



## ECDC **CORPORATE**

# Annual Report of the Director

# 2010



European Centre for  
Disease Prevention and Control

**Annual Report of the Director**

**2010**

Detailed results of the implementation of ECDC's Annual Work Programme 2010, referred to as Part II, are available online at: [http://www.ecdc.europa.eu/en/aboutus/key\\_documents](http://www.ecdc.europa.eu/en/aboutus/key_documents)

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# Abbreviations

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

<b>HPV</b>	Human papillomavirus
<b>HSC</b>	Health Security Committee of the EU
<b>ICT</b>	Information and Communication Technology
<b>IHR</b>	International Health Regulations
<b>IPSE</b>	Improving Patient Safety in Europe
<b>IUSTI</b>	International Union against Sexually Transmitted Infections
<b>JRC</b>	Joint Research Centre
<b>KIS</b>	Knowledge and information services
<b>KM</b>	Knowledge management
<b>MB</b>	Management Board
<b>MDR TB</b>	Multidrug-resistant tuberculosis
<b>MedISys</b>	Medical Information System
<b>MMR</b>	Measles, mumps and rubella
<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>NMFPs</b>	National Microbiology Focal Points
<b>PRU</b>	Preparedness and Response Unit
<b>RASFF</b>	Rapid Alert System for Food and Feed
<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>SAU</b>	Scientific Advice Unit
<b>SCG</b>	Scientific Consultation Group
<b>SHIPSAN</b>	Ship Sanitation Project
<b>STI</b>	Sexually transmitted infections
<b>TB</b>	Tuberculosis
<b>TBE</b>	Tick-borne encephalitis
<b>TEPHINET</b>	Training Programs in Epidemiology and Public Health Interventions Network
<b>TESSy</b>	The European Surveillance System
<b>TTT</b>	Threat Tracking Tool
<b>VENICE</b>	Vaccine European New Integrated Collaboration Effort
<b>VIRGIL</b>	European Surveillance Network for Vigilance against Viral Resistance
<b>VTEC</b>	Verotoxin-producing Escherichia coli
<b>WHO</b>	World Health Organization
<b>WHO/EURO</b>	Regional Office for Europe of the World Health Organization
<b>WHO HQ</b>	Geneva Headquarters of the World Health Organization
<b>XDR TB</b>	Extensively drug-resistant tuberculosis





## Foreword by the Chairman of the Management Board

2010 was the beginning of a new chapter in the ECDC story. In February, the Centre's founding Director, Zsuzsanna Jakab, left ECDC to become the World Health Organization's Regional Director for Europe. In March, the Board elected Dr Marc Sprenger as ECDC's new Director. Dr Sprenger was formally appointed as Director in April, following his hearing with the European Parliament's Environment, Public Health and Food Safety Committee.

The arrival of Marc Sprenger as Director came in a year during which the rapid expansion of the Centre's staff and finances came to an end. ECDC had begun to shift its focus from growth to consolidation. The arrival of a new Director with fresh ideas therefore gave us the ideal opportunity to take stock of ECDC achievements and decide how best to build on them. Following an extensive strategic discussion of ECDC's medium-term priorities and how to further optimise its working methods at the June Management Board meeting, the Director established a series of working groups involving the Centre's management and staff. We discussed the initial findings of these groups at the November Management Board meeting, along with the Centre's Work Programme for 2011. Among the innovations being proposed are a renewed focus on ECDC's relations with public health laboratories, further development of the Centre's work on disease prevention and the definition of a set of core values for ECDC. In accordance with these values, developed in a working group led by Dr Andrea Ammon, ECDC will strive to become more quality-driven, service-oriented and unified as an organisation (one ECDC team). The Board was delighted to endorse these values and looks forward to seeing their positive impact on ECDC and its partners in 2011 and beyond.

Alongside the process of change initiated in 2010, ECDC continued to produce important scientific output and re-

spond to major incidents. A full account of the Centre's results is presented in this report.

In 2010, the Board also concluded one other piece of unfinished business. In June, I came to Stockholm to sign a Seat Agreement for ECDC with Ms Maria Larsson, Sweden's Minister for Elderly Care and Public Health. I am sure that this Agreement, reached after five years of difficult and, at times, tough negotiations, will make a major difference to ECDC staff and their families.

I must end with a few words of thanks. First of all, I would like to thank Professor Karl Ekdahl for taking on the role of Acting Director from February until the beginning of May. Karl kept the Centre on track and ensured stability during this period of transition. He also did an excellent job of preparing for the Board's March meeting. I would also like to thank my Deputy Chair, Professor Jacques Scheres, for his unstinting support and wise counsel during 2010. As always, thanks should also go to the staff of ECDC for their hard work and commitment. Finally, I must thank the Board for having re-elected Jacques Scheres and myself at their November meeting. I look forward to continuing to lead the Board over the next two years.

Professor Hubert Hrabcik  
Chairman of the ECDC Management Board  
15 February 2011





## Introduction by the Director

In March 2010, I was honoured to be elected Director of ECDC by the Management Board. Following a hearing with the European Parliament's Environment, Public Health and Food Safety Committee (ENVI) in April, I took up my new post in May. I was very grateful for all the support and advice I received from Management Board members and partners within the European Commission, the Parliament and the Member States – not to mention the warm welcome from the staff of ECDC.

