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Dr Marc Sprenger takes over as ECDC's new Director

On 1 May 2010 Dr Marc Sprenger took up his post as Director of ECDC for a period of five years. Dr Sprenger was appointed in April 2010, following his election by the Centre's Management Board in March 2010 and after his appearance before the European Parliament's Environment, Public Health and Food Safety Committee.

At his first staff meeting on 6 May 2010, Dr Sprenger reiterated his confidence in ECDC's excellent, highly motivated staff. He expressed his commitment to consolidate what has already been achieved, and improve still further where appropriate (see pages 2 and 3).

Prior to coming to ECDC Dr Sprenger served as Director General of the National Institute for Public Health and the Environment (RIVM) in Bilthoven

(2003 to 2010). Before that, Dr Sprenger was Director of Health at the Netherland's Healthcare Insurance Board (CVZ) (1999 to 2003) and Head of the Centre for Infectious Disease Epidemiology at RIVM (1993 to 1999).

Previous international posts held by Dr Sprenger include being the ECDC Management Board's founding chairman (2004 to 2008), and serving as a member of the Executive Board of the International Association of National Public Health Institutes (IANPHI) (2008 to present).

Dr Sprenger is a medical microbiologist with a degree in medicine from Maastricht University (1988) and a PhD from Erasmus University, Rotterdam (1990). The subject of his PhD was the epidemiology of influenza. Marc Sprenger is married and has four children.

ECDC's fifth anniversary

In May 2010, ECDC reached another important milestone: the Centre's fifth anniversary of becoming operational. When the start-up team of ECDC declared the Centre operational on 20 May 2005, the day marked the culmination of many years' hard work for ECDC's founders. As early as October 2002, the European Commissioner for Health, David Byrne, had outlined his intention to create a European Centre for Disease Prevention and Control in a speech to the European Health Forum in Gastein, Austria. However, it was the SARS outbreak in early 2003 that put a common EU approach against public health threats high on the political agenda. The Commission tabled

draft legislation to create a European Centre for Disease Prevention and Control. Within ten months, ECDC's Founding Regulation had been passed by the European Parliament and Council. In December 2004, Zsuzsanna Jakab was elected Director of ECDC, and in March 2005 she pulled together a start-up team, based in temporary offices at Solna town hall, graciously provided by Anders Gustâv, the late mayor of Solna.

It was only in October 2005, more than four months after becoming operational, that ECDC moved to its current, permanent office space in *Tomtebodaskolan* on the campus of Karolinska Institute.

Editorial by ECDC Director: Marc Sprenger



It was both an honour and a pleasure for me to take up the post of ECDC Director on 1 May 2010. The appointment process has been a long journey, and I would like to thank everyone in ECDC, the Commission, European Parliament and Member States who have guided me along the way. I hope we can now continue to work together in the same spirit of cooperation to achieve our common goal of better health for all European citizens.

I am lucky to inherit a Centre with excellent, highly motivated staff and an excellent scientific reputation. Since its start-up in 2005, ECDC has had five remarkable years of rapid growth. It is now well established and mature. But, looking to the future, this means

our resources are unlikely to increase much over in the coming five years. My challenge, then, is to make best use of the capacity ECDC has already established.

ECDC needs to concentrate on the activities that produce the maximum value for the EU, its Member States and its citizens. This means working closely with national public health institutes and the wider scientific community across Europe. So, for example, if a particular national institute has world-class expertise on a particular disease, we capitalise on this capacity, rather than seeking to duplicate it.

ECDC's scientific advice needs to be of such high quality, and high relevance, that Member States will routinely use it, just adapting

it to their national situation. This means ECDC must stick to the facts and avoid politics. Our approach must be systematic, rigorous, independent and transparent. If you would like to know more about my plans for ECDC over the coming five years, please have a look at the interview I gave to *ECDC Insight* (see page 3).

My family and I are looking forward to our new life together in Sweden. It is a beautiful country to live in, and ECDC is an exciting organisation to work for. I am sure the next five years of ECDC will be just as eventful as its first five years.

