: 1 curriculum, 10 presentations, 2 exercises and 1 pre-workshop workbook • training of trainers in applied epidemiology • Summer School: Curriculum for 11 new workshops (30 new presentations, 4 new case studies, practical exercises and role play) • Introductory course: 18 new presentations, 5 new case studies and one new protocol writing workshop
Proportion of satisfied participants to training activities	80%	Achieved for all activities (range: 85%–96%)

Target 6. Health communication

It is essential for ECDC to communicate scientific content to public health professionals, policymakers, the general public and other stakeholders across Europe.

Communication to ECDC's target audiences

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

Scientific publications

In 2012, ECDC released 240 scientific publications. These reports are available for download from the ECDC website. Selected reports are made available in print and distributed to targeted mailing lists and are available from the EU bookshop. A monthly email is sent to subscribers informing them of ECDC's latest publications.

Media work

ECDC promotes its scientific output to the media both pro- and reactively. As part of its media strategy, ECDC develops press releases and news items on key scientific topics written in a language that is understandable to non-scientists. This information is routinely shared with the European Commission and the EU Member States before the actual publication date. ECDC's press office continued to develop ties with health journalists in 2012. Having strong connections with the media proved to be essential during the year, with over 3000 articles covering ECDC in the media and a population reach of 270 million people. General inquiries on a wide variety of health topics are routinely processed via the info mailbox (info@ecdc.europa.eu), and several hundred queries are answered each year.

Website

The current ECDC web portal was launched in 2009, serving as an entry point for ECDC's corporate website, conference sites, and dedicated extranets. In 2011, the website was visited by approximately half a million people. In 2012, and through the use of evidence from usability studies to improve the design, functionalities and content of the website, the number of visitors increased to 780 000. ECDC has also continued to build a presence in all major social media channels.

European Antibiotic Awareness Day

See box on page 13.

Eurosurveillance

In 2012, the journal received its first impact factor. A stunning 6.15 was awarded for the year 2011. This places Eurosurveillance at rank 6 among the 70 journals in the Infectious Diseases category. The immediacy index of the journal was rated 4. The Scopus-based Scimago Journal Rank (SJR) for 2011 places Eurosurveillance at rank 61 of 1597 journals in the field of medicine. In 2012, the journal published 186 peer-reviewed articles (100 rapid communications and 86 regular papers), 14 editorials, and 42 letters and other content items (news, meeting reports, etc.). Some 500 experts (2011: around 380, 2010: around 330) from across the world reviewed articles for Eurosurveillance, often on short notice and with tight deadlines. The rejection rate was 43% for rapid communications and 76% for regular articles (2011: 75%; 2010: 63%). Eurosurveillance published several themed issues and a comprehensive, two-part special issue on immunisation registers in Europe. Part one featured experiences with longstanding registers from England, Norway, Spain – including a contribution from Australia –, part two included experiences from Denmark, the Netherlands, Germany, Italy, Spain and Canada. In 2012, when it became known that patients from Saudi Arabia and Qatar with severe respiratory symptoms had been infected with a novel coronavirus, Eurosurveillance was among the first scientific journals to provide authoritative information. In total, the journal published eight peer-reviewed rapid communications on the novel coronavirus in three months.

Supporting health communication capacities in the Member States

Providing evidence and assessing the status of health communication activities in the EU

A three-year project on health communication for the prevention and control of communicable diseases in the EU/EEA led to several publications. A report mapping health communication activities in the EU/EEA was published, and a series of publications entitled 'Insights into health communication' covered themes such as health literacy, health advocacy, and effective health communication on immunisation. A consultation with experts helped to identify several possible options for the future direction of health communication at ECDC.

Capacity building in health communication

A comprehensive curriculum for training on risk communication was developed in order to support public health programme managers and practitioners in understanding, analysing and applying risk communication concepts, and familiarise them with the principles and

Inform, protect, immunise: engaging underserved populations – Dublin, September 2012

approaches to the prevention and control of communicable disease threats (in particular measles) at the regional, national and local level.

Sharing best practices and strengthening collaboration

2012 saw the continued support for countries which wanted to improve access of underserved populations to public health programmes, particularly vaccination services. Activities included a consultation meeting, involving experts in vaccination, primary healthcare professionals, and representatives of non-governmental organisations of mobile ethnic minorities (Roma, Travellers) from 18 Member States to discuss how knowledge and experiences could be used to stimulate the use of preventive services, in particular immunisation services. The result of this consultation was a list with ten interventions for increasing MMR vaccination uptake. A 'free-thinkers' meeting was held to gather insights from representatives of different fields, including non-health related sectors, on innovative approaches for increasing measles immunisation uptake.

Disseminating knowledge

Selected outputs of ECDC's work in the public health development area were presented at international conferences. Sessions on economic instability and communicable disease prevention and on health communication research outputs were held during the European IUHPE Health Promotion Conference in Estonia. At the European Public Health Conference (EUPHA) in Malta, ECDC organised a workshop to present activities aimed at reaching measles elimination goals. In a discussion with a panel of international experts, the challenges of a multi-faceted approach to measles prevention in times of austerity were explored. At the first European Social Marketing Conference in Lisbon, ECDC acquainted participants with the outputs of the health communication research project and several communication activities on immunisation.

Developing practical health communication resources for country support

In order to support countries in the planning and developing of effective health communication interventions, a range of guides and toolkits for specific disease prevention areas were developed:

- Practical guidance to help healthcare providers to improve childhood vaccination uptake, with advice on ways to improve communication and service delivery (cultural adaptation, pilot interventions).
- A new seasonal influenza communication toolkit to support Council Recommendations. The toolkit assists EU Member States in the design of communication activities that promote influenza vaccination, particularly among healthcare workers and people in risk groups, and in promoting preventive measures. Measures include a field study to identify and address attitudes and beliefs towards influenza vaccination.
- A communication toolkit to support countries in the prevention of gastrointestinal diseases in school settings, highlighting key preventive measures based on an ECDC report that synthesises current international guidelines and evidence on prevention, in particular of norovirus outbreaks. Materials will be piloted and evaluated in 2013.
- A toolkit to support the use of social marketing principles in the planning, implementation and evaluation of communicable disease prevention campaigns, with a case study on how social marketing can be used to address the challenges of increasing measles vaccination uptake. The kit is still under development.

Indicators	Targets	Result
Number of Eurosurveillance issues	50 weekly issues	50 issues published as scheduled
Number of unique visitors on ECDC website	800 000	780 743
Number of Member States that have used and adapted the communication tools and toolkits	5	5 pilot interventions: • 4 on vaccination communication tool • influenza toolkit
Number of published technical reports in the series of 'Insights into health communication'	4	4 (the fourth report was launched in January 2013)

Target 7. Partnerships and international activities

ECDC develops activities with relevant partners to contribute to the prevention and control of communicable diseases within the EU and globally. Effective international cooperation with all relevant stakeholders, including organisations within the civil society sector, is imperative. In 2012, the main focus in this area continues to consolidate working relations with the Member States through one national Coordinating Competent Body. ECDC also worked with EU enlargement countries and developed, on request of the European Commission, an assessment tool.

Strategy 1. Country relations and coordination

Cooperation with the Member States

In 2012, ECDC continued its efforts to strengthen and simplify its way of working with the EU/EEA Member States by further developing the 'One Coordinating Competent Body' (CCB) approach introduced in 2011. As agreed in the Annual Meeting of Coordinating Competent Bodies in 2011, a working group was created in 2012 to further assist ECDC in the implementation of the CCB structure and provide guidance on the development of an electronic tool (Customer Relationship Management, CRM) to support the system. In collaboration with the working group, ECDC developed a document further detailing the structures, terms of reference and interactions necessary for the implementation of the One CCB approach. This document was discussed at the Second Annual Meeting of the Coordinating Competent Bodies on 25–27 September 2012 in Upplands Väsby, which, for the first time, brought together four of the bodies working with ECDC: the Advisory Forum (AF), the Coordinating Competent Bodies (CCB), the National Microbiology Focal Points (NMFP), and the National Surveillance Focal Points (NSFP). The implementation of the CCB structure will continue in 2013, focusing on the nomination of National Focal Points and Operational Focal Points in the EU/EEA Member States according to the agreed terms of reference.

In 2012, ECDC also continued the development of the CRM e-tool. This work will be completed in 2013.

In 2012, several visits and technical country missions were conducted at the request of Member States in order to address particular issues of relevance, identify specific needs, and improve collaboration with ECDC. Tailored missions, coordinated internally with ECDC teams, were carried out in Bulgaria, Denmark, Estonia, France, Greece, Hungary, Latvia, Lithuania, and Portugal.

Key country visits by the Director	
France	January 2012
Lithuania	February 2012
Bulgaria	April 2012
Denmark	August 2012
Estonia	September 2012
Greece	November 2012

Key ECDC technical country visits to Member States and EEA countries	
Greece	May, September, and November 2012
Hungary	May 2012
Latvia	October 2012
Portugal	October–November 2012

Cooperation with EU candidate countries and potential candidates

In 2012, ECDC continued working with EU enlargement countries (accession country Croatia; candidate countries Montenegro, Serbia, Turkey, and the former Yugoslav Republic of Macedonia; and potential candidate countries Albania, Bosnia and Herzegovina, and Kosovo[7]).

Technical cooperation activities for the enlargement countries are mainly implemented through projects supported by the Instrument of Pre-accession Assistance (IPA), which is coordinated by the Directorate-General for Enlargement. After completion of the ECDC-IPA2 project (CA 2009/202-963) in November 2011, ECDC started a new ECDC-IPA3 project (CA 2011/282-291) in the second quarter of 2012, with a total budget of 400 000 EUR over 30 months. The objectives of these pre-accession cooperation activities are to ensure that countries are able to participate effectively in the activities of EU agencies. Following the official nomination of National ECDC Correspondents in EU enlargement countries in 2011, all eight pre-accession countries expressed their willingness to participate in ECDC activities on preparatory measures by sending letters of intent signed by the Ministers of Health.

In 2012, ECDC conducted a number of activities for experts from enlargement countries. The most remarkable in terms of impact and outcome was the meeting on strengthening surveillance for regional antimicrobial resistance and healthcare-associated infections in EU enlargement countries (27–29 June 2012, Dubrovnik, Croatia). The meeting served not only as a vehicle for better understanding ECDC's role – especially the role of the ARHAI Programme and its surveillance networks

7 This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

on antimicrobial resistance (EARS-Net), antimicrobial consumption (ESAC-Net) and hospital acquired infections (HAI-Net) – but also successfully mapped the countries' capacity for surveillance in these areas. Another important event was the 'ECDC coordination meeting of National Correspondents in EU enlargement countries: reflections and developments', was held at ECDC on 26 and 27 November 2012. The purpose of the meeting was to discuss cooperation between the countries and ECDC. Participants discussed ECDC's methods for stakeholder participation, were informed how ECDC planned to assess the ability of enlargement countries to meet EU requirements in the area of communicable disease surveillance and prevention (EU acquis, standards, procedures, assessment toolbox), and agreed on priorities and plans for the implementation of technical cooperation activities for pre-accession countries.

Activities for national experts of enlargement countries also included access to technical discussions in ECDC meetings and events for EU/EEA countries:

- Third ECDC influenza immunisation training workshop 'Development of public health programmes for prevention and control of seasonal influenza', ECDC, 8–10 October 2012
- CNRL influenza virus culture and characterisation training course, London, UK, 12–15 November 2012
- Second Joint ARHAI Networks meeting, Berlin, Germany, 26–28 November 2012

On 21–23 October 2012, an ECDC international relations team visited Montenegro and Serbia to meet key ECDC partners. On the agenda: updates on ongoing activities and the upcoming country assessments in 2013. ECDC also successfully applied for TAIEX support to organise a pre-assessment seminar for experts from Serbia and Montenegro.

ECDC's internal taskforce for enlargement country assessment completed an ECDC assessment package. The package was pilot-tested during a visit to Croatia in April 2012 and consists of an overall assessment framework paper and six annexes on the EU *acquis* process and methodology; documents include a self-assessment questionnaire, guidelines for field assessment visits, and other technical documents to be used during assessment.

On 5–9 December 2012, ECDC conducted a mission to Iceland, where the team used the developed tools to assess Iceland's capacity development, health governance, surveillance, and preparedness and response in the field of communicable diseases.

Assessment visits to EU enlargement countries	
Croatia (pilot assessment)	April 2012
Iceland	December 2012

Other ECDC country visits	
Iceland	October 2012
Montenegro and Serbia	October 2012

Strategy 2. External relations and partnership programme

Further strengthening of interinstitutional relations

In 2012, ECDC continued to develop relations with its main institutional partners, namely the European Parliament, the Council (including the EU Presidencies of the Council of the European Union) and the European Commission.

In March, the ECDC Director was invited to participate in an exchange of views in the European Parliament's Environment, Public Health and Food Safety Committee (ENVI) on multidrug-resistant tuberculosis in Europe. In April, Hannes Swoboda, MEP, President of the Progressive Alliance of Socialists and Democrats in the European Parliament, visited ECDC and toured the ECDC Emergency Operations Centre. In October, the ECDC Director had his annual exchange of views with the ENVI Committee. During the year, the Director also had bilateral meetings with Matthias Groote, MEP, Chairman of ENVI; Michael Theurer, MEP, Chairman of the Budgetary Control Committee; and Marina Yannakoudakis, MEP, ENVI liaison MEP responsible for ECDC.

ECDC continued to work closely with the European Commission, in particular with the Directorate-General for Health and Consumers. The ECDC Director, the Deputy Director General for Health and Consumers, and the Acting Director of Public Health established regular trilateral meetings that took place every other month. Several ECDC technical areas also established regular communication links with their counterparts at the Directorate-General for Health and Consumers.

Since March 2012, ECDC has been coordinating the Network of EU Agencies as well as several of the subnetworks (heads of administration, heads of communication and information, performance development). Work focussed on the implementation of the common approach of the Inter-institutional Working Group (IIWG), based on the priorities identified by heads of EU agencies. Other topics included the Multiannual Financial Framework (MFF) and the review of EU Staff Regulations (SR).

In 2012, ECDC continued its cooperation with EU agencies (EFSA, EMCDDA, and EMA) on common projects. ECDC is still in the process of formalising the working relationship with the Executive Agency for Health and Consumers (EAHC).

Relations with WHO and other key international partners

The main focus of the collaboration between ECDC and the WHO Regional Office for Europe was to coordinate activities as far as possible; to pave the way, technical-level coordination meetings took place before the first Joint Coordination Group (JCG) meeting in Copenhagen in May 2012. A second meeting was held at ECDC in the autumn of 2012. The JCG approved the joint Work Plans for 2012 and 2013, and the governing bodies of both organisations were informed about the details of the collaboration. The priority areas for joint work remained the same as 2011: HIV, tuberculosis, influenza, antimicrobial resistance (AMR), preparedness, and outbreak support. Joint surveillance activities in 2012 included HIV, TB, influenza surveillance (all 53 WHO European Region countries), and the publication of surveillance reports.