Having been the first Chairman of the Management Board (2004–2008), I have been involved with ECDC since its inception. I would therefore like to begin by paying tribute to my predecessor, ECDC's founding Director Zsuzsanna Jakab. Zsuzsanna did an incredible job in building up ECDC from just a handful of people working out of borrowed offices at Solna Town Hall to become a thriving and well-respected institute with over 300 staff. ECDC owes a huge debt of gratitude to Zsuzsanna for her vision, skills and determination. During the next stage of ECDC's development, I aim to build on this legacy.

2010 saw the start of a new chapter for ECDC, not just because of the arrival of a new director, but also because ECDC completed the first stage of its development. The core public health functions foreseen in the Centre's Founding Regulation and its Strategic Multi-annual Programme 2007–2013 have been put in place. Most notably, the integration of the old system of Dedicated Surveillance Networks into a more unified and coherent EU surveillance system is now almost complete. The capacity of ECDC to support the EU and its Member States during a major public health event was amply demonstrated during the emergence of the influenza A(H1N1) pandemic in 2009. The Centre's scientific advice, capacity-strengthening and health communication functions are now all firmly established and working well. ECDC was therefore able to give greater prominence to the work of its Disease Specific Programmes in 2010. This report details the important results delivered by the Centre, both in terms of the core services offered, and the work conducted in each of the specific disease groups where ECDC's added value at the European level is becoming increasingly evident.

A more challenging development in 2010 was the fact that ECDC neared its maximum size in terms of staffing and budget. The era of expansion is now over and from 2011 ECDC will have to learn to live with fixed resources. To do so, the Centre will need to prioritise, which can sometimes mean making difficult choices. Since pathogens are unpredictable, when dealing with infectious diseases new threats will continue to emerge, requiring new priorities to be identified. However, as we take

on these new priorities, other activities may have to be scaled back, rescheduled or even dropped.

Now that the build-up phase is complete and the Centre is firmly established, my mission is to lead ECDC through a period of consolidation. While safeguarding the Centre's achievements, I need to identify areas in which we can improve our efficiency. Together with the Senior Management Team and experts across ECDC, I will determine the activities most valued by our partners. In this new era of limited resources, we need to ensure that every euro spent by ECDC has maximum impact.

In July 2010, with a view to developing a sustainable agenda for ECDC, I established 15 working groups to investigate critical areas where both short and medium-term improvements could be made. These groups reported at the end of 2010, and their conclusions will have a major impact on our strategy in 2011 and beyond. In 2011 work began on this agenda, including strengthening the position of microbiology at ECDC; improving our cooperation with Member States; updating our policy on conflict of interests; implementation of an activity-based budgeting system and a quality management system and the improvement of our key performance indicators. ECDC also agreed on a set of values to guide it in its work, namely to ensure that the Centre is quality-driven, service-minded and acts as one team. I firmly believe that implementing these values will help ECDC in its attempt to achieve consistent excellence.

In line with this desire to strive for excellence, we have made a number of improvements to this year's Annual Report of the Director. In particular, a new Part II is available on the website in which we report on each of the actions set out in ECDC's Annual Work Programme for 2010, as approved by the Management Board. This illustrates how ECDC has delivered on its promises – and where we have encountered problems. In 2010, ECDC managed to carry out 90% of the activities foreseen in its Work Programme. Only 6% of the 2010 activities were postponed or cancelled and the remainder just slightly delayed to early 2011. All in all a good performance, but we hope to do even better next year, motivated by this new transparent form of reporting.

Dr Marc Sprenger  
ECDC Director  
15 February 2011

## Executive summary

In 2010, 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. For the first time, in addition to presenting the main achievements of the Centre in 2010, a new Part II is available on the website reporting on progress for each action in the ECDC Work Programme 2010.

### Resources

In 2010, the budget increased to EUR 57.8 million, in line with ECDC's *Strategic Multi-Annual Programme 2007-2013*.

### 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 six groups of diseases covered by its remit. This was in line with the Annual Work Programme and the *Strategies for disease-specific programmes 2010-2013*, approved by the Management Board in 2009.

**Respiratory tract infections** are subdivided into three areas: influenza, tuberculosis and Legionnaires' disease. With regard to **influenza**, ECDC contributed to national, European and global evaluations of the handling of the A(H1N1) pandemic. To support work being done by the European Medicines Agency, ECDC demonstrated the effectiveness of the pandemic vaccine, initiated two scientific studies of possible adverse events and published estimates of vaccine usage. In addition, ECDC began strengthening the European surveillance of severe disease and deaths from influenza. In the area of seasonal influenza, ECDC developed risk assessments for the season 2010-2011, consolidated communication work and supported Member States and the Commission in the implementation of the 2009 EU Health Council Recommendation on seasonal influenza vaccination. In the area of **tuberculosis**, at the request of the European Commission, ECDC provided follow-up on the *Framework Action Plan to fight tuberculosis in the European Union*, which involved a broad consultation with the Member States and EU stakeholders. In addition, ECDC strengthened its surveillance activities in the areas of TB-HIV, multi-drug resistance and treatment outcome and published the second joint ECDC/WHO surveillance report on TB. The European Reference Laboratory Network for TB, established in 2009, was further developed and ECDC continued to provide scientific advice, guidance and support to Member States. Work on **Legionnaires' Disease** involved completing the integration of the dedicated surveillance network at ECDC, which was finalised in April 2010. A coordination group was established

and held its first meeting. Provision of laboratory support to Member States commenced, with a particular focus on quality assurance and support in outbreak investigations, including a laboratory capacity inventory. Agreement was also reached on the development of toolboxes which will be delivered in 2011.