Marc Sprenger
Director ECDC

ECDC success story: containing chikungunya fever



With summer approaching, national public health authorities in the Mediterranean region and ECDC are taking preventive measures to contain the further spread of the Asian tiger mosquito (*Aedes albopictus*), a vector for chikungunya fever. ECDC has been engaged in the fight against this disease since the Centre opened in 2005. In 2006, following an outbreak in Réunion in 2005/06, ECDC brought together entomologists and public health professionals in an expert meeting.

One outcome of this meeting was the realisation that the disease could eventually emerge on the European continent. Incidentally, in Europe the Asian tiger mosquito was first identified in Albania in 1979.

In 2006/07, ECDC encouraged French laboratories to share virus samples, so laboratories around Europe could test for chikungunya fever, and raised awareness of the disease. In summer 2007, a mysterious disease outbreak in the Ravenna region of

Italy was eventually identified as chikungunya. The Italian public health authorities took steps to control the outbreak. ECDC led a joint mission with experts from WHO and France to Ravenna in mid-September 2007 to examine the implications of the chikungunya outbreak for other Member States. In 2008, ECDC conducted an expert meeting on chikungunya modelling: mathematical modelers demonstrated that chikungunya outbreaks can be modelled either by using an epidemic model

integrated in the calculations, or by analysing raw data. In parallel, a team of entomologists, in collaboration with ECDC, evaluated data from dozens of European countries and developed a series of detailed maps that show the current (and assumed future) distribution of *Aedes albopictus* in Europe. The *Aedes albopictus* risk maps were published in May 2009. At the same time, ECDC was continuously monitoring the situation worldwide and published a number of short epidemiological updates (e.g. on the situation on Réunion in September 2009, and on south-east Asia in July 2009). Owing to the vigilance of ECDC and national public health authorities, the chikungunya outbreak in Ravenna in 2007 so far remains the only one in the EU. However, the vector is present in a number of EU countries, and cooperation and knowledge exchange is an absolute necessity in order to avoid the occurrence of mosquito-borne viral diseases previously only found in tropical areas. Since September 2009, a network of medical entomologists and public health experts called VBORNET provides updated databases on vector distribution and surveillance in Europe in order to improve preparedness towards vector-borne diseases.

Interview with ECDC Director Marc Sprenger

ECDC Insight: Dr Sprenger, what are the key challenges ECDC needs to address?

Marc Sprenger: One of the most difficult challenges ECDC faces is to manage diversity. ECDC's core activity is to support the 30 EU/EEA countries, as well as helping the countries that aspire to join the EU. There is a big difference in expertise across these countries. Some Member States have large national public health institutes, with a wide range of expertise and resources. Others have only a handful of officials working on infectious diseases. ECDC needs to facilitate sharing of expertise and resources – for example, access to laboratories able to test for rare infections – between countries, as well as providing direct technical support in some cases.

If we want to control infectious diseases in Europe, we have to support and empower the less well resourced Member States. ECDC needs to play a role in the development of Member States' public health infrastructures. But the challenge also lies with non-EU countries. This is why collaboration with the WHO Regional Office for Europe is high on my agenda. I believe that, in the long term, reinforcing public health capacity in the EU's immediate neighbours is an essential part of infectious disease control in the EU.

ECDC Insight: Speaking of collaboration with non-EU countries, how do you see ECDC's relationship with the EU's neighbours?

Marc Sprenger: I am eager to learn what is feasible in terms of sharing best practices with public health institutes, both in the WHO European Region and in the Northern African countries. I am keen to explore the possibilities for including disease control officials from these countries in EU training programmes, so as to build up professional contacts. I would also like to see whether we can share case definitions and surveillance database software with these countries, with a view to perhaps including their data in our surveillance reports. This, of course, already happens with HIV and TB data from the non-EU countries in the WHO European Region.

ECDC Insight: Going back to EU countries, how do you see ECDC's role in supporting Member States?

Marc Sprenger: I would like ECDC to more and more provide Member States with scientific advice. We have produced an inventory



of ECDC's existing scientific advice and what use countries have made of it, and this was a very informative exercise. Member States are already making quite a lot of use of our advice. We need to build on this. ECDC should deliver scientific advice that countries can easily adapt to their national situation. Our advice also has to be relevant to their needs. We need to ask, what are the key public health challenges in the EU at the moment? And how can ECDC address them? We also need to have excellent health communication. Just sending out a scientific paper is not enough. We need to have well developed, well targeted messages.