In June 2012, the administration arrangement between ECDC and the Israeli CDC was signed in Jerusalem in the margins of the EC-Israel subcommittee on health. The agreement resulted in the participation of Israeli colleagues in the annual meetings of specifically identified networks. There will be a follow-up meeting in early 2013.

Target 8. Leadership

The Director and the Director's Office

Values

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

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

Organisation

In June 2012, a new ICT Unit was created, gathering resources previously scattered across the Resource Management and Coordination Unit (RMC) and operational units (development and maintenance of IT systems, such as TESSy, EWRS, EPIS).

It was also decided in August 2012 to move the Microbiology Section from the Resource Management and Coordination Unit to the Office of the Chief Scientist.

Corporate governance

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

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

During 2012, collaborative online workspaces (extranets) were improved in order to communicate and share information more effectively with members of the Management Board and the Advisory Forum.

ECDC's new independence policy was adopted by the Management Board on 22 December 2012, subject to any subsequent amendments recommended by the Directorate-General Human Resources and Security in relation to staff-related issues. Regarding the prevention of conflicts of interests, and in order to assure transparency, all Members and Alternates of the Management Board and the Advisory Forum were subsequently requested to fill in an annual declaration of interest form and an annual declaration of commitment. Such forms are duly published on the ECDC website.

Management Board

The ECDC's Management Board convened in Stockholm in March, June, and November 2012. The minutes of the meetings of the Management Board are available on ECDC's website.

Advisory Forum

The Advisory Forum was closely involved in advising the Director on technical and scientific issues that were dealt with by the Centre in 2012. Meetings of the Advisory Forum (AF) took place in February, May, September, and December 2012. A successful joint session of the Tenth National Microbiology Focal Points and the Advisory Forum was organised during the first day of the AF meeting in December 2012. The minutes of the meetings of the Advisory Forum are available on ECDC's website.

Senior Management Team

Weekly meetings of the Senior Management Team (SMT) are planned and organised in line with an annual plan which is driven by statutory deadlines and requirements, internal processes, and operational milestones. The main outcomes of SMT meetings are communicated internally to ECDC staff via email shortly following each meeting. The minutes and agendas of all SMT meetings are also available to ECDC staff via the intranet.

Management, strategic planning and quality

Planning and monitoring

The implementation of the Work Programme 2012 moved forward as planned for the majority of activities. For the first time, a list of indicators was included in the Annual Work Programme and is now reported in this Annual Report.

The activity-based budget was further developed.

The Management Information System (MIS) was further updated, with a new reporting tool and a new system for budget transfers. Reports generated by the system provide an overview of commitments and payments (as well as the forecasted payments) for Units and Disease Programmes.

Outcome of the quality management exercise (CAF)

In 2011, ECDC started thinking about developing a quality management system to improve its processes and the quality of its services and outputs. It was finally decided to use the Common Assessment Framework (CAF), a methodology well adapted to public institutions and used in many other EU organisations.

During 2011, two self-assessment teams representing different units and categories of staff were established to conduct a self-assessment based on the CAF criteria and prepare a report. This report outlined strengths and weaknesses, but also proposed a list of corrective actions.

Seminars were held together with the Senior Management Team to discuss the findings and prioritise the actions to be taken.

Actions included the following steps:

1. Designation of liaisons between ICT and the operational units.
2. Clear definition and better communication of the ECDC vision and mission to the staff and our external stakeholders, making sure that ECDC activities are properly aligned.
3. Further improve the internal regular collection and dissemination of performance data (financial, human resources, procurement, audits, outputs and outcomes, etc.) and measure progress against targets.
4. Connect the key performance indicators (KPIs) of the individual staff performance with KPIs of projects, activities, and, ultimately, ECDC's performance (systematic cascading system of objectives).
5. Further improve our Management Information System (on project management, budget, time management, budget execution, performance monitoring).

In addition, a list of 20 'quick wins' was identified and will be regularly monitored throughout 2013.

The second assessment should be initiated after two years (2014) to review the progress made and propose further improvements.

Quality management

As planned, the CAF[8] process started at the end of 2011 with the selection of staff members who would be trained to provide self-assessments on the performance in different areas of the organisation. The results of these self-assessments will result in five priority actions that will be added to the 2013 Work Programme.

Project management

A new coordinator of the Project Office was recruited in 2012, with the goal to implement a unified project management methodology throughout the Centre. The methodology will be gradually agreed, applied and tested during 2013.

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

Target 9. Administration

Finance and accounting

The core budget of the Centre increased from EUR 56.6 million in 2011 to EUR 58.2 million in 2012 (+2.8%).

The budget execution at year end 2012 reached 93% for commitments and 76% for payments. In total, 934 commitments were verified and 6262 payment orders were issued by the authorising officers during 2012.

In June 2012, the Management Board gave a positive opinion on the annual accounts of the Centre for 2011, taking note of the preliminary observations of the Court of Auditors which contained a qualified opinion on the legality and regularity of the transactions underlying the accounts of 2011, including the ICT framework contract.

The European Court of Auditors conducted two visits in 2012: the first one in April focused on the certification of the annual accounts for 2011. The second visit in November focused on specific transactions of 2012 and included a review of recruitment and procurement files. Also in 2012, specific attention was paid to the verification of grants given by the Centre.

The interinstitutional discussions regarding the 2013 budget were closely monitored and no mandatory reductions were imposed on the 2013 draft budget proposed by the Centre. The Management Board approved the 2013 Work Programme and budget in November 2012. Final approval by the Budgetary Authority was received in December 2012.

Human resources

The Human Resources section supports the Centre's management and staff by providing HR services in areas such as recruitment, working conditions, pay and entitlements, learning and development, and staff well-being (in-house doctor, counselling, annual influenza vaccinations, provision of relocation services). The objective of the Centre's learning and development activities is to offer professional growth for the individual as well as to maintain and further strengthen the Centre's organisational performance. In 2012, the Centre's management development programme continued and was further developed for managers on all levels. With the aim of further strengthening the managerial competence in the organisation, the 360-degree feedback programme was continued in 2012.

Table 2. Number of staff and selection procedures

	2010	2011	2012
Total staff (TA, CA, SNE)	254	270	282
Selection procedures[9]	133	56	49

Missions and meetings

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

Table 3. Missions, meetings and ECDC meeting participants, 2009–2012

	2009	2010	2011	2012
Missions	1230	1181	1021	962
Number of meetings	352	311	238	149
Number of external participants attending ECDC meetings or interviews	2624	2960	3259	2783

ECDC premises, equipment and logistics

ECDC provides logistic services to all staff. In 2012, over 5000 requests for support were logged. Fifteen contracts were signed to ensure the proper maintenance of the premises, the maintenance of the equipment, and the provision of goods and services. A new server room was built in the basement, complete with a dedicated uninterruptible power supply, cooling system, fire suppression and extinguisher system, and a flood detection system; all systems connect to a centralised alarm monitoring console able to send text messages to a number that is guarded 24 hours a day, 7 days a week.

Legal advice and procurement

The procurement office supported 43 open calls for tender and one call for proposals, as well as 13 negotiated procedures above EUR 25000, three of which with a value above EUR 60000 EUR (see Annex 9) – a significant increase from the previous year. Seventy-one reopening procedures within ICT framework contracts were undertaken and regular meetings of the Committee of Procurement, Contracts and Grants (CPCG) were held, resulting in the issue of 35 CPCG opinions. The procurement office continued to liaise with external stakeholders and updated procedural guidance to enhance compliance with the EU public procurement legislation.

9 The number of recruitment procedures indicates the actual number of hired staff in a given year. This implies that the recruitment procedure could have been carried over from the previous year.

In June 2012, the European Data Protection Supervisor (EDPS) and ECDC agreed on a roadmap to ensure ECDC's compliance with EU regulations on personal data protection. The position of the DPO was strengthened and a significant increase in reports both to the DPO and EDPS was achieved. Data protection training was completed by all internal data controllers at ECDC.

A new 'professional ethics' course was successfully launched in 2012. The legal team were heavily involved in a number of cases before the European Court of Justice, predominantly the Civil Service Tribunal, providing timely advice and support to the relevant units. Legal advice and support was also provided to the Management Board and specifically the External Evaluation Working Group.

Information and communication

Organisational change

The first step of the Information and communication (ICT) reorganisation involved merging part of the Epidemiological Support Section with the Application and the ICT Infrastructure Sections into a newly created ICT Unit in June 2012; this initial step made it possible for a single authorising officer to manage the ICT consultancy framework contract by delegation.

Workstation-related services

The ICT Infrastructure Section resolved 7922 support requests in 2012 (an average of 660/month); 29 support requests were handled outside office hours by the standby service team. Only 431 of the requests took longer to respond to than the targeted resolution time: 94.56% of the requests were fulfilled in time. This is a major achievement, particularly as resolution target times for high-priority calls were shortened by 50% in May 2012.

Table 4. Enterprise informatics services: annual service-level uptime for some critical IT services

Service	Percentage
ECDC network services (all network and network connections)	99.998%
Early Warning and Response System (EWRS)	99.998%
ECDC mail services	99.9%
ECDC portal	99.9%
TESSy	99.99%

Production of business solutions and systems

In 2012, ICT implemented 350 change requests that were handled in the change process. Eleven new applications went live and several new releases were deployed, including EPIS upgrades for the SharePoint 2010 platform; for 19 ICT systems, ICT implemented service-level agreements with the business owners.

Hosting, operating, maintenance and security of applications and infrastructures

Several systems were upgraded, for example Exchange (2010) and SharePoint (2010) Managed Metadata Services (MMS). Other major changes included Office (now version 2010), the phone system and the VPN system. A new server room at the ECDC premises is now fully functional and will allow future growth of ECDC's IT infrastructure. The new server facility allows the mirroring of data on clustered servers across two server rooms.

Server stack at ECDC

A half-day power outage did not lead to service interruptions thanks to standby power systems. ECDC also strengthened the capacity of the disaster recovery site in Cologne, ready to host both the new version of the ECDC portal (expected in 2013) and a backup of the mail environment. In 2012, EASA commissioned their backup data centre at ECDC.

Half of about EUR 8 million that ECDC invested in ICT in 2012 was used to develop operational applications for ECDC, its external partners and the Member States; the other EUR 4 million was spent to maintain and provide support for existing applications.

Internal control coordination

Internal control coordination includes the design, promotion, facilitation and monitoring of systems for internal control and risk assessment. In 2012, it focused on such core tasks as coordinating internal control standards, internal procedures, the declaration of assurance, the contacts with the Audit Committee and the Internal Audit Service, while at the same time ensuring a proper follow-up of all audit recommendations.

Ex-post verifications of financial transactions were introduced, in accordance with the new policy in this field, and improvements were made to ECDC's risk assessment of activities, in accordance with the new Risk Management Guidelines and Risk Management Plan for 2012.

Internal communication

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

In 2012, the work of the Internal Communication and Knowledge Services was consolidated through continued development of IT-supported systems such as the Document Management System (DMS) and knowledge management tools, for example the talent map and enterprise search. The DMS was gradually made available to all staff. Archiving software was installed and the capacity of the physical archives doubled. Information offerings on the intranet were increased. In addition, initiatives such as open-door days were conducted to foster two-way communication in the Centre while the intranet continued to be an important instrument of ECDC's internal communication activities. In 2012, ECDC's internal newsletter 'ECDC on the spot' was published every other week. A new information channel – 'Senior Management Notes' – was established in August to inform staff about important decisions taken at Senior Management Team meetings. A new internal communication strategy will be implemented in 2013.

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

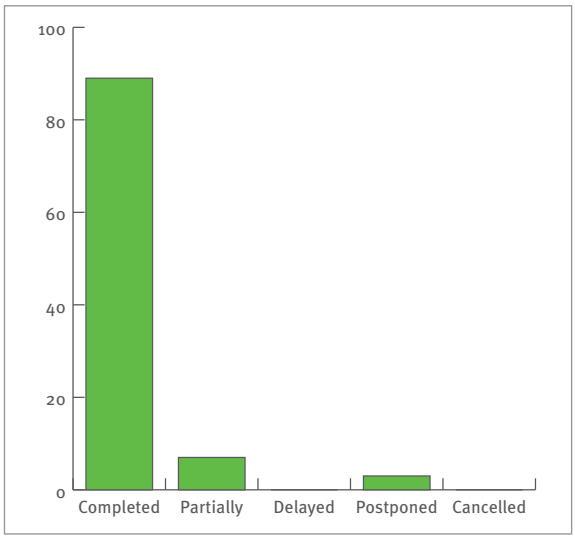
Annexes

Annex 1. Implementation of the Work Programme 2012: Facts and figures

Implementation of the Work Programme 2012: Overview

Most of the activities of the Work Programme for 2012 (adopted by the Management Board in November 2011) were implemented. The following tables provide more details on the implementation of the various activities as outlined in the Work Programme.