In the field of **sexually transmitted infections, including HIV/AIDS and blood-borne viruses**, ECDC published its annual HIV/AIDS surveillance report as well as a guidance document on HIV/AIDS testing. Several projects were launched (on STI and HIV prevention in men having sex with men and on HIV incidence and prevention among injecting drug users) and further developed (STI-related behavioural surveillance, migration and HIV and partner notification) in 2010. In addition, ECDC published a monitoring report on the implementation of the Dublin Declaration and developed a framework for monitoring the implementation of the EU Action Plan on HIV/AIDS 2009-2013. Following an EU-wide survey and report, the surveillance and prevention systems for hepatitis B and C were also reviewed and an EU network was established for hepatitis B and C. Furthermore, the STI microbiology project, focusing on gonococcal antimicrobial surveillance susceptibility, was implemented and a report published. Data were collected on the five STI and the results will be published in 2011.

Turning to **food- and waterborne diseases and zoonoses**, ECDC analysed surveillance for 12 human diseases which were included in the *EU Report on Trends and Sources of Zoonoses, Zoonotic Agents and food-borne outbreaks in the European Union in 2009*<sup>1</sup> published by the European Food Safety Authority (EFSA). The first joint EU-wide study on listeriosis also got underway. In March 2010, an IT platform to share urgent inquiries and discuss de-



European Commissioner for Health and Consumer Policy, Mr John Dalli, visiting ECDC on 22 June 2011.

<sup>1</sup> Community Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents and food-borne outbreaks in the European Union in 2009

tection and investigation of multinational food-borne outbreaks was launched. In addition, work has started on the development of a molecular surveillance system.

In the area of **emerging and vector-borne diseases**, ECDC consolidated the network for medical entomologists and public health experts on arthropod vector-borne diseases (VBORNET), set up in September 2009. The network produced the first distribution maps on the spread of invasive mosquito species and their surveillance. VBORNET also started to validate data for other species groups. Based on a survey of Member States' activities and needs conducted in 2010, a strategy is currently being developed for the surveillance of the major human-disease vectors. With regard to tick-borne diseases, ECDC focused its work with experts on the notifiable status of these diseases. Finally, the ECDC network on imported viral diseases concentrated its activities on response to the West Nile outbreaks, external quality assurance and training support for microbiologists in Member States.

In the field of **vaccine-preventable diseases**, ECDC published guidance documents and studies on invasive meningococcal disease, measles-mumps-rubella vaccination and rotavirus infections. Surveys were also conducted on pandemic and seasonal influenza vaccination. A consensus document was compiled on standardising vaccine coverage assessment and this might prove to be an important tool for further comparability and benchmarking at EU level. The second Eurovaccine conference took place in December 2010. Surveillance was further strengthened, with external quality assurance schemes (meningitis and influenza) and an exercise to map laboratory capacity (pneumonia) across Europe. The transfer of DIPNET (network for diphtheria surveillance) was completed and the process started for EUVACNET (measles, rubella, pertussis and varicella). Through its VAESCO project for medical events potentially linked to the pandemic vaccines, ECDC has investigated the Guillain-Barré syndrome (no association) and narcolepsy (study still pending).

As regards **antimicrobial resistance and healthcare-associated infections**, one of the main events in 2010 was the integration of the European Antimicrobial Resistance Surveillance Network (EARS-Net) into ECDC. The network launched a new website, including an interactive database, and published its 2009 report. ECDC also produced a comprehensive assessment of the threat posed by bacteria producing a new enzyme conferring multidrug-resistance, namely New Delhi metallo-beta-lactamase (NDM-1), and will follow up with a guidance document for Member States. One further key event was the third annual European Antibiotic Awareness Day, coordinated by ECDC in November 2010. The event, which focused on the prudent use of antibiotics in hospitals, received broad coverage across Europe, generating a total of 226 articles between 20 October and 3 December. Finally, ECDC supported the Recommendations of the EU Council on patient safety, including prevention and control of healthcare-associated infections (2009/C 151/01)

and on the prudent use of antimicrobials in human medicine (2002/77/EC) by developing a methodology for conducting point prevalence surveys on healthcare-associated infections and the use of antimicrobials in acute care hospitals. ECDC coordinated the first pilot surveys at 66 hospitals in 23 countries, covering nearly 20 000 patients.

### Public health functions

Public health functions are now firmly established and have entered into a phase of further consolidation and fine-tuning.

### Surveillance

By the end of 2010, a total of 11 of the 17 dedicated surveillance networks operating in 2005 had been transferred to TESSy. Some activities had to be outsourced as ECDC has not yet developed sufficient expertise in these areas. ECDC also supported TESSy users in Member States. A procedure for sharing surveillance data from TESSy with third parties was approved by the Management Board in November 2010. A significant amount of data was collected in 2010 and, in addition to its Annual Epidemiological Report, ECDC published specific surveillance reports on zoonoses, tuberculosis, HIV/AIDS and influenza. Furthermore, the first phase of a data quality assurance project was completed and the outcome reviewed. ECDC and the Competent Bodies for surveillance will now discuss the development of a set of minimum standard criteria for operating effective surveillance systems which meet EU demands.