ECDC Insight: ECDC's staff has faced some difficulties with their daily lives in Sweden. Do you have plans to address this situation?

Marc Sprenger: Like a lot of ECDC staff members who migrate to Sweden, I already faced some administrative complications [due to not being on the Swedish population register] like, for example, when opening a bank account. It is a strange feeling. Being able to promise good living conditions in Sweden is essential to attract and retain highly qualified staff. They need and deserve it. I therefore take this issue seriously. Concluding a good seat agreement with our host country has been a priority for me from day one. My recent contacts with Swedish authorities reassure me that we are making progress on this.

ECDC Insight: Dr Sprenger, you are one week into the job, what are your initial impressions?

Marc Sprenger: Everyone has his or her habits, and when you start a new job you have to

find your routine. It is time-consuming and a bit frustrating, as one would like to focus more on the substance of one's work. Moving from national level to European level also implies a change of working language and one has to be more careful about the meaning of the words and be sure messages are properly understood. Colleagues at ECDC are extremely helpful and I am very impressed by many things. However I am also, of course, beginning to see areas where I would like to change the way ECDC works. But I will do this gradually, and in consultation with colleagues.

ECDC Insight: What do you want to have achieved at ECDC by the end of your five-year mandate?

Marc Sprenger: I want ECDC to be recognised as the most authoritative source of scientific advice on infectious diseases at EU level. I am impressed by the intellectual capital gathered at ECDC. Excellent experts from all around Europe already work at ECDC. But we need to carry on attracting the top people, experts who care about public health. Our goal should always be to improve public health. I don't necessarily want ECDC to be a huge institution. Rather, I want ECDC to be known for the quality of its scientific output, its flexibility, and its ability to meet the needs of its stakeholders – especially in a crisis. With infectious diseases, you must always expect the unexpected!

About the appointment process

The post of Director of ECDC was publicly advertised in June 2009. The European Commission received around 160 applications for the job, and after a rigorous process of interviews and assessments, drew up a

shortlist of three candidates for consideration by the ECDC Management Board. After these three candidates had appeared before them, the Board elected Dr Marc Sprenger to be the next ECDC Director. Dr Sprenger was formally

appointed in the last week of April 2010, following his appearance before the European Parliament's Environment, Public Health and Food Safety Committee.



Programme presentation: Programme on Food- and Waterborne Diseases and Zoonoses

Set up in 2006, the Programme on Food- and Waterborne Diseases and Zoonoses (FWD) covers 201 diseases for EU level surveillance. In addition, activities related to norovirus infections are included, with a focus on prevention and control. Taken as a whole, those 20 diseases represent approximately half of all cases of infectious diseases reported to ECDC, with giardiasis, salmonellosis and campylobacteriosis being the most frequently reported. The majority of infections is acquired within the Member States through contaminated food or infected/reservoir animals. Some of these infections are related to travel in areas outside of the EU. Good communication and collaboration with the food and animal sectors is therefore of utmost importance in order to reduce the burden of these diseases in the EU. The Programme on Food- and Waterborne Diseases and Zoonoses has the following general objectives:

Improving and harmonising surveillance

Improving and harmonising the surveillance system in the EU in order to increase the scientific knowledge regarding aetiology, risk factors and burden of food- and waterborne diseases and zoonoses is one of the key objectives for the programme. After the transfer of the *Enter-net* coordination to ECDC in 2007, consolidating the surveillance for six diseases (salmonellosis, campylobacteriosis, VTEC/STEC infection, listeriosis, shigellosis and yersiniosis) became a priority in 2009. In 2010, work continues preparing the implementation of a centralised platform which will collect and analyse pulsed field gel electrophoresis (PFGE) data for *Salmonella*, STEC/VTEC and *Listeria*. In the long run, the aim is to expand the centralised molecular surveillance and cover additional diseases in accordance with the Member States' needs and wishes.

Improving knowledge regarding prevention and control

Since 2005, the programme contributed to the annual zoonoses report ('Community summary

report on trends and sources of zoonoses and zoonotic agents in the European Union'), published jointly with the European Food Safety Authority (EFSA). The report is available on EFSA's web site and via ECDC's website. The zoonoses report contributes to improve the knowledge on aetiology of the diseases and supports the strengthening of prevention and control measures in the area of food- and waterborne diseases and zoonoses. In 2009, the programme launched a project to continue the development of a novel methodology on estimating true incidence of salmonellosis and campylobacteriosis using seroepidemiology. In 2010, a guidance document on prevention of CJD in healthcare settings will be published. In addition, a new project on evidence-based guidance for the prevention and control of norovirus outbreaks in community settings, focusing on nursery homes and schools, will be initiated in close collaboration with a project that will produce a communication toolkit for FWD.