Implementation of the Work Programme 2012



Target/DSP	Total	Completed	Partially	Delayed	Postponed	Cancelled
ARHAI	15	12			2	1
EVD	12	11	1			
FWD	18	17			1	
HASH	15	15				
Influenza	14	11	3			
TB	9	8			1	
VPD	25	23	1		1	
Surveillance	7	6	1			
Scientific advice	25	24	1			
Preparedness/response	14	14				
Training	6	6				
Health communication	15	15				
Partnerships	3	3				
Leadership	10	8	2			
Administration	45	36	7		2	
Total	**233**	**209**	**16**	**0**	**7**	**1**
%	100%	90%	7%	0%	3%	0%

Activities	Implemented	Comments
Antimicrobial resistance and healthcare-associated infections		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
European Antimicrobial Resistance Surveillance Network (EARS-Net)	Yes	
European Surveillance of Antimicrobial Consumption Network (ESAC-Net)	Postponed	Publication of the first ECDC report on surveillance of antimicrobial consumption in Europe; launch of the ESAC-Net interactive database postponed to the first months of 2013 due to unexpected difficulties in integrating ESAC-Net into TESSy.
Healthcare-Associated Infections surveillance Network (HAI-Net)	Postponed	The report on surveillance of HAI in intensive care units (HAI-Net ICU) and the publication of the results of surveillance of surgical site infections (HAI-Net SSI) were postponed to 2013 because priority was given to the ECDC point prevalence survey of HAI and antimicrobial use in European acute-care hospitals. Extensive summaries of the results of HAI-Net SSI and HAI-Net ICU were provided in the Annual Epidemiological Report 2012.
Surveillance of HAI and antimicrobial use in long-term care facilities	Yes	
Surveillance of *Clostridium difficile* infections	Yes	
Strategy 2: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Unexpected requests for scientific advice on AMR and HAI issues	Yes	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Reviews and guidance on prevention and control of AMR and HAI	Yes	Two systematic reviews and guidance on hospital infection control programmes and on perioperative antibiotic prophylaxis were completed and will be published in2013.
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Epidemic Intelligence Information System (EPIS) for AMR and HAI	Yes	A specific EPIS module for AMR and HAI issues was launched and a training course for EPIS AMR-HAI users was organised in March 2012.
Coordination of AMR and HAI activities, including support to the Commission, country support and cross-sectoral work with EFSA and EMA	Yes	
Training support to ARHAI Programme	Yes	
European Antibiotic Awareness Day (EAAD)	Yes	
Communication support to ARHAI Programme	Yes	
Application development and project support for ARHAI Programme	Cancelled	Cancelled from the ARHAI workplan, but implemented as part of the ICT workplan.
Contribution to public health programme evaluation and health economics on AMR and HAI	Yes	
Contribution to development of Microbiology Strategy	Yes	
Emerging and vector-borne diseases		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Network of public health and entomologist experts on vector-borne diseases (VBORNET)	Yes	
Mosquito-borne diseases: reporting and data collection, EU case definitions and real-time case mapping	Yes	New case definition proposals for dengue and chikungunya. Real-time case mapping for WN 2012 season.
Tick-borne diseases: reporting and data collection: EU case definitions and integration into TESSy	Yes	TBE case definition and metadataset.
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Provision of scientific expertise in the field of EVD: for risk assessments and other ECDC projects	Yes	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
From surveillance to prevention: literature review of vector control methods and evaluation of costs versus benefit for guidance on vector-borne disease control	Yes	
Exotic mosquitoes, vectors of emerging diseases: implementation of guidelines for surveillance of vectors	Yes	

Activities	Implemented	Comments
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
European Network for Viral Imported Diseases – Collaborative Laboratory Network for Response (ENIVD-CLRN)	Yes	
Epidemic Intelligence Information System (EPIS) for EVD: development of system	Partially	Preliminary phase of development of the system completed (expert consultation on definition of needs and advocacy held).
Support to response section for simulation exercise on outbreak of vector-borne disease	Yes	
EVD and veterinary/human interface: enhance collaboration with animal health sector (missions)	Yes	
EVD external communication: surveillance reports, publications, communication tools and items	Yes	
Expertise enhancement on EVD: participation to scientific conferences, meetings, consultations and advisory committees	Yes	
Food- and waterborne diseases and zoonosis (including *Legionella*)		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Reports (Zoonoses Report 2011, AMR report 2011, FWD Surveillance Report 2006–2009, quarterly reports)	Achieved	Consultations in Member States initiated in 2012, publications expected in the first quarter of 2013.
Surveillance of Legionnaires' disease – all cases	Achieved	
Coordination of molecular typing support to TESSy MSS for FWD (WP1)	Achieved	
AMR monitoring for Salmonella and Campylobacter	Achieved	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Scientific studies	Achieved	The seroepidemiology study on *Salmonella* and *Campylobacter* infections is ongoing and continues until 2014.
Scientific ad hoc advice on emerging urgent FWD issues	Achieved	Rapid Risk Assessments produced.
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Communication support for food- and waterborne diseases	Achieved	
Communication support to Member States on gastrointestinal diseases	Achieved	
Management and coordination of the ELDSNet network	Achieved	
Travel-associated Legionnaires' disease annual report	Achieved	
Training support to food- and waterborne diseases	Postponed	Advanced workshop on *Listeria* as part of the ELiTE study postponed to 2012 due to time constraints.
Training to Member States related to Legionella	Achieved	
Response support on *Legionella*	Achieved	
Management and coordination of FWD programme	Achieved	
Epidemic Intelligence Information System (EPIS) for FWD	Achieved	
Response support on food- and waterborne diseases	Achieved	
Microbiology and diagnostic support to Member States	Achieved	
Microbiology strategy development	Achieved	
Influenza and other respiratory viruses		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Influenza surveillance, network coordination, surveillance reports, WHO liaison activities and surveillance webpage content	Yes	Annual risk assessment produced.
Influenza surveillance, combined meeting: Annual European Influenza Surveillance Network (EISN) meeting and monitoring	Yes	Successful joint meeting with WHO.
Influenza surveillance, severe disease surveillance – intensive-care units/mortality; proposal for good practice of annual severe influenza and mortality monitoring	Yes	A proposal was developed and presented during the annual influenza meeting. Please note that surveillance schemes/systems are highly heterogeneous.
Influenza surveillance, influenza virology coordination and improved influenza surveillance; continued outsourcing of influenza laboratory activities	Yes	The outsourced influenza laboratory work (CNRL) continued despite difficulties around the contract.
Influenza surveillance, internal development of molecular flu surveillance in TESSy if necessary	Partial	This is underway but much more time is needed for completion.
Influenza surveillance, implementation of the antiviral analysis tools for influenza in TESSy	Yes	Completed
Influenza surveillance, Weekly Influenza Surveillance Overview (WISO): weekly output in season and bi-weekly out of season	Yes	Completed

Activities	Implemented	Comments
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Scientific advice and publications on influenza (Science Watch, updated guidance on scientific evidence on antivirals, vaccines, personal measures and public health measures, influenza risk assessment report, scientific evidence/advice on flu risk groups and other people targeted)	Yes	This is achieved with more than 20 scientific advances or public health developments.
Influenza immunisation evaluation and monitoring, production of a VENICE report	Yes	This is achieved with peer-reviewed articles and a published report.
Pandemic preparedness procurement work supporting the EU	Partial/ postponed	Partial/postponed. Pandemic preparedness workshops: will be coordinated with the Commission's initiative on serious cross-border health threats, as supported/requested by the Health Security Committee.
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Monitoring and supporting Council Recommendation on influenza immunisation including the production of a guidance document on its monitoring in preparation for a 2013 Commission Report	Yes	This has been done through the VENICE work and immunisation training in preparation for the progress report by the Commission to the Council in 2013.
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Health communication on influenza and influenza immunisation and communication	Partial	This was delayed as a planned flu tool kit could not be used due to contractual issues.
Training courses in influenza prevention focusing on influenza immunisation	Yes	Implemented
Liaison ad hoc missions and meetings on human influenza and the human–animal interface	Yes	Successful work with European and international partners on influenza in animals and humans.
Tuberculosis		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Strengthening TB surveillance and monitoring	Yes	All key activities implemented. One expert meeting on molecular surveillance will be organised in April 2013.
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Implementation of new tools and approaches to eliminate TB	Postponed to 2013	This activity could not be performed as there were limited human resources while recruiting a new Head of Programme.
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Awareness and evidence-based action on TB burden and TB control among vulnerable populations	Yes	
Liaison with partners and scientific initiatives	Yes	
Strengthening TB laboratory capacity	Yes	
Tuberculosis technical support to countries	Yes	
Communication support to Disease Programme	Yes	
Programme coordination	Yes	
Administrative support	Yes	
Sexually transmitted infections including hiv/aids and blood-borne viruses		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Coordinate HIV/AIDS surveillance in Europe	Yes	2011 report published
Coordinate hepatitis surveillance in EU/EEA countries	Yes	
Annual meeting of HIV/AIDS and STI networks	Yes	
Behavioural surveillance related to HIV and STI	Yes	Regional workshops on self-assessment.
Coordinate STI surveillance in EU/EEA countries	Yes	Euro-GASP response plan published.
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Provide scientific advice on HIV/AIDS, STIs and blood-borne disease (on direct request)	Ongoing	
Pilot EU public health value studies on HIV/AIDS, STI and BBV	Ongoing	
Migrant health	Ongoing	
Comprehensive STI/HIV disease prevention approach	Ongoing	
Chlamydia control in Europe	Ongoing	

Activities	Implemented	Comments
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Prevention and guidance of HIV/AIDS, STI and BBV	Yes	Risk Assessment HIV in Greece.
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
HIV monitoring and evaluation of Dublin declaration	Ongoing	
Epidemic Intelligence Information System (EPIS) for STI and hepatitis	Yes	
Monitoring and evaluation of EU and country responses HIV/AIDS	Ongoing	
Communication support to Member States on comprehensive disease prevention approaches	Yes	
Vaccine-preventable diseases		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
EUVAC-NET, enhanced surveillance of VPDs and improving capacity for pertussis diagnosis	Yes	
Enhanced invasive bacterial disease (IBD) surveillance (meningococcal and Hib infections)	Yes	
Enhanced diphtheria surveillance	Yes	
Enhanced rotavirus and varicella surveillance – mapping EU capacity for surveillance of new VPDs	Postponed	Due to the measles and rubella elimination priority, activities on rotavirus and varicella surveillance were postponed to 2013, after discussion with the Advisory Forum.
Invasive pneumococcal disease surveillance	Yes	
Articles on vaccine-preventable diseases for the Annual Epidemiological Report (AER)	Yes	
Vaccination status variables in the TESSy metadataset	Yes	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Unexpected scientific advice activities (including risk assessment)	Yes	
Scientific advice on vaccine-preventable diseases – scientific panel on waning immunity	Partially	Instead of a scientific panel on the topic, a more elaborated series of activities on waning immunity for pertussis vaccination was started. A guidance document will be released in 2013.
Analysis of historical surveillance data on vaccine-preventable diseases	Yes	
Health inequalities and vulnerable populations	Yes	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Measles elimination action plan	Yes	
Support EC for implementing Council Conclusions on childhood immunisation	Yes	
Diphtheria lab projects	Yes	
Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States		
Public health capacity support to Member States on measles and rubella elimination	Yes	
Audiovisual work to support advocacy for measles vaccination	Yes	
Communication support for vaccine-preventable diseases	Yes	
Lab projects for invasive bacterial diseases (meningococcal and Hib infections)	Yes	
Support to Member States for communication interventions for measles and rubella elimination	Yes	
Liaison with external partners on vaccine-preventable diseases (EMA, WHO, CDC, etc.)	Yes	
Knowledge and evidence on health communication	Yes	
Support training activities on vaccine-preventable diseases	Yes	
Epidemic Intelligence Information System (EPIS) for vaccine-preventable diseases	Yes	
Country cooperation and capacity building	Yes	
Vaccine-preventable diseases: network management (including VPD network meeting)	Yes	

Activities	Implemented	Comments
Communicable diseases surveillance		
Strategy 1: To establish EU wide reporting standards and an integrated data collection network for surveillance including all Member States and covering all communicable diseases with the detail necessary according to their priority		
TESSy data collection	Yes	
Molecular surveillance: implementation of the component for food- and waterborne diseases	Yes	
Strategy 2: To analyse trends of public health importance for the EU and its Member States regarding communicable diseases in order to provide a rationale for public health action at the EU level and in Member States		
Statistical tools and services, including review of indicators and formats used for tables, charts and maps.	Yes	
Strategy 3: To ensure that the reports on trends of public health importance for EU and the Member States regarding communicable diseases are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken		
Annual epidemiological report: a new structure will be developed for better integrating event-based surveillance and indicator-based surveillance components.	Yes	
TESSy: implementation of a new query tool to produce online surveillance reports	Yes	
Strategy 4: To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States		
Surveillance systems evaluation: piloting of the new tool in Member States	Yes	
Monitoring and evaluating data quality: finalisation and implementation of activities initiated in 2011	Partly	Finalisation anticipated for 2013.
Scientific excellence and information		
Strategy 1: To function as a public health research catalyst		
Research coordination	Yes	
ESCAIDE	Yes	
Impact Assessment Group	Yes	First internal meeting took place, more meetings planned for 2013.
ECDC's priority setting exercise and survey tool	Yes	
Conference Coordination Group (enhance ECDC's visibility and impact at scientific conferences)	Yes	
Strategy 2: To promote, initiate and coordinate research for evidence-based public health and to identify future threats		
Climate change adaptation	Yes	
Evidence-based medicine	Yes	Ongoing training, working groups.
Comparative impact of (infectious) disease	Yes	
Needs assessments for observational studies database	Yes	
Public health programme evaluation and health economics: exploring best practices of economic evaluation		
Impact of social determinants	Yes	
Strategy 3: Produce guidelines, risk assessments and scientific advice		
Answer to scientific questions, risks assessments and guidelines	Yes	
Substances of human origin and vigilance and traceability of tissues and cells (SOHO-VTTC)	Partially	Due to a change in ECDC's tasks in this field.
Strategy 4: Be a major repository for scientific advice on communicable diseases		
Maintain SARMS	Yes	New version of SARMS under development.
Maintain ECED	Yes	New version of ECED developed.
Consolidation of the library services to support the preparation of scientific advices and risk assessments	Yes	This process will be fully consolidated with the DMS roll out.
Update the review of ECDC's peer-reviewed impact indicators	Yes	Both a process and a relevant database of peer-reviewed publications were established.
Operate and further develop the Knowledge Management (KM) services and support all ECDC KM-related activities	Yes	New version and external availability of Terminology Services. A new version of the Talent Map-based ECDC Professional Profile Map was implemented. The Enterprise Search tool was installed.
Strategy 5: To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region		
Development, piloting and validation of laboratory capability appraisal tools for priority diseases	Yes	Prototypes for generic capability and disease-specific capacity indicators and tools were developed and piloted.
Annual ECDC report on public health microbiology activities	Yes	The 2011 annual microbiology activity report was produced and approved by the Microbiology Steering Committee.