### Scientific support

ECDC further developed its scientific support by organising the annual ESCAIDE conference from 11-13 November 2010 in Lisbon. Work continued on mathematical modelling with the development of models for HIV, the introduction of varicella vaccination programmes and a simulation of the effects of a school closure during a influenza pandemic. ECDC continued to develop its project on environment and epidemiology (E3 project), with the transfer of the large EDEN databases to ECDC. With regard to the present and future burden of communicable diseases in Europe, a methodology was agreed and tested for four diseases in four Member States. Furthermore, ECDC formalised the process for delivering scientific advice, setting up a system to log and respond to requests and developing an expert database. In 2010, ECDC pioneered the organisation of training in evidence-based methodologies in the area of infectious disease epidemiology. Finally, ECDC continued to collaborate with National Microbiology Focal Points on a number of key issues.

### Preparedness and response

In 2010, a new platform for risk assessment dealing with risk management issues became operational to complement the EWRS (Early Warning and Response System). ECDC assessed and monitored the communicable disease risks for five mass-gathering events. A total of 89



ECDC experts departing on mission.

threats of EU scope were reported in the EWRS operated by ECDC. In all, 32 threat assessments were produced and shared with Member States. ECDC also provided experts in the field to support Member States in response to outbreaks of measles in Bulgaria, West Nile virus in Greece, and cholera outside the EU in Haiti. Guidelines were published for assessing the risk of transmission of communicable diseases in aircraft and on cruise ships. Based on lessons learnt from the A(H1N1) influenza pandemic, ECDC reviewed its internal Public Health Event Operation Plan (PHE-OP). Three simulation exercises were conducted in 2010 and ECDC participated in four exercises organised by the Member States and the Commission.

### Training

Training activities for capacity building consisted mainly of two-year fellowship programmes such as EPIET and EUPHEM. Following the evaluation of EPIET, a Member State option was added to the existing EU-track, in order to increase Member States' ownership over the programme. A total of 19 visits to Member States were organised as part of the internal quality control activities of the EUPHEM and EPIET programmes. ECDC also organised more specific training programmes and developed the Field Epidemiology Manual Wiki (FEM Wiki).

### Health communication

In 2010, ECDC issued 35 scientific publications. The new ECDC website, launched in 2009, constitutes an important European source of information for public health issues, with more than 70 000 files downloaded in 2010. A series of seven Spotlights were launched on the website to highlight important topics in the field of communicable diseases. The target audience is public health experts, practitioners, politicians and the general public.

The new website was visited by nearly half a million people in 2010. In addition, new intranet and 'extranet' platforms were launched. Furthermore, Eurosurveillance published 307 articles, 100 peer-reviewed rapid communications and 105 peer-reviewed long articles. ECDC is continuing to develop health communication research and to support Member States' health communication activities, in particular through the use of communication toolkits.

### Partnerships

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States: from 2011 onwards, one coordinating Competent Body will be designated in each country. Several country visits were organised in 2010, the country information project continued and there was further cooperation with EU candidate and potential candidate countries. Inter-institutional relations were further strengthened with the European Parliament, the Council of Ministers (including the EU Presidencies), the European Commission, other European agencies, WHO and ECDC peer institutes in the US, China and Canada.

### Leadership

In May 2010, the new ECDC Director initiated the 'ECDC sustainable agenda for 2010-2011'. This involved the establishment of 15 working groups to discuss process improvements in a number of strategic areas, including policy, partnerships, and finance. The process resulted in a series of practical proposals presented to the Management Board for approval. As a consequence ECDC adopted a set of values for the organisation: to be quality-driven, service-oriented and to act as one team. A total of three Management Board and four Advisory Forum meetings were organised in 2010, with improved communication and support through a dedicated collaborative 'extranet'. For the first time, the Work Programme adopted by the Management Board in November 2010 contained detailed budget figures by activity. The second version of the Management Information System, used to plan and monitor the Work Programme, was launched in July 2010. Quality management has become a strategic objective for ECDC and the launch of a quality management process resulted in the Common Assessment Framework (CAF) being chosen as the tool to implement quality assurance at ECDC from 2011. Furthermore, a Green Group has been established by the Staff Committee, with the aim of reducing ECDC's impact on the environment.

### Administration

The Resource Management Unit continued to support ECDC's operational activities throughout the year. 2010 was the last year in which ECDC's budget increased (by +20%) to reach EUR 57.8 million. A number of new staff were recruited and on 31 December 2010 the final total was 254.

# Target 1 – Disease-specific programmes

ECDC's disease-specific activities are managed in six Disease-Specific Programmes (DSPs).

The DSPs represent the cornerstone of the Centre's disease-specific scientific output and cover all diseases under EU-wide coverage. In 2010, 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 now clearly follow the key long-term strategies for the individual Programmes, adopted by the Management Board in November 2009. These strategies clarify what is expected of ECDC in each disease group by 2013.

In December 2009, the Scientific Advice (SAU) and Surveillance (SUN) Units entered into a twinning arrangement in order to improve programme management and the allocation of human resources. Monthly meetings between programme coordinators ensure smooth cooperation between the individual DSPs.