Strengthening capacity in the Member States

In 2010, the programme plans to publish separate reports on the two external quality assurance (EQA) schemes for serotyping and

¹ Anthrax, botulism, brucellosis, campylobacteriosis, cholera, cryptosporidiosis, echinococcosis, giardiasis, hepatitis A, leptospirosis, listeriosis, salmonellosis, shigellosis, toxoplasmosis, trichinellosis, tularaemia, typhoid/paratyphoid fever, variant Creutzfeldt-Jakob disease (vCJD), verotoxin/shigatoxin producing *E. coli* (VTEC/STEC) infection, and yersiniosis.

antimicrobial resistance testing for *Salmonella* and STEC/VTEC laboratories that were carried out in 2009. Schemes for 2010 are underway. They strengthen the ability of the Member States to provide reliable and valid data for surveillance and research. In 2010, a report on the 2009 survey on methods, EQAs and training needs of the National Reference Laboratories (NRLs) will be published.

Surveillance of vCJD was outsourced to the EuroCJD network. Last year, EuroCJD set up an online image library to support neuropathology and diagnostics of CJD₂. This will serve as an important diagnostic support tool for the national centres of CJD surveillance. A workshop on TSE epidemiology in humans and animals will be hosted by EuroCJD in 2010.

FWD outbreaks: Adding an EU dimension to early detection and response

Since October 2007, ECDC has been coordinating the urgent enquiries of Member States for detecting outbreaks of enteropathogenic diseases. In 2009, 28 enquiries were sent, five fewer than in 2008. Of those, 12 (2009) multinational outbreaks were verified (24 in 2008) and further investigated, in close collaboration with the members of the Food- and Waterborne Diseases and Zoonoses (FWD) network and

food-safety stakeholders like RASFF, EFSA and INFOSAN. The programme also develops rapid threat assessments whenever required by the Commission (e.g. botulism from canned food products; a fatal case of *Vibrio cholerae*). ECDC has developed a specific epidemiological platform (EPIS) for information exchange and sending out urgent enquiries. EPIS has been live since 1 March 2010 and is currently in the first three months of its pilot testing phase. The first urgent enquiry in the new platform regarded an increase of listeriosis cases in Finland. Enquiries have been multiplying ever since.

Facilitating collaboration between public health, veterinary and food sectors

In April 2008, ECDC and EFSA signed a memorandum of understanding. The programme also attaches great importance to its collaboration with the Rapid Alert System for Food and Feed (RASFF), with the Community Reference Laboratories for VTEC and *Salmonella* and the Community Reference Laboratories for *Listeria*. The programme aims to strengthen the collaboration with its veterinary stakeholders for animal health in 2010.

The programme is coordinated by Johanna Takkinen. As part of an internal reorganisation, Andreas Jansen took over the position as deputy coordinator from Carmen Varela. The core



Members of the FWD team

team consists of staff from the Surveillance and Scientific Advice Units. In addition, regular support is provided by the Preparedness and Response Unit and the Health Communication Unit.

The programme works in close partnership with EU/EEA countries, the Commission, EFSA, Eurostat, the US Centres for Disease Control and Prevention (CDC), WHO, and the Community Reference Laboratories.

For more information, please send an e-mail to fwd@ecdc.europa.eu

² <http://www.ncjdsuimages.eu/home.html>

Living in Sweden: Update

Since January this year, ECDC has been providing in-house relocation services, meeting the needs of ECDC staff members and their families regarding all matters relating to 'living in Sweden'. With the relocation service now available at ECDC headquarters, we strive to make the challenging 'living in Sweden' issues less complicated and provide immediate support if you should run into any difficulties.

So far, the most frequently asked questions concern accommodation and the Swedish personal identification number. To facilitate access to services such as mobile phone and

internet subscriptions, ECDC has established a number of contacts in different companies. Our contact persons in these companies are familiar with the format of our personal identification numbers and know how to deal with it. Moreover, contact persons have been identified in various schools for smoother processes and better information exchange.