Activities	Implemented	Comments
Development of evidence-based roadmap for the integration of molecular typing in EU surveillance	Yes	The ECDC strategy and roadmap for the integration of molecular typing in EU surveillance, based on systematic reviews, was presented to the NMFP and AF in December 2012.
Support to standardisation of antimicrobial susceptibility testing	Yes	EUCAST published updated antibiotic susceptibility breakpoints; adopted in a Commission Decision on EU surveillance of antimicrobial resistance.
Development of EU protocol for the monitoring of resistance of *Salmonella* and *Campylobacter* from human, animal and food sources	Yes	Harmonised draft protocol for the monitoring of resistance of *Salmonella* and *Campylobacter*, elaborated jointly with EFSA.
Strengthening liaison and coordination with stakeholders (EC, NMFP, AF, WHO learned societies)	Yes	• Monthly ECDC-EC teleconferences on microbiology coordination issues. • Strategic consultations with NMFP and AF. • Joint ECDC–WHO European survey of novel coronavirus detection capabilities published.
Development of an EU Directory of expert and reference laboratories by pathogen	Yes	Needs analysis and scoping study conducted with Member States representatives.
Microbiology technical support, including internal microbiology standards and procedures	Yes	Microbiology Section produced templates for procurement and reporting of external quality assessment schemes.
Detection, assessment, investigation and response to emerging threats from communicable diseases		
Strategy 1: To develop an efficient integrated early warning system about emerging threats in Europe		
Epidemic intelligence	Yes	Ongoing
Epidemic Intelligence Information System (EPIS)	Yes	Ongoing
24/7 threat detection	Yes	Ongoing
Mass gatherings support	Yes	Support for EURO 2012, Olympics and Paralympics
Rapid assessment and outbreaks	Yes	Risk assessment toolkit
Risk analysis	Yes	
Application development	Yes	EPIS FWD version 2
Development and implementation of GIS at ECDC including establishment of ECDC Geoportal	Yes	Ongoing
Strategy 2: To develop mechanism for support/coordination of investigation/response to health threats		
General response	Yes	38 risk assessments
Response support	Yes	• Adverse events following BCG vaccination • Immunisation programme review • Dengue fever outbreak, Madeira • EURO 2012 • Olympic Games • Paralympics • National measles elimination plan • Legionellosis outbreak, Calpe, Spain • West Nile and malaria • WN and malaria outbreaks 2011, follow-up
Member States support	Yes	
Strategy 3: To strengthen the Member States' and the EU's preparedness to communicable disease threats, pandemic preparedness		
Bioterrorism	Yes	
Strategy 4: Strengthening the Emergency Operations Centre		
Emergency Operations Centre	Yes	
Simulation exercises	Yes	Two simulation exercises
Training for the prevention and control of communicable diseases		
Strategy 1: To develop EU capacity on prevention and control of communicable diseases through training		
EPIET coordination	Yes	Programme management achieved through collaboration between scientific coordinator team and fellowship programme office.
EPIET fellowships	Yes	A total of 105 fellows (EPIET and EUPHEM) in three cohorts were included in the fellowships programmes in 2012. This includes EU-level Track, Member State Track and EPIET-associated programmes.

Activities	Implemented	Comments
EPIET modules	Yes	Introductory course (redefined syllabus) and four fellowship modules implemented.
EUPHEM	Yes	Two new EUPHEM-specific modules developed and implemented.
Strategy 2: To develop network of training programmes		
Training of Trainers in EPIET Member States Track	Yes	New curriculum developed for the induction workshop of the ECDC summer school.
Strategy 3: To create a training centre function within ECDC		
Public health capacity through training	Yes	FemWIKI migrated, e-learning strategy initiated.
Health communication		
Strategy 1: Communication to professional audiences		
Publications	Yes	ECDC edited and published 240 reports in 2012.
Communication input into Web Portal 1.1 and 2.0	Yes	Strategic review of the ECDC portal: how to best adapt the content to the new structure scheduled for 2013.
Print and distribution of Eurosurveillance (50 weekly issues) and development of the website	Yes	50 issues published as scheduled, preparations for new website development finalised.
Purchase, implementation and use of electronic submission system and plagiarism detection system for Eurosurveillance	Yes	Plagiarism detection system since May 2012; electronic submission system customised and implemented (since January 2013).
Presence at international conferences and meetings, including promotional activities	Yes	Eurosurveillance present at ECMCMID in London, UK; ESCAIDE in Edinburgh, UK (with scientific seminar); BAM in Plovdiv, Bulgaria; EASE in Tallinn, Estonia.
Strategy 2: Communication to the media and to the European public		
Press, media and information services	Yes	Through various channels, e.g. press releases and interviews, the ECDC press and media office helped generate over 3000 articles in 2012, with a population reach of 270 million.
Audiovisual work	Yes	Several new productions developed, most notably the new approach on expert video blogs and a new ECDC corporate video.
Web and social media	Yes	The website has been continuously updated and managed with several hundred news items posted. In addition, new activities in social media have led to significantly increased exposure, with approximately 3.5 million impressions in Twitter and good outreach through Facebook.
Communication tools and toolkits	Yes	All communication channels are tied to an annual communication plan, e.g. press releases, web items, social media, information graphics, etc.
Translations	Yes	EAAD and other texts available in several EU languages.
Strategy 3: To support the Member States health communication capacities		
Public health capacity through training	Yes	Risk communication pilot training developed for launch in 2013.
Knowledge and evidence on health communication	Yes	
Regional pilot interventions on behavioural change in selected Member States for measles and rubella elimination	Yes	Activity to be continued in 2013.
Review of best practices for behaviour change and communication in support of measles and rubella elimination	Yes	Ongoing in 2013.
Regional meeting on challenges and best practices on measles and rubella elimination	Yes	
Partnerships		
Strategy 1: To develop programmes of ECDC cooperation and support on communicable diseases with each Member State		
Relations with Member States and EEA countries	Yes	25–27 September 2012: The Joint Strategy Meeting in Stockholm brought together the Centre's key technical partners (Advisory Forum members, Coordinating Competent Bodies, National Focal Points for Surveillance and National Microbiology Focal Points).
ECDC country visits	Yes	Six ECDC Director's country visits and several ECDC technical country visits in EU Member States.
Support to the EpiNorth and EpiSouth projects	Yes	Continuous work – implementation of ECDC policy on work with third countries.
Strategy 2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to communicable diseases prevention and control		
ECDC support to the European Neighbourhood Policy (ENP) countries	Delayed	Delay due to synchronisation with all parties involved (EC, EEAS).
Collaboration with the EU enlargement countries	Yes	

Activities	Implemented	Comments
ECDC strategy on international communicable disease outbreak response	Partially	No separate strategy; strategy will be part of the revised policy/strategy on ECDC work with non-EU countries (schedule for 2013). Internal SOP prepared.
Relations with EU structures	Yes	
Meetings of the Network of Heads of EU Agencies	Yes	
Strategy 3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and foundations of key importance to ECDC's work		
Relations with WHO, NGOs and scientific foundations	Yes	
Leadership		
Strategy 1: To provide effective governance		
Leadership (advice and support to Director)	Yes	
External communication	Yes	
Organisation and support of the three annual meetings of the Management Board (MB), four annual meetings of the Advisory Forum (AF), one annual meeting of the Coordinating Competent Bodies (CCB), an inaugural meeting of the Joint Strategy Meeting (JSM), including weekly meetings of the Senior Management Team (SMT)	Yes	
Updated lists/communication with the Competent bodies	Yes	
External evaluation of ECDC	Postponed	The Management Board decided to terminate the contract with PricewaterhouseCoopers.
Strategy 2: To provide high quality overall management in ECDC's work and use of resources		
Planning (Work Programme 2013) and monitoring of activities (Work Programme 2012)	Yes	
Follow up of indicators and reporting activities	Yes	A new dashboard in place since March for internal management.
Activity-based budget follow-up	Partially	Tool for time reporting was not available; tool will be deployed in 2013, as part of the new HR system, Allegro.
Streamlining of project management methodologies across the centre	Yes	A new Project Office Coordinator was recruited and has started to develop a project management methodology; to be implemented in 2013.
Further development of the Quality Management System	Yes	New modules for reporting and budget follow-up.
Administrative services		
Strategy 1: To plan, support and implement the staffing of the Centre, ensure an effective human resource administration, and actively foster the development of the organisation and its staff		
Ensure accurate and timely HR services	Yes	
Further improve the organisational performance by providing a management development programme and an internal public health training programme	Yes	
Services in the area of learning and development	Yes	
Policies and services for integration and well-being of staff and good working environment	Yes	
Implementation of new HR IT system	Partially	Preparation work done. Full availability of the system in March 2013.
Develop action plans to improve the gender balance for future recruitments	Yes	
Strategy 2: To ensure that the financial resources of the Centre are properly and well managed, and reported in a clear, comprehensive and transparent manner		
Deliver annual accounts and annual report on budget implementation	Yes	
Treasury management	Yes	
Reporting on budgetary implementation	Yes	
Timely execution of payments and verification of commitments and payments	Yes	
Participate in the inter-institutional budget cycle, draft ECDC's budget, publish budget and amendments, carry out budget transfers	Yes	
Implementation of ABAC Assets in the Centre	Partially	Systems are prepared for full software installation in April 2013.
Strategy 3: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications		
Consolidate and operate the back office and provide the technical platforms for operational and administrative applications	Yes	
Maintain, operate and administer the ICT network and communication infrastructure for the internal network and the interconnections with external networks – including remote access and wireless communication	Yes	

Activities	Implemented	Comments
Operate and administer the front office equipment and user support for internal as well as external users; extend the capacity to 350 desks by the end of the year	Yes	
Produce reports to management, ICT Budget management, Maintain and develop policies and procedures, Coordinate the networks of internal and external ICT contact points	Yes	
Coordinate development and maintenance of applications as agreed	Yes	
Strategy 4: To coordinate meetings and support travels in an efficient and cost effective manner		
Support the units in the implementation of meetings so that activities are carried out according to the Work Programme and resources are utilised efficiently	Yes	
Support staff in mission travel preparations and process and follow-up payments of travel claims	Yes	
Automation of some aspects of the missions workflow	Postponed	One software product tested, but not adaptable to ECDC needs. Further investigations are needed.
Develop the monitoring of operational meetings with regular updates on implementation	Yes	
Develop the internal procedures for the use of Travel Agency services	Yes	Travel guidelines for missions and meeting assistants developed.
Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistic services		
Provide logistics services to staff	Yes	
Extend, manage and maintain ECDC premises	Yes	
Asset management	Yes	
Policies and guidelines for ECDC premises	Yes	
Strategy 6: To provide legal advice and counselling		
Provide legal advice in all areas relevant to the Centre	Yes	
Operate the ECDC data protection function	Yes	
Legal support to the development and review of procedures	Yes	
Coordinating procurement activities	Yes	
Maintaining an up-to-date database for contracts in the Centre	Partially	Preparations made for the use of ABAC Contract module; system should be available in 2013.
Tool to automate the procurement process and contract database	Partially	System start scheduled for March 2013.
Revised procurement procedures to enhance efficiency of the procurement process	Partially	Work in progress.
Strategy 7: To ensure that the Internal Control Standards are set up and implemented; implementation of recommendations by the Court of Auditors and Internal Audit Services		
Support the development and assessment of IC system, including internal procedures	Yes	
Promote, facilitate and monitor the implementation of the ICS, including risk management	Yes	
Perform ex-post controls	Yes	
Ensure liaison with the Internal Audit Service (IAS) and Audit Committee (AC) , and proper follow-up of audit observations	Yes	
Strategy 8: Develop a coherent and transparent internal communication system		
Organisation of internal events (five staff events 2012) and campaigns	Yes	
Contribute to steering troika of the Heads of Communication and Information Network (HCIN) of EU Agencies	Yes	
Branding and layout and printing of materials for internal communication	Yes	
Develop mechanisms for assessing the effectiveness of internal communication	Partially	Preparatory work started; system available by end of February 2013.
Intranet version 1.1: migration plan, deployment of new platform	Postponed	Postponed until 2014 due to insufficient resources.
Editorial content (special reports, bi-weekly newsletter, articles, statistical reports...)	Yes	
Document Management System: coordination, migration and implementation	Partially	Rollout started.
Incoming and outgoing mail correspondence registration and management; administration of Centre's paper-based archive	Yes	

Annex 2. ECDC budget summary 2012

Title 1. Staff

Title Chapter	Heading	Appropriations 2013	Appropriations 2012	Outturn 2011
1 1	Staff in active employment	28 997 000	28 474 992	24 926 896
1 3	Missions and travel	1 000 000	1 000 000	982 833.15
1 4	Socio-medical infrastructure	150 000	150 000	104 584.62
1 5	Exchanges of civil servants and experts	450 000	415 000	287 071.32
1 7	Representation expenses	25 000	17 000	18 557.86
1 8	Insurance against sickness, accidents and occupational disease, unemployment insurance and maintenance of pension rights	913 000	928 000	827 651.01
	Title 1 — Total	31 535 000	31 038 992	27 147 593.96

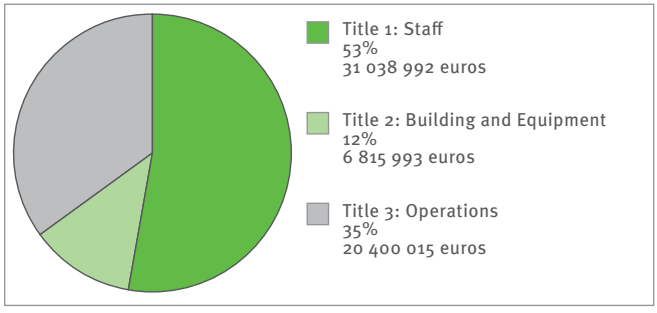
Title 2. Buildings, equipment and miscellaneous operating expenditure

Title Chapter	Heading	Appropriations 2013	Appropriations 2012	Outturn 2011
2 0	Investments in immovable property, renting of buildings and associated costs	2 906 000	3 060 851	2 986 319.72
2 1	Data processing		2 044 037	2 571 772.71
2 2	Movable property and associated costs	2 893 000	2 320 142	2 007 869.10
2 3	Current administrative expenditure	114 000	199 900	68 695.79
2 4	Postage and telecommunications	330 000	307 100	179 257.54
2 5	Expenditure on meetings and management consulting	258 000	253 000	282 958.73
	Title 2 — Total	6 901 000	6 815 993	5 893 938.39

Title 3. Operations

Title Chapter	Heading	Appropriations 2013	Appropriations 2012	Outturn 2011
3000	Surveillance and data collection on Communicable diseases	2 600 600	2 477 647.17	2 926 104.22
3001	Preparedness, response and emerging health threats	200 000	126 935	165 054.00
3002	Scientific opinions and studies	3 904 595	3 898 840.83	4 844 226.96
3003	Technical assistance and training	3 903 566	4 106 168	3 459 711.91
3004	Publications and Communications	999 500	1 091 325	1 477 413.60
3005	ICT to support operational projects	5 203 500	5 891 883	5 374 212.99
3006	Build up and maintenance of the Crisis Centre	93 634	95 000	160 296.67
3007	Translations of scientific and technical reports and Documents	50 000	188 426	249 726.20
3008	Meetings to implement the work programme	2 210 355	2 239 901	1 936 550.70
3009	Country cooperation and partnership	452 000	93 889	73 936.89
3010	Scientific Library and Knowledge services	261 250	190 000	134 494.38
	Title 3 — Totals	19 879 000	20 400 015	20 771 728.52

Figure 2. Budget expenditures 2012



Annex 3. ECDC staff summary 2012

Table A3-1. Number of temporary agents (TA), contract agents (CA) and seconded national experts (SNE) per Unit, 31 December 2012

	TA	CA	SNE	Total
DIR	11	6	1	18
OCS	24	10	0	34
SRS	60	12	2	74
PHC	29	24	1	50
RMC	39	36	0	75
ICT	24	7	0	31
Total	**187**	**91**	**4**	**282**

Figure A3-1. Total number of staff (2007–12)