## 1.1 Respiratory tract diseases

### Influenza

ECDC influenza activities cover seasonal influenza, pandemic preparedness and animal (avian) influenza. Each winter, epidemics of seasonal influenza cause up to 40 000 premature deaths in the EU and EEA/EFTA countries. There are no figures for the total morbidity each year, but the estimates are that influenza affects around 5-10% of the population each season, with higher rates in younger people.

The 2009 influenza pandemic cast a long shadow in 2010 that will extend into 2011 and beyond. Influenza activity waned in Europe at the end of 2009, ahead of the usual seasonal decline in winter. Consequently, there were few reported pandemic deaths in early 2010 although WHO did not declare the pandemic over on a global scale until August 2010.

#### Evaluations of the pandemic response

Many global, European and national investigations have been conducted into the handling of the 2010 pandemic. ECDC was requested to contribute to a number of these, as well as publishing an EU description and commissioning a report on its own activities from external specialists. The Director gave expert evidence at the Belgian Presidency meeting, to the European Parliament, the Health Council and WHO's IHR Review Committee. ECDC experts were also requested to give information and evidence to a number of national enquiries and the Centre assisted the European Commission and its contractors in undertaking two reviews of the response at EU level, with a particular focus on vaccination. ECDC developed

a unique European website listing links to and commentaries on all published global, EU and national enquiries (more than 20 entries by the end of 2010<sup>2</sup>). To keep EU Member States, policy-makers, public health specialists and scientists informed, ECDC sent out regular emails with a digest of the new entries, scientific advances and public health developments.

#### Evaluations of vaccine use, effectiveness and safety

In this area, ECDC plays a major role in providing support to the European Medicines Agency, the European Commission and national authorities. In addition to the routine VENICE<sup>3</sup> Survey<sup>4</sup> on seasonal influenza vaccine policies, practices and coverage, ECDC worked with the VENICE consortium to undertake a rapid survey of pandemic vaccine usage in 2009–2010, which was presented at the ESCAIDE conference.<sup>5</sup> This survey provided scientifically objective information on use of vaccine at a time of considerable uncertainty. ECDC worked with a number of Member States to estimate the effectiveness of the pandemic vaccine and demonstrated scientifically how effective they had been (up to 80% effectiveness in preventing laboratory-confirmed infections). This estimate was disseminated as early as April 2010 and then confirmed in a series of peer-reviewed publications later in the year. By taking the lead role in developing and publishing a standard European protocol, ECDC was influential in making sure that studies in Europe were undertaken to a common standard. In 2010, a *modus operandi* on vaccine safety was established with the European Medicines Agency (EMA), which was put to the test – adverse events were detected following influenza vaccinations. At EMA's request, ECDC rapidly commissioned the VAESCO project<sup>6</sup> to investigate specific signals, starting with Guillain-Barré syndrome and following up with narcolepsy.

#### Maintaining and developing surveillance

The pandemic revealed important weaknesses in the surveillance of severe disease and deaths from influenza. Hence, a major initiative was launched to develop surveillance of influenza in hospitals, including intensive care units. The epidemiological situation during the winter of 2010–2011 made this an imperative.

<sup>2</sup> [http://ecdc.europa.eu/en/healthtopics/H1N1/pandemic\\_2009\\_evaluations/Pages/pandemic\\_2009\\_evaluations.aspx](http://ecdc.europa.eu/en/healthtopics/H1N1/pandemic_2009_evaluations/Pages/pandemic_2009_evaluations.aspx)

<sup>3</sup> Vaccine European New Integrated Collaboration Effort (VENICE and VENICE II) funded by ECDC. The network aims to bringing together European experts with experience of national immunisation programmes.

<sup>4</sup> <http://venice.cineca.org/>

<sup>5</sup> See p. 31

<sup>6</sup> A multinational ECDC-funded consortium of public health institutes, regulatory agencies and pharmacoepidemiological research centres

### Supporting the Commission and the Member States in the implementation of the Council Recommendation on seasonal influenza vaccination

At the end of 2009, under the Swedish Presidency the Health Council adopted conclusions recommending the increased use and production of influenza vaccines. ECDC was charged with providing technical support which includes:

- providing scientific information on risk groups
- developing training packages
- building an evidence base for communication outputs
- developing a monitoring framework that goes beyond measuring vaccine coverage.

### Developing communication tools and an evidence-based approach to risk communication

Based on the experience of the pandemic, ECDC's communication experts devised an approach for improving communication with health care staff and the public, for use by the Member States.

A seasonal influenza 'Spotlight' was created to act as a one-stop-shop for information relating to the influenza season and this proved to be useful and popular.

### Risk assessment and seasonal influenza

Given the risk of a different type of seasonal influenza during winter, in May and October ECDC developed and refreshed a Forward Look Risk Assessment for the winter. This was useful, as in late November and early December epidemics of seasonal influenza emerged,

mainly due to A(H1N1)2009, at least as severe as the pandemic, causing pressure on hospitals in the first countries affected in the west of the European Union. There was a specific call by the Director to intensify immunisation with seasonal influenza vaccines for those at risk, and ECDC drew this fact to the attention of Member States that would potentially be affected later.

### Tuberculosis

In the EU, the incidence of tuberculosis (TB) has declined steadily over the past decades, with the EU having one of the world's lowest incidence rates. However, in recent years there has been a re-emergence of the disease fuelled by the HIV epidemic, multi-drug resistant TB (MDR TB) and the aggregation of burden among vulnerable populations. Therefore, at the request of the European Commission, ECDC developed its *Framework Action Plan to fight tuberculosis in the European Union* (EU TB Action Plan)<sup>7</sup> in 2007. The plan and its objectives represent the basis for developing ECDC's tuberculosis activities and setting relevant priorities.