For all your questions, ideas and suggestions regarding relocation and other 'living in Sweden' matters, please contact Pennicha Frykfors at livinginsweden@ecdc.europa.eu



Annual report of the Centre's activities for 2009

At its last meeting, held from 17 to 19 March in Stockholm, the Management Board of ECDC adopted the Annual Report of the Director for 2009. This report provides details on the implementation of the ECDC 2009 Work Programme. The Management Board noted that 'ECDC managed, while devoting part of its resources to the response to the pandemic, to ensure the implementation of its ambitious Work Programme for most of the initially planned activities'. In 2009, ECDC further strengthened

its infrastructure and public health functions (surveillance, scientific advice, preparedness and response, and health communication), which, as a result, are now fully in place and in routine operation. ECDC also continued building up the tools, methodologies and networks of its disease-specific programmes; their role in the organisation was strengthened and their long-term strategies were further clarified, in order to give them better visibility in 2010. In addition, ECDC further developed its

partnerships and strengthened its managerial structures. The budget grew by 20% to EUR 50.7 million in 2009, and staff increased from 154 to 199.

In the March meeting, the Management Board noted that 'ECDC achieved impressive results in a short period of time since its establishment and praised the outstanding work of its first Director, Zsuzsanna Jakab, in starting up ECDC and establishing it as an internationally recognised centre of excellence'.

Communicable diseases: What is the true burden?

Why a burden of disease study?

ECDC gathers EU-wide surveillance data on nearly 50 different infectious diseases. Despite extensive monitoring activities and a detailed analysis of trends in the incidence of these diseases¹, the evidence base for deciding which diseases public health authorities should prioritise is rather limited.

In an article² published in *Eurosurveillance*, the former ECDC Director Zsuzsanna Jakab wrote: ‘...although the public health community “knows” that CDs [communicable diseases] have in general decreased substantially in Europe over the last century, it [is] also clear that new CDs have started to emerge and old ones re-emerge. However, ‘evidence’ is lacking, both for when the century-old historical decreasing curve started to rise again and for the rate of the current increase.’ Baseline estimates of communicable disease burden are needed for planning and prioritising, both at ECDC and at Member State levels.

Furthermore, infectious diseases are currently estimated to represent 9% of the total burden of disease in Europe³. This figure might not fully take into account the whole spectrum of long-term sequelae, including non-communicable diseases (e.g. carcinomas with a communicable disease aetiology), as well as under-reporting and differences in reporting.

ECDC hopes that the burden of disease estimates resulting from this study will be a useful

tool for public health decision-making and for raising awareness for continuous investments in communicable disease prevention and control. In addition, the results will stimulate improvements of data availability and quality.

The project: Burden of Communicable Diseases in the European Union (BCoDE)

In 2006, ECDC and the Dutch Institute of Public Health and Environment (RIVM) launched a three-month pilot study exploring the burden of seven communicable diseases (influenza, measles, HIV-infection, campylobacteriosis, infection with enterohaemorrhagic *Escherichia coli*, salmonellosis and tuberculosis). The methodology was identical to the one used by the WHO in the Global Burden of Disease (GBD) study, which measured burden of disease in DALYs (disability-adjusted life years), the sum of the years of life lost due to premature mortality (YLL) in the population and the years lost due to disability (YLD).

The results of the pilot provided useful lessons regarding the application of composite health measures (CHMs, in this case DALYs) to the problem of estimating the burden of communicable diseases in Europe. An ad hoc Advisory Forum Working Group concluded that this approach ‘has a potential for communicable diseases and that a full study, to be performed over two to three years involving all EU Member States and key partners such as EC and WHO, should be launched’.