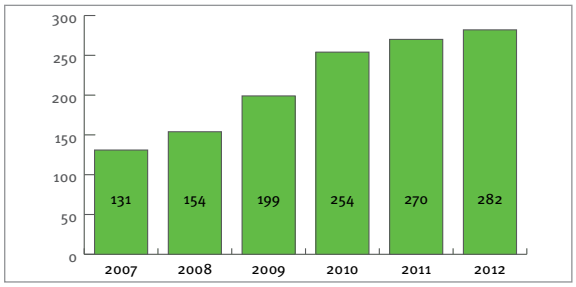
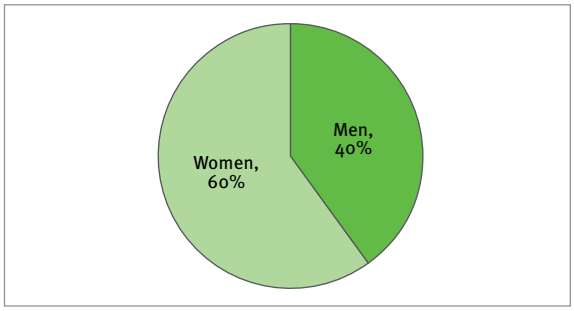


Figure A3-2. Gender balance



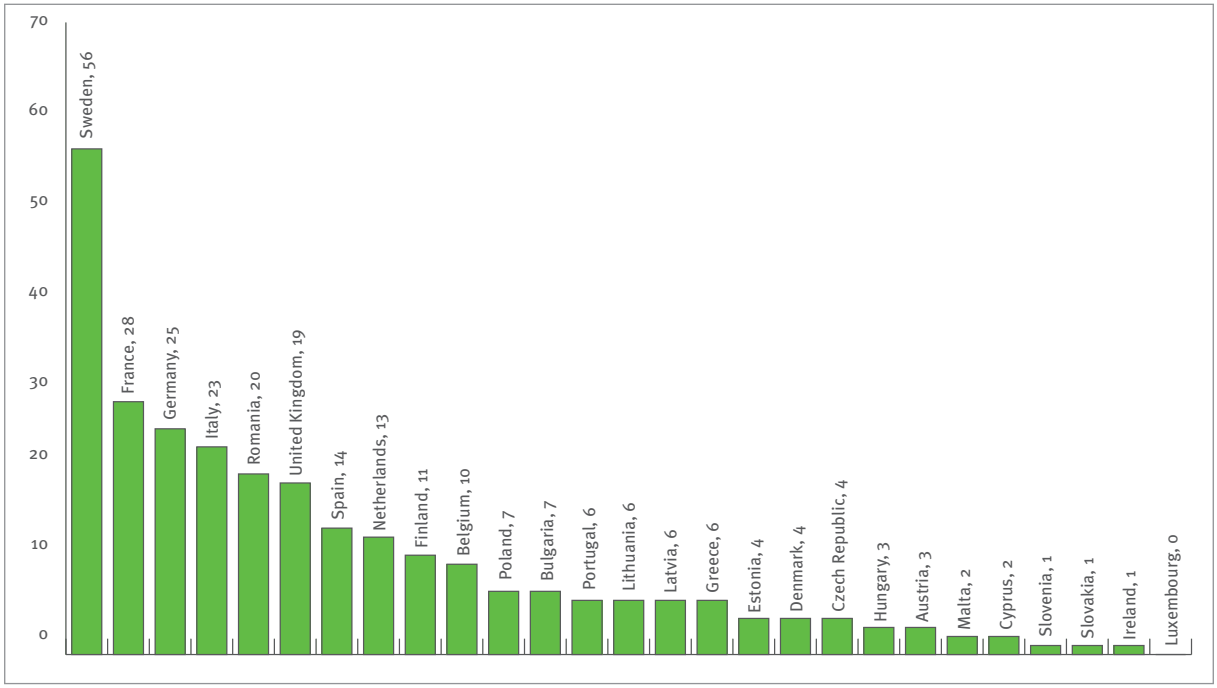
The Centre employs 60% women and 40% men (TAs and CAs). Gender balance is taken into account when appointing staff and positions are filled. One of the organisational HR objectives is to further strengthen the gender balance in management positions, i.e. the proportion of women in the new appointments to management posts (heads of units, deputy heads of units, heads of sections) should be 50%. The current gender balance in this category is 37% women and 63% men. Gender balance is also taken into account when appointing selection committees in recruitment processes.

The Centre is fully committed to the provision of equal opportunity for its entire staff through its employment practices. ECDC aims at developing a diverse work environment, ensuring that no one is treated inequitably due to gender, marital status, age, nationality, sexual preference, or religion. This is done through a series of measures, including statements in vacancy notices, the composition of selection committees, and work conditions (e.g. flexitime, teleworking policy, part-time work).

Table A3-2. Number and geographic balance of statutory ECDC staff (TA and CA), by Member States, 31 December 2012

Nationality	ECDC staff							EU population*		Ratio
	AST	AD	TA total	CA	SNE	Total	%	Total	%	
Austria	0	1	1	2		3	1.1	8 423 635	1.7	0.6
Belgium	1	7	8	2		10	3.5	11 047 744	2.2	1.6
Bulgaria	2	3	5	2		7	2.5	7 348 328	1.5	1.7
Cyprus	1	0	1	1		2	0.7	850 881	0.2	4.2
Czech Republic	0	2	2	2		4	1.4	10 496 088	2.1	0.7
Denmark	2	1	3	1		4	1.4	5 570 572	1.1	1.3
Estonia	1	1	2	2		4	1.4	1 339 928	0.3	5.3
Finland	3	8	11	0		11	3.9	5 388 272	1.1	3.6
France	3	14	17	11		28	9.9	65 161 316	13.0	0.8
Germany	7	13	20	5		25	8.9	81 797 673	16.3	0.5
Greece	0	2	2	3	1	6	2.1	11 299 976	2.2	0.9
Hungary	0	3	3	0		3	1.1	9 971 727	2.0	0.5
Ireland	1	0	1	0		1	0.4	4 576 748	0.9	0.4
Italy	6	11	17	6		23	8.2	60 723 569	12.1	0.7
Latvia	3	2	5	1		6	2.1	2 058 184	0.4	5.2
Lithuania	2	2	4	2		6	2.1	3 030 173	0.6	3.5
Luxembourg	0	0	0	0		0	0.0	518 347	0.1	0.0
Malta	0	2	2	0		2	0.7	416 676	0.1	8.6
Netherlands	3	7	10	1	2	13	4.6	16 693 074	3.3	1.4
Poland	2	1	3	3	1	7	2.5	38 534 157	7.7	0.3
Portugal	1	3	4	2		6	2.1	10 556 999	2.1	1.0
Romania	8	2	10	10		20	7.1	21 384 832	4.3	1.7
Slovakia	0	1	1	0		1	0.4	5 398 384	1.1	0.3
Slovenia	0	1	1	0		1	0.4	2 052 843	0.4	0.9
Spain	1	7	8	6		14	5.0	46 174 601	9.2	0.5
Sweden	12	19	31	25		56	19.9	9 449 213	1.9	10.6
United Kingdom	5	10	15	4		19	6.7	62 752 472	12.5	0.5
Total	**64**	**123**	**187**	**91**		**282**	**100**	**503 016 412**	**100**	**100**

Table A3-3. Number of staff per country, 2012



Annex 4. Organisational structure

In April 2011, ECDC implemented important changes in the way the Centre is structured.

The new organisation of ECDC the objective to:

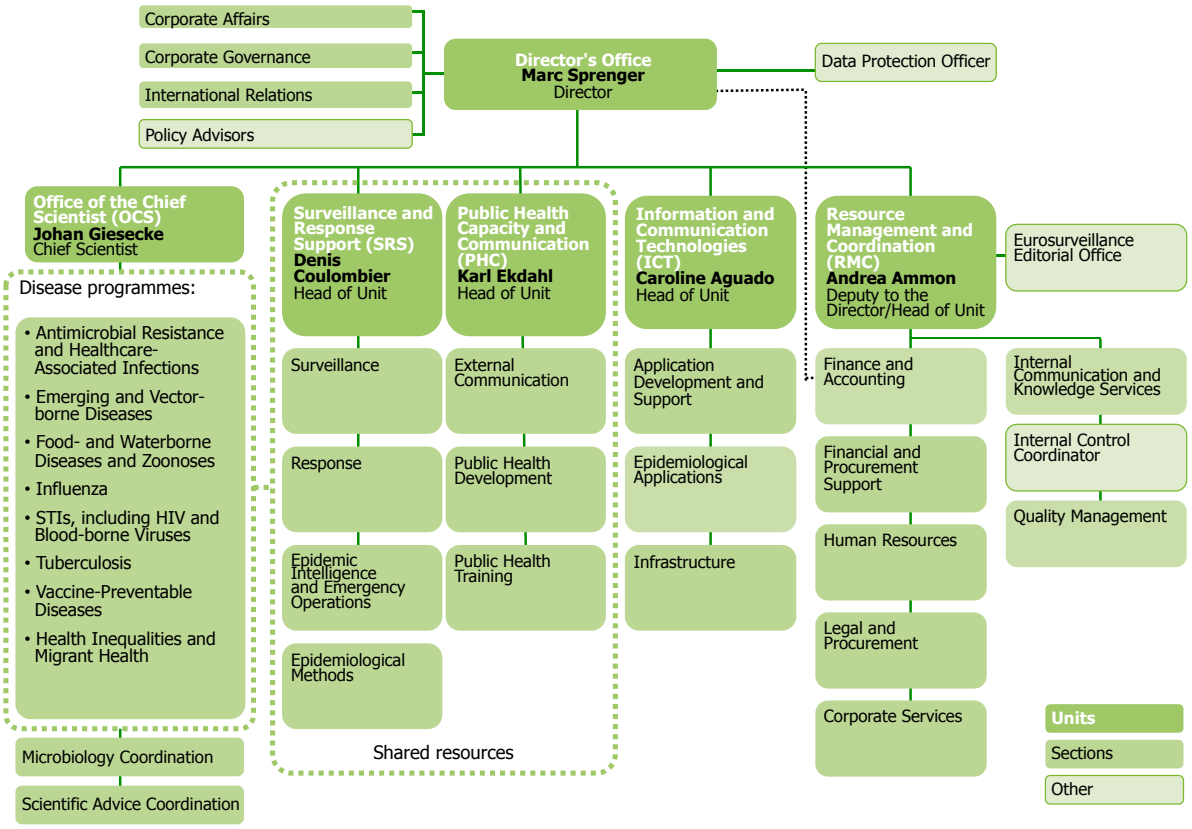
- enhance ECDC's focus on excellence; and
- ensure the cohesion and flexibility necessary to maximise output.

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

Some slight adjustments were made to the organisation in 2012. In June 2012, a new ICT Unit was created, merging 20 staff and their functions (TESSy, EWRS, and EPIS applications). Responsibility for the ICT consultancy framework contract was given to a single authorising officer.

It was also decided to move the Microbiology Section from the Resource Management and Coordination Unit to the Office of the Chief Scientist in August 2012.

A new programme on health inequalities and migrant health was created.



Annex 5. Management Board and Advisory Forum in 2012 – overview

In 2012, the Management Board:

- unanimously approved the Draft Budget 2013;
- unanimously approved the Annual Report of the Director on the Centre's Activities in 2011, including the draft Analysis and Assessment of Authorising Officer's Annual Report;
- took note of the update on the second independent external evaluation;
- took note of the update to the position statement of the Commission and ECDC on Human Pathogen Laboratories: A Joint Vision and Strategy for the Future;
- unanimously adopted the Multi-Annual Staff Policy Plan 2013–2015;
- unanimously adopted the Final Annual Accounts 2011, including the Report on Budget and Financial Management;
- took note of the Second Supplementary and Amending Budget 2012;
- unanimously agreed with the proposal made by the Chair in respect to the ECDC Working Group Building Project;
- unanimously adopted the list of three activities cancelled or postponed until 2013 in respect to the Report of Implementation of the Work Programme 2012 in the first six months;
- took note of the ECDC cross-cutting priorities 2012;
- agreed to establish a small working group, consisting of representatives of the European Commission, ECDC, EMA and Member States, in respect to ECDC vision on EU-level monitoring and evaluation of immunisation programmes and related vaccines;
- took note of the update from ECDC regarding staff matters and looked forward to hearing further progress made in respect to a) evaluation of the reorganisation (results of the staff survey); b) results of CO-DO and action plan; and c) recent organisational adjustments;
- took note of the Report on Implementation of the Work Programme 2012;
- elected the new Chair of the Board, Françoise Weber, Member, France, and the new Deputy Chair, Tiiu Aro, Member, Estonia;
- approved the ECDC Work Programme 2013;
- unanimously approved the proposal to terminate the contract with PricewaterhouseCoopers and confirmed the new composition of the MB External Evaluation Steering Committee (MEES): Belgium, France, Germany, Latvia, Portugal, Slovenia, Spain, the United Kingdom, as well as representatives of the European Parliament and the European Commission;
- approved the revised mandate of the ECDC Audit Committee with no further changes;
- elected the new ECDC Audit Committee: Johan Carlson, Chair (Member, Sweden); Colette Bonner (Member, Ireland); Audrius Ščeponavičius (Member, Lithuania); Robert Goerens (Member, Luxembourg); Pawel Gorynski (Member, Poland); Jacques Scheres, representative of the European Parliament; John F Ryan, representative of the European Commission; and Michel Pletschette, representing the Internal Audit Capability of the Directorate-General for Health and Consumers;
- endorsed the IAS Strategic Audit Plan 2011–2013;
- approved the Budget and Establishment Table for 2013;
- approved the Second Supplementary and Amending Budget 2012;
- participated in an extended *tour de table* session in order to provide ECDC with their vision of the ECDC Strategic Multi-Annual Programme (2014–2020);
- discussed the IMI initiative and agreed on its general terms;
- agreed to a proposal regarding ECDC Work Programme 2012 and planned preparedness workshops;
- adopted the ECDC Independence Policy and implementing rules on Declarations of Interest, subject to any subsequent amendments recommended by DG HR in relation to staff-related issues.