At the request of the European Commission, during 2009–10 ECDC developed a follow-up to the EU TB Action Plan. This was launched following broad consultation with Member States and EU stakeholders.

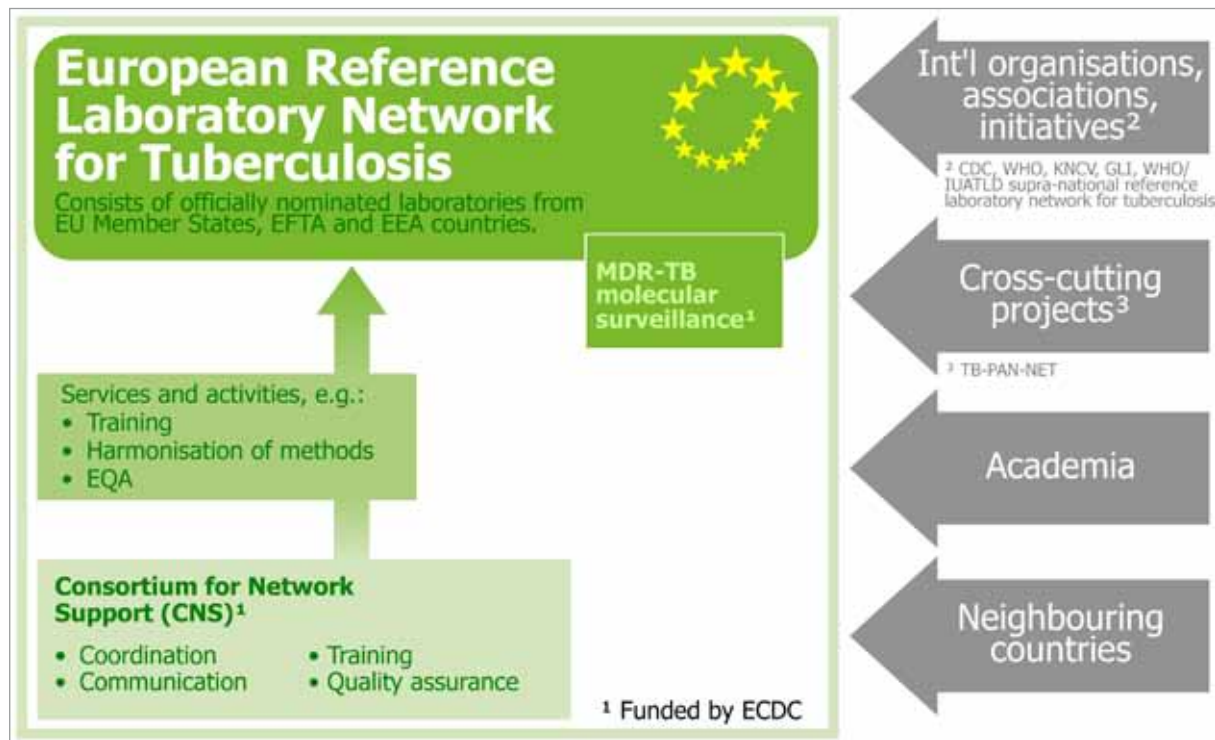
<sup>7</sup> [www.ecdc.europa.eu/en/publications/Publications/0803\\_SPR\\_TB\\_Action\\_plan.pdf](http://www.ecdc.europa.eu/en/publications/Publications/0803_SPR_TB_Action_plan.pdf)



Taking a daily dose of medicine at a TB hospital in Romania.



**Figure 1: Organisational structure of the European Reference Laboratory Network for TB**



**A follow-up to the EU TB Action Plan: Progressing towards TB Elimination<sup>8</sup>**

The objectives of the follow-up to the Framework Action Plan are: to provide an overview of the current strategic environment for TB control in the EU and outline how this relates to the global situation and to describe an epidemiological and strategic monitoring framework that would allow progress towards elimination of TB in the EU. The report proposes a number of core epidemiological and operational indicators and targets as an integral part of the monitoring framework. The indicators and targets are compatible with those already monitored as part of existing global and regional collaboration, and can generally be derived from information already collected and reported by countries. The core indicators for the follow-up are all specifically linked to the eight strategic areas of the Framework Action Plan to enable progress to be assessed in each area.

The monitoring framework makes it possible to assess progress towards elimination on the basis of common EU indicators. The adaptation of current EU TB surveillance and data analysis is ongoing to allow periodic review of progress.

**Surveillance of tuberculosis in the EU**

Tuberculosis surveillance in the EU/EEA has continued to improve, yielding the second joint ECDC/WHO/

Europe surveillance report as an outcome of coordinated TB surveillance in the EU and WHO European region. Furthermore, the basis for enhanced surveillance in the EU/EEA has been established with the completion of an in-depth analysis of the TB-HIV and treatment outcome monitoring surveillance system throughout the Member States. Findings will enable improvements in TB surveillance in the years to come. In addition, the MDR-TB molecular surveillance project (ongoing since 2009) has achieved its first milestone – harmonising methodology and expanding the core functions of an EU-wide external quality assurance (EQA) system for TB molecular typing.