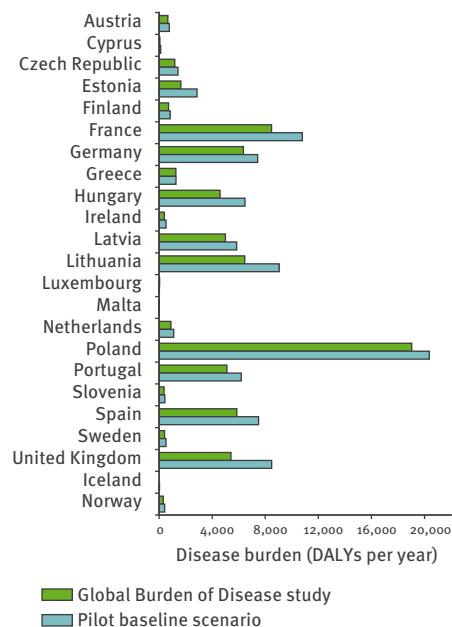
At the end of 2008, ECDC launched a call for proposal for a comprehensive burden of disease study, and in June 2009, after a thorough review process, awarded a grant to a European consortium lead by RIVM.

Status of the project, timeline and key events

The resulting grant project is divided into four work packages (WP), spread over a period of four years: WP1: literature and data review, project methodology and protocol development, expert workshop; WP2: testing of methodology in selected countries; WP3: full study; WP4: dissemination of results.

The aim of the project is to focus on as many of the communicable diseases listed under

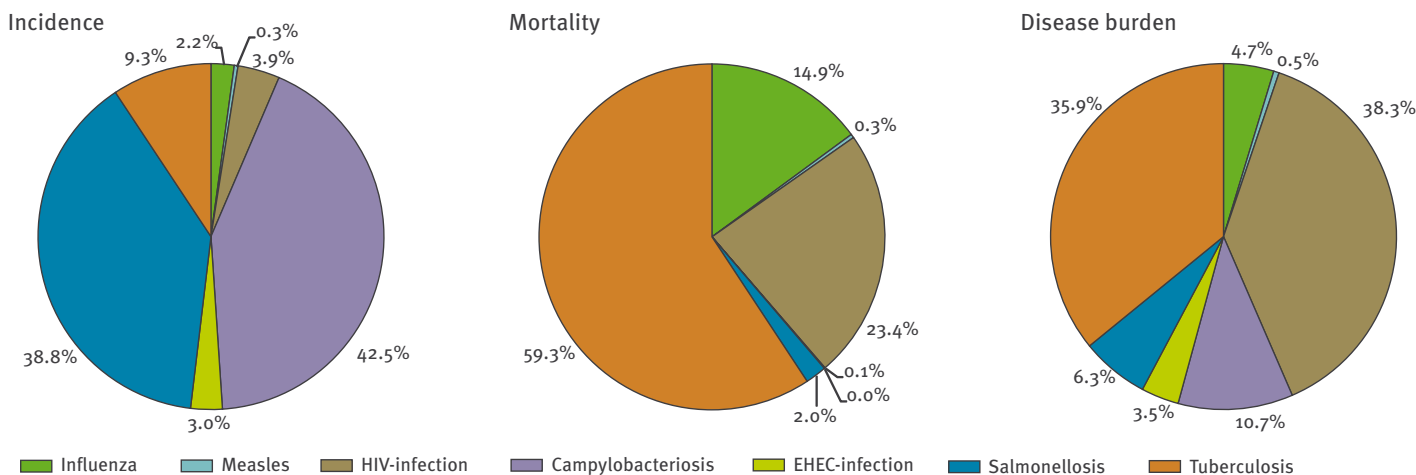
Figure: Disease burden of tuberculosis: comparison of results from the pilot study’s baseline scenario with the Global Burden of Disease study (2002), RIVM Study 2007



1 See: European Centre for Disease Prevention and Control. Annual Epidemiological Report 2009. Stockholm: ECDC; 2009.
 2 Jakab Z. Why a burden of disease study? Euro Surveill. 2007;12.
 3 WHO Regional Office for Europe. The European health report 2005. Copenhagen: WHO Regional Office for Europe; 2005.