In 2012, the Advisory Forum:

- proposed a new system for Advisory Forum scoring of issues for scientific advice;
- proposed priorities on scientific advice for the 2013 Work Programme;
- discussed biosafety/biosecurity issue(s) in the EU: GM-A(H5N1) viruses in the Netherlands;
- discussed recent epidemic intelligence threats in the EU, e.g.:
  - the *Mycoplasma pneumoniae* situation in Denmark;
  - role of ECDC in the context of the *Mycoplasma pneumoniae* increase in the EU;
  - Schmallenberg virus: situation in Germany;
  - Schmallenberg virus: data from the Netherlands;
  - Schmallenberg virus infection in ruminants in the EU: overview of the situation and next steps;

ECDC's Management Board

  - update on HIV outbreaks among people who inject drugs: supporting country efforts to improve detection and response;
  - indications of decline in seasonal influenza vaccine effectiveness in 2011–2012 – I-MOVE;
  - pandemic vaccine and narcolepsy (narcolepsy situation in Ireland, VAESCO report, update on Finnish and Swedish data);
  - update on the novel coronavirus;
  - VAESCO – major findings and way forward;
  - main findings from the French study;
  - multicountry outbreak of *Salmonella* Stanley infections;
- discussed the integration of molecular typing into EU surveillance (CSI):
  - development of roadmap for integration of molecular typing into EU surveillance;
  - development plan 2012;
  - molecular typing for EU surveillance: pilot phase 2012–2013;
- saw a demonstration of TESSy Version 3 for cluster detection;
- discussed point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals: preliminary results of 2011 and planning for 2012;
- debated stockpiling strategies to prevent shortages of vaccines;
- reviewed the update on the 'Burden of Communicable Diseases in Europe' project;
- provided guidance on the management of contacts of MDR-TB and XDR-TB patients;
- discussed the EPIET/EUPHEM fellows – from individual to institutional grants;
- was updated on the external evaluation of ECDC for 2012;
- discussed the ECDC strategy to support measles and rubella elimination;
- discussed the ECDC strategy to support vulnerable populations, including migrants;
- discussed the evidence-informed framework for prioritising scientific work at ECDC;
- was informed on ECDC activities for the UEFA EURO 2012 championship and the London 2012 Olympic and Paralympic Games;
- discussed the ECDC Strategic Multi-annual Programme (2014–2020);
- debated the future of diphtheria laboratory surveillance in the EU/EEA Member States;
- reviewed the scientific results attained from collaboration with the academic consortium on health communication;
- discussed the electronic manual for monitoring data quality and evaluating surveillance systems;

- participated in the inaugural Joint Strategy Meeting: ECDC Advisory Forum, Coordinating Competent Bodies, National Focal Points for Microbiology and National Focal Points for Surveillance (25–27 September 2012);
- discussed the ECDC Annual Work Programme 2013;
- was updated on assessments, reviews and guidance:
  - systematic reviews and guidance on peri-operative antibiotic prophylaxis (PAP) and organisation of hospital infection control programmes (SIGHT);
  - ECDC guidance on risk groups for influenza and seasonal influenza immunisation in Europe;
  - risk assessment on the impact of the environmental usage of triazoles on the development and spread of resistance to medical triazoles in *Aspergillus* spp.;
  - ECDC strategy to support measles and rubella elimination;
  - ECDC initiative to apply to the IMI call on vaccines;
  - proposal to revise HIV and AIDS surveillance;
- discussed the initiative on serious cross border threats to health;
- discussed the EURLOP initiative: concrete options for future actions;
- discussed the update on ECDC's long-term strategy on surveillance;
- discussed the independence policy and implementing rules on Declarations of Interests;
- was informed of the final results of the point prevalence survey of healthcare-associated infections and antimicrobial use in European acute-care hospitals.

The Advisory Forum also took part in a number of working group sessions in 2012, which included the following:

- Appraisal of public health microbiology capability: indicators and disease prioritisation method.
- Facilitation of application for calls for tender or proposals for National Public Health Institutes.
- Current criteria for the selection of EPIET-Member State-track fellows.
- Greek migrant health issues.
- Expected service to Member States and contribution from Member States to risk assessment activities during mass gatherings in the European Union.
- Practical application of a conflict-of-interest policy in the ECDC setting.

ECDC's Advisory Forum

Annex 6. ECDC publications 2012

1. Risk assessments

January

- Human fatality from highly pathogenic avian influenza A(H5N1) virus infection in Guangdong province, China
- Joint ECDC and EMCDDA rapid risk assessment: HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania

February

- Risk assessment: Laboratory-created A(H5N1) viruses transmissible between ferrets
- Rapid risk assessment: Outbreak of Legionnaires' disease in a hotel in Calpe, Spain. December 2011–January 2012
- Rapid risk assessment: Transmission of foot-and-mouth disease to humans visiting affected areas

March

- Rapid risk assessment: Outbreak of measles in Ukraine and potential for spread in the EU
- Risk assessment: Seasonal influenza 2011–2012 in Europe (EU/EEA countries)

April

- Risk assessment of HTLV-I/II transmission by tissue/cell transplantation: Part 1: Epidemiological review
- Rapid risk assessment: Potential contamination of VIASPAN organ perfusion solution

May

- Rapid risk assessment: Outbreak of Legionnaires' disease in a hotel in Calpe, Spain, November 2011–May 2012
- Joint risk assessment: New orthobunyavirus isolated from infected cattle and small livestock – potential implications for human health

June

- Rapid risk assessment: Meningitis outbreak, Suceava county, Romania, June 2012
- Joint rapid risk assessment: Anthrax cases among injecting drug users, Germany
- Risk assessment of HTLV-I/II transmission by tissue/cell transplantation – Part 2: Risks by tissue type, impact of processing and effectiveness of prevention measures
- Rapid risk assessment: A community outbreak of Legionnaires' disease in Edinburgh, Scotland
- Risk assessment on change of testing requirements for partner donation of reproductive cells
- Rapid risk assessment: Outbreak of Legionnaires' disease in a hotel in Calpe, Spain, November 2011–May 2012 (Update June 4 2012)

July

- Rapid risk assessment: Multicountry outbreak of Salmonella Stanley infections
- Risk assessment: Anthrax cases among injecting drug users Germany, June–July 2012 – Update, 6 and 13 July 2012
- Risk assessment: Epidemiological situation of West Nile virus infection in the European Union – Update, 13 July 2012
- Risk assessment: Outbreak of cholera in Cuba, potential risk for European travellers
- Risk assessment: Outbreak of Legionnaires' disease in a hotel in Calpe, Spain, November 2011–June 2012

August

- Rapid risk assessment: Outbreak of Ebola haemorrhagic fever in the Democratic Republic of Congo
- Rapid risk assessment: Outbreak of Ebola haemorrhagic fever in Uganda
- Risk assessment: Swine-origin triple reassortant influenza A(H3N2) variant viruses in North America

September

- Rapid risk assessment: Severe respiratory disease associated with a novel coronavirus
- Rapid risk assessment: Multicountry outbreak of Salmonella Stanley infections – Update
- Rapid risk assessment: Hantavirus pulmonary syndrome outbreak in Yosemite Park, California, USA

October

- Rapid risk assessment: Autochthonous dengue cases in Madeira, Portugal

November

- Risk assessment on HIV in Greece
- Rapid risk assessment, update: Severe respiratory disease associated with a novel coronavirus
- Rapid risk assessment, update: Autochthonous dengue cases in Madeira, Portugal
- Rapid risk assessment: Increased Cryptosporidium infections in the Netherlands, United Kingdom and Germany in 2012

December

- Rapid risk assessment, update: Severe respiratory disease associated with a novel coronavirus

2. Technical reports

March

- Assessing the potential impacts of climate change on food- and waterborne diseases in Europe

April

- Third external quality assurance scheme for Salmonella typing
- External quality assurance scheme for typing of verocytotoxin-producing E. coli (VTEC)
- Influenza A(H3N2)v laboratory detection questionnaire results
- CNRL in silico exercise to determine the capabilities of network laboratories to detect triple reassortant swine origin influenza A(H3N2) viruses
- Communication on immunisation – building trust

May

- A rapid evidence review of interventions for improving health literacy
- External quality assessment scheme for influenza virus detection and culture for the Community Network of Reference Laboratories for Human Influenza in Europe 2010/2011

June

- Status of health communication activities for the prevention and control of communicable diseases across EU and EEA countries
- Evaluating HIV treatment as prevention in the European context

July

- The climatic suitability for dengue transmission in continental Europe
- Survey of National Reference Laboratory capacity for six FWD in EU/EEA countries
- Prevention of norovirus infection in schools and childcare facilities – Public consultation on the draft of the report

August

- Guidelines for the surveillance of invasive mosquitoes in Europe

September

- Narcolepsy in association with pandemic influenza vaccination – a multicountry European epidemiological investigation
- Epidemiological situation of tick-borne encephalitis in the European Union and European Free Trade Association countries
- External quality assessment (EQA) scheme on PCR for Bordetella pertussis, 2012 on behalf of the EUpert-labnet network

October

- Systematic literature review of the evidence for effective national immunisation schedule promotional communications
- Evidence review: social marketing for the prevention and control of communicable disease
- Seasonal influenza vaccination of children and pregnant women

November

- External quality assessment scheme for antiviral susceptibility detection in influenza viruses
- Molecular typing of Neisseria gonorrhoeae
- Novel approaches to testing for sexually transmitted infections, including HIV and hepatitis B and C in Europe

3. Technical documents

February

- Surveillance of surgical site infections in European hospitals – HAISSI protocol
- European Legionnaires' Disease Surveillance Network (ELDSNet) – operating procedures

May

- HELICSwin.Net 1.3 – user manual
- Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute-care hospitals – protocol version 4.3

June

- Severe influenza surveillance in Europe

October

- Guidance and protocol for the use of real-time PCR in laboratory diagnosis of human infection with Bordetella pertussis or Bordetella parapertussis
- Guidance and protocol for the serological diagnosis of human infection with Bordetella pertussis

4. ECDC guidance

March

- Management of contacts of MDR TB and XDR TB patients

September

- Introduction of HPV vaccines in European Union countries – an update

5. Surveillance reports

February

- Surveillance of healthcare-associated infections in Europe 2007
- Surgical site infections 2008–2009

March
- Tuberculosis surveillance and monitoring in Europe 2012
- The European Union summary report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2010 (EFSA–ECDC joint scientific report)
- The European Union summary report on trends and sources of zoonoses, zoonotic agents and foodborne outbreaks in 2010 (EFSA–/ECDC joint scientific report)

June
- Sexually transmitted infections in Europe 1990–2010
- Gonococcal antimicrobial susceptibility surveillance in Europe – 2010

July
- Legionnaires' disease in Europe, 2010

October
- Influenza in Europe – Season 2011–2012

November
- HIV/AIDS surveillance in Europe 2011
- Antimicrobial resistance surveillance in Europe 2011

December
- Surveillance of invasive pneumococcal disease in Europe, 2010

6. Meeting reports

February
- Second meeting of the ECDC expert group on climate change

March
- 9th Annual EU-OCT (Overseas Countries and Territories) Forum
- Workshop on training capacity, resources and needs assessment for the EU candidate countries and potential candidates
- Expert consultation on guidelines for the surveillance of invasive mosquitoes

April
- Key changes to pandemic plans by Member States of the WHO European Region based on lessons learnt from the 2009 pandemic
- Second expert consultation on tick-borne diseases with emphasis on Lyme borreliosis and tick-borne encephalitis
- Molecular surveillance strategy for human influenza in Europe
- Consultation on Plasmodium vivax transmission risk, Stockholm, 17–18 January 2012

May
- Expert consultation on risk assessment and outbreak mapping tools for West Nile virus infection in Europe
- Detecting and responding to outbreaks of HIV among people who inject drugs: best practices in HIV prevention and control

June
- Communicable disease prevention among Roma

November
- Annual influenza meeting report 2012

7. Mission reports

March
- Joint ECDC–WHO mission related to local malaria transmission in Greece in 2011 – Summary

May
- Country mission Romania: HIV, sexually transmitted infections, and hepatitis B and C
- Country mission Estonia: HIV, sexually transmitted infections, and hepatitis B and C

8. Corporate publications

June
- Annual Report of the Director – 2011

9. Special report

April
- Monitoring implementation of the European Commission Communication and Action Plan for Combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013

June
- Response plan to control and manage the threat of multidrug-resistant gonorrhoea in Europe

10. Periodicals
- Weekly/bi-weekly influenza surveillance overview (43 issues in 2012)
- Influenza virus characterisation, summary Europe (8 issues in 2012)
- Measles and rubella monitoring (10 issues in 2012: 4 issues on Measles monitoring, 6 issues on measles and rubella monitoring)
- Communicable disease threats report (47 issues in 2012)

Annex 7. Members and Alternates of the ECDC Management Board

Members and Alternates		
Austria	Dr Pamela Rendi-Wagner[10]	Member
	Dr Reinhild Strauss	Alternate
Belgium	Dr Daniel Reynders	Member
	Mr Chris Vander Auwera	Alternate
Bulgaria	Dr Angel Kunchev	Member
	Mr Cvetan Stoevski[11]	Alternate
Cyprus	Mr Costas Stiggas	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jozef Dlhý	Alternate
Denmark	Dr Else Smith	Member
	Dr Dorte Hansen Thrige	Alternate
Estonia	Dr Tiiu Aro (Deputy Chair)	Member
	Mr Martin Kadai	Alternate
Finland	Dr Anni Virolainen-Julkunen[12]	Member
	Dr Taneli Puumalainen[13]	Alternate
France	Dr Françoise Weber (Chair)	Member
	Ms Anne-Catherine Viso	Alternate
Germany	Mr Franz J Bindert	Member
	Dr Gesa Lücking[14]	Alternate
Greece	Dr Antonis P Vasilogiannakopoulos[15]	Member
	N.N.	Alternate[16]
Hungary	Dr Hanna Páva	Member
	Dr Beatrix Oroszi[17]	Alternate
Ireland	Dr Colette Bonner[18]	Member
	Ms Nuala O'Reilly[19]	Alternate
Italy	Dr Giuseppe Ruocco[20]	Member
	Dr Maria Grazia Pompa	Alternate
Latvia	Dr Inga Šmate[21]	Member
	Ms Iveta Cīrule[22]	Alternate
Lithuania	Dr Audrius Ščeponavičius	Member
	Dr Saulius Čaplinskas	Alternate
Luxembourg	Dr Robert Goerens[23]	Member
	Dr Pierre Weicherding	Alternate
Malta	Mr Mario Camilleri[24]	Member
	Dr Mariella Borg Buontempo[25]	Alternate
Netherlands	Professor Marianne Donker	Member
	Dr Philip van Dalen	Alternate

10 Appointed Member in replacement of Professor Hubert Hrabcik as of September 2012

11 Appointed Alternate in replacement of Ms Katya Ivkova as of September 2012

12 Appointed Member in replacement of Dr Kristiina Mukala as of November 2012

13 Appointed Alternate in replacement of Dr Anni Virolainen-Julkunen November 2012

14 Appointed Alternate in replacement of Professor Dr Michael Kramer June 2012

15 Appointed Members as of September 2012

16 New nomination pending

17 Appointed Alternate in replacement of Dr Márta Melles as of September 2012

18 Appointed Member in replacement of Dr Tony Holohan as of May 2012

19 Appointed Alternate in replacement of Dr Colette Bonner as of May 2012. Dr Colette Bonner was appointed Alternate in replacement of Dr Dora Hennessy as of March 2012