**EU TB laboratory network**

The functions and outputs of the European Reference Laboratory Network for TB (ERLN-TB), established in 2009, were further developed, in particular with the successful completion of the first round of external quality assurance for TB microscopy, culture and drug-sensitivity testing. Capacity has also been strengthened through the first group of TB laboratory support experts completing their training.

**Scientific output and advice**

ECDC continued to provide scientific advice and guidance on specific TB topics. In particular, a guidance document entitled *Use of Interferon Gamma Release Assays in support of TB diagnosis* was completed.

Scientific work continued on the assessment of TB case management and its public health implications as well as work on social determinants, resulting in peer-reviewed publications evaluating the correlation between social and economic factors and TB epidemiology.

<sup>8</sup> [www.ecdc.europa.eu/en/publications/Publications/101111\\_SPR\\_Progressing\\_towards\\_TB\\_elimination.pdf](http://www.ecdc.europa.eu/en/publications/Publications/101111_SPR_Progressing_towards_TB_elimination.pdf)

### Country visits

Together with the WHO Regional Office for Europe, two country visits (Estonia and Finland) were conducted in 2010.

### Partnerships

The Programme liaises closely with the European Commission, particularly in areas that relate to the *Framework Action Plan to fight tuberculosis in the European Union*.

ECDC also cooperated closely with the WHO Regional Office for Europe, conducting successful surveillance work, country visits and other TB-related activities.

In 2010, ECDC also collaborated closely with the European Respiratory Society (ERS), attending its Respiratory Infection Assembly and holding a session at the ERS Annual Conference to present the results of a joint study on case management and launch a partnership for future work. This partnership aims to link clinical management in TB to its public health aspects, leading to the joint development of standards for TB case management and control.

### Legionnaires' disease

Legionnaires' disease is an uncommon form of pneumonia. However the fatality rate is 11% in those cases with a known outcome. About 5 000 to 6 000 cases are reported each year in EU. The source of the infection is environmental and there is no human-to-human transmission. In 2010, 5 518 cases were reported to ECDC.

#### European Legionnaires' disease Surveillance Network - ELDSNet

The transition phase of the dedicated surveillance network for Legionnaires' disease, EWGLINET, ended on 1 April 2010 when coordination was taken over by ECDC and the network was renamed the European Legionnaires' Disease Surveillance Network (ELDSNet). The main aim of this network is to detect TALD cases<sup>9</sup> among European citizens. ECDC conducts daily surveillance of TALD cases and, if two or more cases have stayed at the same accommodation within a two-year timeframe, this will be considered a cluster. A cluster alert will be sent to all network members informing them of the name and location of the accommodation. The network member in the country where the accommodation is situated should contact local authorities to obtain a risk assessment of the site and ensure that the correct preventive measures are taken. In 2010, a total of 875 travel-associated cases of Legionnaires' disease were reported. About 40% of the clusters identified would have gone undetected without the network, since the cases were from different Member States, which clearly shows the added value of a European surveillance system.

In June 2010, a new ELDSNet coordination group was formed and it held its first meeting on 14 September. The coordination group has members from Austria, Bulgaria,

Denmark, Estonia, France, Italy, Spain, United Kingdom and WHO Geneva. The secretariat is provided by ECDC.

On the 15 September 2010, the first annual meeting of ELDSNet was held in Copenhagen, Denmark. Fifty-two participants from 24 countries attended the meeting.

#### Support to Member State activities

ECDC outsourced its laboratory support for the surveillance of Legionnaires' disease at European level to the Health Protection Agency (HPA), London, UK. HPA will provide external quality assurance schemes aiming to ensure a high quality of laboratory diagnosis, sequence typing and environmental investigations in national reference laboratories across Europe. In addition, it will provide support in outbreak situations, arrange hands-on training courses, conduct a laboratory capacity inventory and provide network members with a quarterly science-watch bulletin.

ECDC will also supervise the development of a toolbox, to be delivered in 2011, for investigating and responding to Legionnaires' disease outbreaks with an EU dimension.

In addition, ECDC will supervise the development of a further toolbox providing training materials and courses on Legionnaires' disease: risk assessment, outbreak investigation and control. This toolbox, which will be developed in collaboration with the University of Chester, UK, and HPA, is also for delivery in 2011.

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

The HIV epidemic remains a major concern for Europe's public health sector, with evidence of continuing transmission of HIV in many countries. In 2010, ECDC published a progress report on the monitoring of the commitments made in the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia.<sup>10</sup> On the occasion of World Aids Day, 1 December 2010, ECDC also published guidance on HIV testing.

### HIV/AIDS

The annual HIV/AIDS surveillance report, published on World Aids Day, still shows no evidence of a declining trend. Men who have sex with men (MSM) remain the most affected population in EU/EEA. As a result, ECDC launched a project with relevant stakeholders and experts in Member States to review the evidence for STI and HIV prevention in MSM and set the public health agenda for the coming years. Another project initiated in 2010 was to develop a European framework for HIV incidence studies and investigate the determinants of recent HIV transmission in MSM, and other groups most at risk, in order to improve target prevention and intervention strategies in the future.

<sup>9</sup> Travel-associated Legionnaires' disease

<sup>10</sup> Signed on 24 February 2004 by representatives of states and governments from Europe and Central Asia



XVIII International Aids Conference, Vienna 2010. ©IAS/Steve Forrest/Workers' Photos.