Figure: Relative burden of the seven selected diseases based on different indicators:

- incidence (mean number of reported new cases per year in the period 2003-2005)
- mortality (mean number of reported deaths per year in the period 2003-2004)
- disease burden (DALYs per year based on above-mentioned incidence and mortality), RIVM Study 2007



Based on data for twelve countries (data available for all seven diseases): Austria, Czech Republic, Germany, Ireland, Latvia, Lithuania, the Netherlands, Poland, Slovenia, Sweden, United Kingdom, Norway

Decision 2119/98/EC as possible, and, potentially, on non-communicable conditions with infectious aetiology. The suggested approach is pathogen-based and will result in 'outcome trees' that represent the various consequences of an infection. The project will develop methods which will compensate for underreporting of notification data and actively explore mathematical modelling as an adjustment method. Also under discussion is the forecasting of disease burden – potentially taking into consideration key drivers such as an ageing population and climate change. Incorporating the impact of interventions (e.g. immunisation)

in the disease burden estimation is another priority for the project team. Work package 1 will be delivered by the end of June 2010, with the main deliverable being the methodology protocol for the field-testing study. Methodology choices are the results of intensive work sessions involving all members of the consortium and two workshops with experts from WHO and around the world. In December 2009, ECDC and the consortium started preparatory work on the country field test study (WP2): a country protocol is being developed which will outline the BCoDE project, the methodology choices, the data

sources and the methods of adjusting for underreporting. This protocol will serve as the basic tool for all Member States participating in the pilot study.

One of the important outcomes of the study, apart from the generation of disease burden estimates, will be the identification of gaps in data availability and quality, proposals for improvements in these areas, and optimised methods of adjusting for underreporting in notification data.

For more information please contact
BCoDE@ecdc.europa.eu

ECDC marks Europe Day 2010

For the second consecutive year, ECDC took part in the joint Europe Day activities organised in Stockholm by the European Commission Representation and the European Parliament's office in Sweden. The aim of this three-day event held at the Stockholm Central Station was for the general public in Sweden to 'Get to know Europe' and the EU institutions.



Europe Day is highlighted each year throughout Europe to commemorate the Robert Schuman declaration of 9 May 1950, which was the first step towards the creation of today's European Union. During the event at the Stockholm Central Station, Karl Ekdahl, Head of the Health Communication Unit at ECDC participated in a discussion on

how to respond to the threats of communicable diseases and presented the work of our Centre. A brochure explaining the roles of the different EU bodies in Sweden was also developed by ECDC, in cooperation with the European Parliament's office and the European Commission Representation in Sweden. In parallel to this event, ECDC ran an info stand at the European Commission's Open Door event in Brussels on 8 May.

European Immunisation Week: the benefits of vaccination

The fifth European Immunisation Week (EIW) was celebrated from 24 April to 1 May 2010 in countries across Europe with activities highlighting the importance of vaccination. This year's EIW emphasised national immunisation efforts towards meeting the regional goal of eliminating measles and rubella by the end of the year.

ECDC supports this initiative which is led and coordinated by the World Health Organization's (WHO) Regional Office for Europe and implemented by the Member States in order to address country-specific issues related to immunisation. During the 2010 EIW launch activities, ECDC

presented a statement highlighting the benefits of vaccination and how the Centre is working closely with the European Commission, Member States and WHO to address the challenges that remain on the path to reaching and maintaining a high vaccination coverage.

In the context of EIW, ECDC developed a special webpage – 'Spotlight Immunisation: Towards a measles-free Europe' – which presents the achievements of various vaccination programmes in Europe, informs about remaining challenges, and showcases the work of the Centre in the area of vaccine-preventable diseases.

World TB Day 2010

World TB Day wants to raise public awareness of the fact that tuberculosis (TB) remains an epidemic in much of the world. TB Day also focuses on individuals that have found new ways to stop TB and can serve as an inspiration to others. The campaign is carried out worldwide and reports show that it has a significant impact. However, there is still much to be done in terms of fighting the disease.

A week before World TB Day on 24 March, ECDC and the WHO Regional Office for Europe released their second annual joint TB report: *Tuberculosis surveillance in Europe 2008*. The report shows that the decline in TB cases has levelled off and that the treatment success rate in the EU/EEA is too low to meet



global targets: only three EU/EEA countries reach the target of at least 85% of cases successfully cured, as set by the WHO Stop TB Partnership initiative.

Read the ECDC/WHO report on *tuberculosis surveillance in Europe in 2008* at www.ecdc.europa.eu

Yellow fever and international travel: ECDC hosts WHO consultation

Yellow fever risk mapping was the prevailing theme of the WHO consultation held at ECDC on 4 and 5 March 2010. The expected outcomes of the meeting were to find an agreement on (i) the revised risk mapping procedures for yellow fever; (ii) revised yellow fever risk areas; (iii) criteria for moving from one risk level to another; and (iv) future collaborative work on yellow fever risk monitoring and mapping. The evidence-based knowledge indispensable for the decision process was provided by an informal working group on the geographic risk of yellow fever, which had been established in September 2008.