20 Appointed Member in replacement of Dr Fabrizio Oleari as of June 2012

21 Appointed Member in replacement of Dr Dace Viluma as of September 2012

22 Appointed Alternate in replacement of Ms Gunta Grīsle as of September 2012

23 Appointed Member in replacement of Dr Pierrette Huberty-Krau as of February 2012

24 Appointed Member in replacement of Mr Mario Fava September 2012

25 Appointed Alternate as of September 2012

Members and Alternates		
Poland	Dr Pawel Gorynski	Member
	Mr Michał Ilnicki[26]	Alternate
Portugal	Dr Maria da Graça Gregorio de Freitas	Member
	Dr Paula Vasconcelos[27]	Alternate
Romania	Professor Alexandru Rafila	Member
	Dr Adriana Pistol	Alternate
Slovak Republic	Dr Ján Mikas	Member
	Dr Ivan Rovný[28]	Alternate
Slovenia	Dr Mojca Gobec	Member
	Dr Marija Seljak	Alternate
Spain	Dr Karoline Fernández de la Hoz[29]	Member
	Dr Inmaculada Navarro Pérez[30]	Alternate
Sweden	Dr Johan Carlson[31]	Member
	Ms Anita Janelm	Alternate
United Kingdom	Ms Clara Swinson[32]	Member
	Dr Ailsa Wight	Alternate
European Parliament	Professor Minerva-Melpomeni Malliori	Member
	Professor Dr Jacques Scheres	Member
	Dr Maciej Malecki[33]	Alternate
European Commission	Mr Martin Seychell	Member
	Mr John F Ryan	Member
	Ms Isabel de la Mata Barranco	Alternate
	Ms Herta Adam[34]	Alternate
	Ms Line Matthiessen-Guyader	Member
	Dr Anna Lönnroth Sjödén	Alternate
Observers		
EEA		
Iceland	Dr Sveinn Magnússon	Member
	Ms Áslaug Einarsdóttir[35]	Alternate
Liechtenstein	Dr Sabine Erne	Member
Norway	Mr Jan Berg[36]	Member
	Mr Karl-Olaf Wathne[37]	Alternate

26 Appointed Alternate in replacement of Dr Pawel Grzesiowski September 2012

27 Appointed Alternate as of September 2012

28 Appointed Alternate in replacement of Dr Gabriel Šimko as of September 2012

29 Appointed Member as of September 2012. Previous Board Member Dr Carmen Amela Heras left in January 2012

30 Appointed Alternate in replacement of Dr Karoline Fernández de la Hoz as of September 2012

31 Appointed Member in replacement of Ms Iréne Nilsson-Carlsson as of September 2012

32 Returning Member as of January 2012. Ms Helen Shirley-Quirk replaced Ms Clara Swinson during maternity leave

33 Appointed Alternate in replacement of Mr Ronald Haigh as of September 2012

34 Appointed Alternate in replacement of Mr Dominik Schnichels as of September 2012

35 Appointed Alternate as of September 2012

36 Appointed Member in replacement of Mr Jon-Olav Aspås as of September 2012

37 Appointed Alternate in replacement of Mr Jan Berg as of September 2012

Annex 8. Members and Alternates of the ECDC Advisory Forum

Members and Alternates		
Austria	Professor Dr Petra Apfalter	Member
	Professor Dr Franz Allerberger	Alternate
Belgium	Professor Dr Herman Van Oyen	Member
	Dr Sophie Quoilin	Alternate
Bulgaria	Professor Mira Kojouharova	Member
	Dr Radosveta Filipova	Alternate
Cyprus	Dr Niki Paphitou[38]	Member
	Dr Ioanna Gregoriou	Alternate
Czech Republic	Dr Jan Kynčl	Member
	Dr Kateřina Fabiánová	Alternate
Denmark	Dr Kåre Mølbak	Member
	Dr Tyra Grove Krause[39]	Alternate
Estonia	Dr Kuulo Kutsar	Member
	Dr Natalia Kerbo	Alternate
Finland	Professor Petri Ruutu	Member
	Dr Outi Lyytikäinen	Alternate
France	Dr Jean-Claude Desenclos	Member
	Professor François Dabis	Alternate
Germany	Dr Gérard Krause	Member
	Dr Andreas Gilsdorf	Alternate
Greece	Professor Jenny Kremastinou	Member
	Dr Sotirios Tsiodras	Alternate
Hungary	Dr Ágnes Csohán	Member
	Dr Ágnes Hajdu[40]	Alternate
Ireland	Dr Darina O'Flanagan	Member
	Dr Derval Igoe	Alternate
Italy	Dr Silvia Declich	Member
	Dr Giuseppe Ippolito	Alternate
Latvia	Dr Jurijs Perevoščikovs	Member
	Dr Irina Lucenko	Alternate
Lithuania	Dr Loreta Ašoklienė	Member
	Dr Rolanda Valintėlienė	Alternate
Luxembourg	Dr Robert Hemmer	Member
	Dr Danielle Hansen-Koenig	Alternate
Malta	Dr Charmaine Gauci	Member
	Dr Tanya Melillo Fenech	Alternate
Netherlands	Dr Marianne van der Sande[41]	Member
	Professor Roel Coutinho[42]	Alternate
Poland	Professor Andrzej Zielinski	Member
	Dr Malgorzata Sadkowska-Todys	Alternate
Portugal	Professor José Manuel Calheiros	Member
	Dr Ana Maria Correia	Alternate
Romania	Dr Florin Popovici	Member
	Dr Amalia Fechete	Alternate
Slovak Republic	Dr Mária Avdičová	Member
	Professor Henrieta Hudečková	Alternate

38 Appointed Member in replacement of Dr Chrystalla Hadjianastasiou as of December 2012. Dr Chrystalla Hadjianastasiou retired in September 2012

39 Appointed Alternate in replacement of Dr Steffen Glismann as of January 2012

40 Appointed Alternate in replacement of Mr István Szolnoki as of February 2012

41 Appointed Member in replacement of Professor Roel Coutinho as of January 2012

42 Appointed Alternate in replacement of Dr Marianne van der Sande as of January 2012

Members and Alternates		
Slovenia	Dr Irena Klavs	Member
	Dr Marta Grgič-Vitek	Alternate
Spain	Dr Fernando Simón Soria[43]	Member
	Dr Rosa Cano-Portero	Alternate
Sweden	Dr Anders Tegnell[44]	Member
	Dr Birgitta Lesko[45]	Alternate
United Kingdom	Professor Mike Catchpole	Member
	Professor John Watson	Alternate
Observers		
Croatia *EU Acceding Country*	Ms Sanja Kurečić Filipović[46]	
Iceland	Dr Haraldur Briem	Member
EEA, EU Candidate Country	Dr Guðrún Sigmundsdóttir	Alternate
Liechtenstein EEA	Dr Sabine Erne	Member
Montenegro *EU Candidate Country*	Dr Zoran Vratnica	
Norway	Dr Hanne Nøkleby[47]	Member
EEA	Dr Karin Nygård[48]	Alternate
Serbia[49] *EU Candidate Country*		
FYROM[50] *EU Candidate Country*		
Turkey *EU Candidate Country*	Dr Elif P Ekmekçi[51]	Member
Non-governmental Organisations		
Standing Committee of European Doctors	Professor Dr Reinhard Marre	Member
Pharmaceutical Group of European Union	Professor José Antonio Aranda da Silva	Alternate
European Public Health Association	Dr Ruth Gelletlie	Member
European Society of Clinical Microbiology and Infectious Diseases		Alternate[52]
European Patients' Forum	Ms Jana Petrenko	Member
European Federation of Allergy and Airways Diseases Patients' Association	Professor Anna Doboszyńska	Alternate

43 Appointed Member in replacement of Dr Josep Maria Jansà López del Vallado as of April 2012

44 Appointed Member in replacement of Dr Johan Carlson as of December 2012

45 Appointed Alternate in replacement of Dr Anders Tegnell as of December 2012

46 Appointed Member in replacement of Professor Ira Gjenero-Margan December 2012

47 Appointed Member as of April 2012. Dr Preben Aavitsland left in February 2012

48 Appointed Alternate in replacement of Dr Hanne Nøkleby as of April 2012

49 New nomination pending. Professor Dr Olga Dulovic, appointed in July 2012, left in October 2012

50 New nomination pending. Ass. Professor Vladimir Kendrovski left in December 2012

51 Dr Elif P Ekmekçi left in April 2012 but returned again in August 2012

52 New nomination pending. Professor Elisabeth Nagy left in April 2012

Annex 9. List of Coordinating Competent Bodies

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

Austria
Federal Ministry of Health
Directorate General Public Health and Medical Affairs
Radetzkystrasse 2
1031 Wien
http://www.bmg.gv.at/

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

Bulgaria
National Center of Infectious and Parasitic Diseases
26, Yanko Sakazov Blvd.
1504 Sofia
http://www.ncipd.org

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

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

Denmark
Danish Health and Medicines Authority
Axel Heides Gade
2300 Copenhagen S
http://www.sst.dk

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

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

France
Institute for Public Health Surveillance
12 rue du Val d'Osne
94410 Saint-Maurice cedex
http://www.invs.sante.fr

Germany
Robert Koch Institute
DGZ-Ring 1
13086 Berlin
http://www.rki.de

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

Hungary
National Centre for Epidemiology
Gyáli street 2-6
1097 Budapest
http://www.oek.hu

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

Ireland
Health Protection Surveillance Centre
25-27 Middle Gardiner Street
1 Dublin
http://www.ndsc.ie

Italy
Ministry of Health
Directorate General for Prevention
Viale Giorgio Ribotta, 5
00144 Rome
http://www.salute.gov.it/index.jsp

Latvia
Centre for Disease Prevention and Control
Duntes street
1005 Riga
http://spkc.gov.lv

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

Lithuania
Ministry of Health
Public health department
Didzioji str. 7
LT-01128 Vilnius
http://www.essc.sam.lt

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

Malta
Ministry for Health, the Elderly and Community Care
Superintendence of Public Health
5B, The Emporium
C. Debrockdorff Street
MSD1421 Msida
https://ehealth.gov.mt

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

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

Poland
National Institute of Public Health
National Institute of Hygiene
24 Chocimska Street
00791 Warsaw
http://www.pzh.gov.pl

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

Romania
National Institute of Public Health
National Centre for Communicable Diseases Surveillance and Control
Str. Dr. A. Leonte Nr. 1-3, sector 5
050463 Bucuresti
http://www.cpcbt.ispb.ro

Slovak Republic
Public Health Authority of Slovak Republic
Trnavská cesta 52
826 45 Bratislava
http://www.uvzsr.sk

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

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

Sweden
Swedish Institute for Communicable Disease Control
Nobels väg 18
171 82 Solna
http://www.smittskyddsinstitutet.se

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

Annex 10. Negotiated procedures launched in 2012 with a value above EUR 60 000

According to its Financial Regulation, ECDC must publish a list of negotiated procedures for contracts with a value above EUR 60 000.

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

The negotiated procedures based on this article were the following in 2011:

Number	Title of contract	Contractor	Amount (EUR)	Motivation
ECD.3271/ARHAI 095/DGENGL 122	To provide accommodation, conference facilities and catering to meeting delegated for the second ARHAI Networks Meeting in Berlin 26–28 November 2012	Ellington Hotel	95966.38	As the responsibility for procurement of these services shifted during an internal reorganisation, there was insufficient time to perform an open call for tender. Nonetheless, a range of providers were approached before the decision – based upon sound economic principle – to enter into a negotiated procedure with the named provider was made.
ECD.3269 (VPD 094)	To provide accommodation including breakfast to ECDC for an event taking place in Barcelona from 20–23 November 2012 as well as dinner on 21 November 2012	Princessa Sofia Hotel	94946.25	As the responsibility for procurement of these services shifted during an internal reorganisation, there was insufficient time to perform an open call for tender. Nonetheless, a range of providers were approached before the decision – based upon sound economic principle – to enter into a negotiated procedure with the named provider was made.
ECDC/2013/003	External legal services	Ashurst	70000.00	In 2012, the contract for external legal services with Ashurst expired. As they were advisers in certain ongoing litigation, it was deemed prudent from a business continuity (and thus financial) perspective to contract for them to continue their services in relation to these specific cases.

Annex 11. Management and internal control systems

1. Characteristics of ECDC's risk and control environment

Scientific Advice

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

Disease surveillance

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

Preparedness and response

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

Health communication

Another important ECDC objective is to communicate scientific content/risk communication to public health professionals, policymakers, the general public and stakeholders across Europe. The three main risks in this area are that ECDC communicates incorrect or misleading information, that ECDC's risk communication activities are not properly coordinated with the European Commission or the Member States, and that ECDC's communication activities not in line with ECDC's mandate. In order to address these risks, ECDC has concise internal procedures for the clearance of items. This includes ensuring that all information is factual and correct. ECDC also supports the Risk Communicators' Network under the European Commission's Health Security Committee and has a system in place to provide advance information on major communication outputs to the European Commission and the Member States. Finally, ECDC has developed a Health Communication Strategy that outlines ECDC's communication work, which was adopted by the Management Board in November 2009. A communication framework, operationalising the strategy, was developed which will further mitigate the reputational risks. A new communication strategy under the Strategic Multiannual Plan (SMAP) 2014–2020 is under development.

External relations

An important task for ECDC is to ensure good cooperation and coordination with all EU institutions, the Member States, third countries, international partners, and other relevant stakeholders. ECDC is part of the wider EU family and works closely with the European Commission, in particular with the Directorate-General for Health and Consumers. As regards its relations with non-EU countries, ECDC operates according to EU policies and in close collaboration with the Directorate-General for Health and Consumers. ECDC's relations with the EU Member States are the foundation of our work. ECDC works closely with the WHO Regional Office for Europe, and over the last year the focus has been on better coordination and the avoidance of duplication. This is ensured by regular contacts between technical counterparts at WHO and ECDC and biannual meetings of the Joint Coordination Group. Our relations with other stakeholders, e.g. learned societies, are based on mutual interests and usually take the form of ECDC support to annual meetings.

External relations run a reputational risk if ECDC's collaboration with its external partners is incorrectly perceived. There is also a risk that the cooperation creates

more burden than it adds value and if there is an imbalance in the way ECDC deals with the Member States. ECDC can potentially choose inappropriate collaborating partners regarding its mandate, outputs, and resources. In order to mitigate these risks and to ensure effective coordination, ECDC and the Directorate-General for Health and Consumers have established regular meetings at all levels (technical and managerial) and nominated liaison officers. In 2012, ECDC introduced a new approach to official relations with the EU/EEA Member States through one national Coordinating Competent Body with the National Coordinator. EU enlargement countries are represented by a National Correspondent.