The experts proposed to base the mapping of yellow fever on vaccination recommendations and link it to the description of the yellow fever risk classification. They also recommended changes to Annex 1 of the WHO handbook 'International Travel and Health', as the status for a number of countries such as Zambia or Panama had been revised. It was agreed that the yellow fever working group would pursue its work by proposing criteria and processes for a revision of risk mapping procedures.

New publications

Technical document: Climate change and communicable diseases in the EU Member States: Handbook for national vulnerability, impact and adaptation assessments

This handbook is intended to be a resource to encourage planning activities that anticipate and address the possible impact of climate change on communicable disease spread. Informed by current climate change science, particularly as it relates to communicable disease spread, the handbook suggests various processes and important points for consideration when conducting vulnerability assessments and developing adaptation strategies for climate change.

Technical document: Joint European pandemic preparedness self-assessment indicators

Published by the WHO Regional Office for Europe, jointly with ECDC and the European Commission, this set of pandemic preparedness indicators is designed to assist Member States with the assessment of their pandemic preparedness in order to identify gaps, prioritise future investment and monitor progress in those areas that, by international consensus, are deemed the most important.

Meeting report: Training strategy for intervention epidemiology in the European Union

From 12 to 14 October 2009, ECDC held a meeting in Uppsala, Sweden, entitled 'Strengthening Europe's defences against communicable diseases', at which the Competent Bodies for training scheduled a consultation on the training strategy for intervention epidemiology. The main objective of the consultation on training was to present and discuss the implementation of the ECDC training strategy. It began with a presentation of the ECDC training strategies and work plan for 2010 and was followed by a discussion by participants, including an invitation to suggest new areas of work.

Surveillance report: TB surveillance in Europe 2008

The joint ECDC/WHO TB surveillance report presents and analyses data collected for 2008 in the European Union, European Economic Area and the additional 24 countries of the WHO European Region. Although the countries of the EU and EEA have continued to experience a steady decrease in overall TB notification rates, that decline is slowing down. Further, there has been no significant improvement in the treatment success rate of TB.

The report makes a number of recommendations to improve the monitoring and reporting of TB in order to support effective TB control efforts.

Spotlight: Tuberculosis, a global threat

In addition to its scientific reports on TB, ECDC launched a special webpage entitled 'Spotlight: Tuberculosis, a global threat'. Three key messages for the EU/EEA countries were selected from the TB report for 2008. The 'Spotlight' page provides comprehensive information on all ECDC activities in connection with TB control. Features include video clips, animated graphics, and downloadable PowerPoint slides that illustrate the TB situation in the EU/EEA countries.

For more information: publications@ecdc.europa.eu

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Upcoming events

2 to 4 June 2010

8th Meeting of ECDC's National Focal Points for Antimicrobial Resistance, Madrid, Spain.

7 to 9 June 2010

Detection and assessment of public health threats/events, ECDC, Stockholm.

8 June 2010

Visit of the EU Defence College, ECDC, Stockholm.

10 to 13 June 2010

ENIVD-CLRN 2nd Annual meeting, ECDC, Stockholm

17 to 18 June 2010

19th Management Board meeting, Menorca, Spain

21 to 25 June 2010

EPIET sampling module, Paris, France

13 to 17 September 2010

HAI TESSy training, ECDC, Stockholm.

23 to 24 September 2010

ECDC National Microbiology Focal Points meeting, ECDC Stockholm.

29 to 30 September 2010

23rd Advisory Forum meeting, ECDC Stockholm.

8 to 10 November 2010

9th Meeting of ECDC National Focal Points for Antimicrobial Resistance, Brussels, Belgium.

9 to 10 November 2010

20th Management Board meeting, ECDC Stockholm.

11 to 14 November 2010

ESCAIDE conference, Lisbon, Portugal.

18 November 2010

European Antibiotic Awareness Day, across Europe.

1 December 2010

ECDC marks World Aids Day, ECDC, Stockholm.

8 to 9 December 2010

24th Advisory Forum meeting, ECDC, Stockholm.

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