Since November 2010, ECDC has had a policy for collaboration with third countries, which is in line with existing EU policies and endorsed by the ECDC Management Board. To ensure coordination in relations with EU enlargement countries, each of them have nominated National Correspondents for ECDC activities. Within ECDC, the coordination of actions remains within the International Relations Section.

Resource management, including ICT

The main objective of resource management is to provide ECDC with the necessary expertise and support for the efficient operation of the Centre in order to enable the operational units to reach their goals and implement the Centre's mandate. The main risks are to deliver inappropriate and/or delayed support in its fields of expertise, which include human and financial resources, ICT infrastructure and services, mission and meetings, buildings and logistics, legal advice, and internal control coordination. ECDC has therefore introduced a number of procedures and reporting requirements to ensure that the support provided is correct and timely, for example a detailed yearly recruitment plan with monthly reports to the SMT; financial procedures and monthly reports on commitments and payments; and a Committee for Procurement, Contracts and Grants.

In 2012, ECDC staff (TAs, CAs and SNEs) increased from 270 to 292 persons, which necessitated changes concerning the induction of new staff; the provision of appropriate facilities, equipment and logistics; the allocation of additional resources for recruitments; the need to further development middle management; and the establishment of new policies and procedures.

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

2. Management and control systems

Management supervision

ECDC has five Units and a Director's Office. A new unit was created on 1 June 2012 for Information and Communication Technologies (ICT). The Heads of Units are responsible for the activities in their Unit. There is also a level of middle management, where a number of Heads of Sections are in charge. ECDC has a Senior Management Team (SMT), consisting of the Director and all Heads of Units, which plays a key role in the management of ECDC.

Quality management and planning activities are a crucial part of ECDC's management and control system. ECDC has a Multi-annual Strategic Programme for the period 2007–2013. An Annual Work Programme is adopted each year by the Management Board in order to implement the objectives as outlined in the Multi-annual Programme. A set of indicators is reported each year to the Management Board to assess the implementation of the Multi-annual Programme. The Annual Work Programme is monitored internally on a quarterly basis and its implementation reported to the Management Board in the Annual Report of the Director. During the year, discrepancies are discussed with the Units and Programmes, and corrective actions are taken as necessary.

The Management Information System provides a single point of truth across the organisation on the Work Programme implementation. A comprehensive set of reports provides an overview for day-to-day management of the activities.

In 2012, a 'dashboard' was developed and sent every month to Units and Disease Programmes to raise awareness on key data, such as commitments, payments, recruitments and implementation of the Work Programme.

In 2012, the Director of ECDC, as Authorising Officer (AO), delegated financial responsibility to the five Heads of Unit (Authorising Officers by Delegation (AOD)). The acting Head of ICT received her delegation on 1 June 2012. The Heads of Units in turn delegated financial responsibility – but only in their absence – to the Deputy Heads of Unit (OCS, SRS and RMC). Should the Deputy Head of Unit be unavailable, the authority returns to the Director. Thereby, a very limited number of persons act as AO/AOD. The AODs can enter into budgetary and legal commitments and authorise payments. However, all contracts over EUR 250 000 need to be signed by the Director.

For the expenditure in 2012, the AODs signed a Declaration of Assurance to the AO, similar to the one signed by the AO himself, for the area for which they have responsibility.

Internal control system

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

Internal control standards

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

In early 2010, ECDC followed the example of the European Commission and introduced the revised set of Internal Control Standards (ICS). These revised Internal Control Standards are more detailed in the requirements and increase internal control, especially in the areas of staff allocation and mobility, business continuity, external communication, and accounting and financial reporting. The revised ICS were discussed in detail in the Audit Committee and adopted by the Management Board in March 2010.

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

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

A review of the implementation of the ICS was performed as part of the work for the Annual Report 2012. The results were discussed and validated by ECDC management. One of the standards has not been implemented, (evaluation of activities, no. 14), and one has only been partly implemented (no 12), while the rest are mainly or fully implemented. Work will continue in 2013 on the outstanding items.

Internal procedures, director's decisions and implementing rules

The internal control system also includes a number of internal procedures. The internal procedures are approved by the Director of the Centre and include, for example, financial workflows for commitments and payments, guidance on conflicts of interests, a code of good administrative behaviour, and detailed procurement procedures. New internal procedures are introduced when necessary and existing procedures are revised at regular intervals. In 2012, new procedures were put in place for ex-post verifications of financial transactions and for risk management guidelines. Other revised procedures included the internal procedures for document management, retreats and working hours.

There are a number of Director's decisions regarding policies/rules. In 2012, decisions were introduced regarding guide to missions, appointment of floor wardens, revision of the ECDC core metadata standard, the risk management plan 2012, and an ex-post plan for verification of financial transactions 2012.

Certain implementing rules for the Staff Regulations were also adopted. These cover issues such as pensions, allowances, and leave. In 2012, one new implementing rule was introduced on administrative enquiries and disciplinary procedures.

Authorisation and registration of exceptions

In accordance with ICS 8, ECDC has a procedure in place to ensure the production of exception reports when controls or established processes and procedures were overridden. All exceptions have to be justified, duly approved before action is taken, and logged.

In 2012, 41 such exceptions were recorded (a decrease of three from 2011). The most important exception registered in 2012 was due to an exception already recorded in 2011 regarding the 'shared' framework contract which was allowed to exceed the total value mentioned in the contract award notice. A further EUR 2.8 million in commitments and EUR 5.2 million in payments had to be made for operational reasons in 2012, in order to cover the period until the new framework contract was fully operational.

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

Centralised support and control functions

ECDC has a number of centralised support and control functions in place, the most important ones being the centralised procurement function, the Committee on Procurement, Contracts and Grants (CPCG), and the centralised financial ex-ante verification function.

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

Centralised financial ex-ante verifications are now performed for all commitments and payments. The recruitment of a new financial verification officer for payments at the end of 2011 made it possible to split the ex-ante

verification of commitments (budget officer) and ex-ante verification of payments (financial verification officer), and, more importantly, to start ex-ante verifications on all payments, including those of EUR 25 000 or less.

Furthermore, a centralised Financial and Procurement Support Section has been in place since 2011. The Section groups all resource officers and financial assistants, providing first-line support to authorising officers (AO/AOD) on procurement and financial matters. This increases efficiency and effectiveness, as competencies are now pooled and processes can be harmonised.

Internal control coordinator

Since 2009, the internal control system has been reinforced by the establishment of an internal control coordinator. The coordinator's role includes designing, promoting, facilitating and monitoring the implementation of internal control and risk assessment systems. It is also a central when dealing with internal procedures, the Audit Committee, and proper follow-ups of all audit recommendations. In 2012, ex-post verifications of financial transactions were introduced in accordance with a new transaction policy, and improvements were made to ECDC's risk assessment of activities, in accordance with the new Risk Management Guidelines and Risk Management Plan for 2012.

Risk assessments and risk management

On 5 February 2013, ECDC performed a Management Risk Self-Assessment Workshop. The risk workshop included middle management (Heads of Section), and was based on the standard methodology used in previous senior management workshops.

The risk assessment workshop identified areas for further improvement: better sharing/explaining of objectives to staff; more effective and efficient decision-making; an organisational structure which corresponds better to the Agency's needs; people in leadership positions setting a good example; and more efficient and effective financial circuits. An action plan will be put in place covering the identified items.

In 2012, as part of the preparation of the Work Programme 2013, a specific risk assessment exercise was performed. Risks identified as 'high' and 'unmitigated' were included in a risk register and an action plan was prepared. The main risks were also included in the Work Programme 2013.

Data protection

The main objective in this field is to develop data protection awareness through training and to ensure proper notification of data processing operations to verify adequate personal protection measures. The Centre's data protection officer reviewed the reporting and management of the Centre's personal data processing operations early in 2012 and began to follow up on outstanding notifications. During a visit of the European Data Protection Supervisor (EDPS) in June, a significantly enhanced inventory was available.

All data controllers at the Centre attended training in 2012 to ensure a pro-active and comprehensive approach to the reporting and management of the Centre's personal data processing operations and optimal compliance with Regulation (EC) No 45/2001. Clarification was sought from the EDPS in a number of cases and internal controllers were assisted in implementing EDPS recommendations resulting from prior checks.

Ex-post verifications

In 2011, the new grant verification policy was approved. The policy takes into consideration the experiences of the two ex-post verifications performed in 2009. The policy attempts to find an effective and efficient mix of control activities, such as audit certificates, external audits and in-house verification missions. A specific grant verification plan (GVP) for 2012 was also developed and approved. The implementation of the GVP 2012 has been postponed to the first half of 2013, due to the lack of access to the EC Audit Framework Contract.

In December 2011, a new policy on ex-post verifications of financial transactions was approved to be implemented starting in 2012. An ex-post plan (EPP) for financial transactions 2012 was developed and approved in September 2012. It was decided to focus on operational (title III) expenditure in 2012. A sample of 10 large commitments, including the subsequent payments, was selected to be performed in Q4 2012 and Q1 2013.

Audit committee

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

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

In 2012, the Audit Committee had three meetings. In each of these meetings it received, among other things, an update on the performed audits, including actions taken by the management's in response to open observations. Feedback also included updates on the status of all open observations.

The mandate of the Audit Committee was revised in 2012, and it was decided by the Management Board in November 2012 to increase the number of members of the Audit Committee from six to eight. This was mainly done to reinforce participation in the meetings so that the Committee can continue to fulfil its important role in the oversight of ECDC.

3. Follow-up of audit work and previous reservations

European Court of Auditors

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

ECDC had previously received an unqualified opinion every year, indicating that the accounts are reliable and the transactions underlying the accounts are legal and regular. However, in 2012, ECDC received a qualification on the underlying transactions (for 2011) regarding a framework contract which had exceeded the value mentioned in the contract award notice with EUR 5.9 million in commitments and EUR 3.2 million in payments.

In total, there were five comments raised by the ECA regarding the 2011 annual accounts. The one mentioned above; one regarding a high level of carryover, coupled with a low level of accrued expenditure, being at odds with the budgetary principle of annuality; one regarding additional cases in which the Centre's controls did not prevent poor management of contracts; one regarding a grant agreement which had been signed more than four months after the start of the activities; and finally one regarding weaknesses in staff recruitment procedures.

All of these issues are being addressed by ECDC. A number of actions have already been taken to improve contract management, especially regarding the shared framework contract. It is now managed by one Head of Unit and the consumption is monitored by one resource officer. Furthermore, the internal procedure on procurement is being revised and a new contract management tool is to be put in place.

The high level of carryovers is being addressed continuously, and the selection procedures for staff have been reviewed; a revised internal procedure on recruitments was introduced on 1 January 2012.

The ECA audit of the 2012 annual accounts is ongoing. The draft report will be available in June 2013. The first part of the audit was performed in November 2012 and the second part will be performed in April 2013.

Internal audit service

ECDC is also audited by its Internal Auditor, the Internal Audit Service of the European Commission (IAS). The audit work to be performed is defined in the risk-based IAS Strategic Audit Plan. All observations and recommendations are taken into account and appropriate action plans are developed. The implementation of these actions is being followed up regularly.

In 2012, an audit on human resource management was performed by the IAS. The audit raised one very important and six important observations. All recommendations were accepted by ECDC and an action plan was developed.

At the end of 2012, there were no critical observations on record. One very important observation and seven important observations remain officially open. However, three important observations were closed by the IAS in early February 2013, while the five outstanding observations are planned to be implemented in Q1 (4) and Q2 2013 (1).

Previous reservations in annual reports

No reservations have been made in the previous Annual Reports.

Annex 12. Director's Declaration of Assurance

Building blocks of Director's Declaration of Assurance

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

- The Director's own knowledge of the management and control system in place.
- The declarations of assurance made by each Authorising Officer by Delegation to the Director.
- The results of the assessment of the Internal Control Standards.
- The results of the Risk Self-Assessment exercises.
- The list of recorded exceptions.
- The status on the internal control weaknesses reported.
- The observations of the European Court of Auditors known at the time of the declaration.
- The observations of the Internal Audit Service known at the time of the declaration.

Conclusion

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

2012 Declaration of Assurance by the Director of ECDC

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

In my capacity as authorising officer,

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

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

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

However, the following should be noted: As explained already last year, a Framework Contract was allowed to exceed the total value mentioned in the contract award notice, which led to a material breach of regularity in 2011. A new Framework Contract was immediately launched, but until it was signed and fully operational a further € 2.8 million in commitments and € 5.2 million in payments had to be made in 2012 for operational reasons. Given the lack of material financial impact (loss of funds) it is not reported as a formal reservation. We raised the issue, and the corrective measures taken by ECDC, with the Court of Auditors, already in 2011.

Stockholm, 22 February 2013

Marc Sprenger
Director

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

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Annex 13. Management Board's analysis and assessment of the Authorising Officer's (Director) Annual Report for the financial year 2012

The Management Board analysed and assessed the Authorising Officer's (Director's) Annual Report for the financial year 2012, in accordance with Article 40(2) of the ECDC Financial Regulation.

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

On the content of the report:

- In 2012, ECDC was still in a phase of consolidation of its activities and further implementation of its Strategic Multi-annual Programme 2007–2013, that should be fully achieved by the end of 2013.
- ECDC Public Health Functions (surveillance, scientific advice, preparedness and response, health communication) now in routine operation, continued to supported the disease programmes, the Member States, the EU institutions; the seven disease programmes working under the Office of the Chief Scientist, provided surveillance analysis, scientific advice, tools, methodologies, networks coordination, in their area of competence.
- Some activities of the Centre in 2012 should be particularly highlighted, such as the work carried out towards measles elimination, the progress made on further strengthening cooperation between public health laboratories in the different EU countries, and the development of tools to help countries joining the European Union assess their readiness to join the EU's system of disease prevention and control.
- In 2012, ECDC was able to ensure a high level of implementation of its Work Programme for 2011 (nearly 90% of the activities implemented) and budget execution.
- ECDC continued to strengthen its relations with the Member States. In that sense, the first Joint Strategy Meeting (JSM) bringing together the Centre's key technical partners was a positive step forward. ECDC also further developed its partnerships with its EU and international partners, in order to address the needs for a strengthened response to the threat of communicable diseases in Europe.

On the structure of the report:

- The Annual Report reflects the achievements of the Centre as set in the Work Programme adopted by the Management Board for 2012. As for the previous years, Annex 1 of the Report provides a useful detailed and transparent overview of the implementation for each of the activities of the Work Programme approved in the Work Programme.
- The Management Board also appreciates that, for the first time, the Annual Report also includes the result of the indicators contained in the Annual Work Programme 2012. In particular, measuring results towards the targets initially established for each of the Work Programme's indicators is helpful for the Management Board to obtain a better opinion of the performance of the Centre during the past year.

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