On the occasion of World Aids Day, ECDC also published a guidance document on HIV testing in Europe. The guidance is based on evidence gathering and aims to support Member States in improving the effectiveness and uptake of HIV testing at the national level. The guidance document was presented at a scientific seminar in the European Parliament in the presence of the EU Commissioner for Health, distinguished experts and representatives of civil society.

During the Vienna International Aids Conference (18–23 July 2010), ECDC published the monitoring report on implementation of the Dublin Declaration. The indicators used for the monitoring were developed in collaboration with stakeholders and all 55 countries covered by the Declaration. With a response rate of 90%, it was possible to draw significant conclusions on how countries were responding to the HIV epidemic. The report concludes that there is a strong political commitment in countries to respond to the epidemic, but that more action is needed with respect to prevention services for key populations in order to meet the targets in the years ahead. As requested by the European Commission, a framework has been developed for monitoring the implementation of the EU Action Plan on HIV/AIDS 2009–2013 in collaboration with Member States and stakeholders.

The project on HIV and behavioural surveillance in relation to sexually transmitted infections (STI) continued, aiming to support Member States in the development and implementation of behavioural surveillance. The first phase will focus on the development of a web-based toolkit and a self-assessment tool. The development of the tools will be piloted in a few countries with national

experts being consulted and regional workshops being held during 2011.

In 2010, ECDC hosted an expert workshop on migration and HIV. The purpose of the workshop was to present ECDC initiatives on health and migration, to improve synergies between two on-going ECDC projects and other initiatives in the EU and to draw on expertise in the field and provide the opportunity to give input on the work being carried out by ECDC.

To strengthen measures to prevent infectious disease among injecting drug users (IDU), particularly in relation to HIV and hepatitis, in 2010 ECDC and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) started a process to develop joint guidance. The evidence-based guidance will propose options for key infectious disease prevention tools to protect this highly vulnerable population in Europe and will be launched in 2011. The joint guidance will consolidate the advice to key European stakeholders of both agencies in the fields of public health, drug control and social affairs.

### Hepatitis B and C

ECDC further strengthened the surveillance of hepatitis B and C by reviewing the current surveillance and prevention systems. On the occasion of the EU hepatitis summit meeting in Brussels in October 2010, an EU-wide survey on prevention and surveillance was published, together with a report on prevalence, burden of disease

and national screening policies and effectiveness.<sup>11</sup> In addition, ECDC established a network for hepatitis B and C surveillance through the Member States' competent bodies for surveillance. A framework for hepatitis surveillance is being prepared and will be discussed at the first annual meeting of this network in March 2011.

### Sexually transmitted infections (STI)

From 2009, ECDC took over responsibility for European STI surveillance. The STI microbiology project with focus on European gonococcal antimicrobial susceptibility surveillance (Euro-GASP) was launched and the first annual Euro-GASP report was published.<sup>12</sup> Based on results from 17 countries, a further decrease was observed in susceptibility to the cefixime drug. This is of serious concern as cefixime is a recommended therapy for gonorrhoea across Europe. Data on the five STI were collected for 1990–2009 and the results were reviewed during the annual meeting of the STI and HIV surveillance networks. The first STI surveillance report will be published early in 2011. It shows the diversity in STI surveillance, screening and healthcare practices across Member States. Chlamydia is the most prevalent STI in Europe, mostly affecting younger age groups.

Evaluation continued of the public health benefits of partner notification as a key prevention strategy and an inventory of policies, legal frameworks, professional guidelines and recommendations was compiled in an EU-wide survey. The final report will be published in 2011.

## 1.3 Food- and waterborne diseases and zoonoses

The group of food- and waterborne diseases (FWD) covers 21 diseases and the long-term focus for ECDC is to:

- develop enhanced surveillance and trend monitoring for six priority diseases (salmonellosis, campylobacteriosis, listeriosis, yersiniosis, shigellosis, and VTEC<sup>13</sup>)
- further support surveillance for the variant Creutzfeldt-Jakob Disease (vCJD)
- monitor trends of major zoonoses and antimicrobial resistance together with EFSA
- enhance outbreak detection and response
- develop molecular surveillance
- assess under-ascertainment using seroepidemiology as a tool to estimate the true incidence of salmonellosis and campylobacteriosis.

<sup>11</sup> Hepatitis B and C in the EU neighbourhood: prevalence, burden of disease and screening policies, [http://ecdc.europa.eu/en/publications/Publications/TER\\_100914\\_Hep\\_B\\_C%20\\_EU\\_neighbourhood.pdf](http://ecdc.europa.eu/en/publications/Publications/TER_100914_Hep_B_C%20_EU_neighbourhood.pdf)

<sup>12</sup> [http://www.ecdc.europa.eu/en/publications/Publications/1101\\_SUR\\_Gonococcal\\_susceptibility\\_2009.pdf](http://www.ecdc.europa.eu/en/publications/Publications/1101_SUR_Gonococcal_susceptibility_2009.pdf)

<sup>13</sup> Verocytotoxin-producing *E. coli*

### Joint surveillance reports on zoonoses and antimicrobial resistance with EFSA

In 2010, ECDC analysed surveillance data for 12 human diseases<sup>14</sup> (for 2009), which were combined with data from food and animals into a Report on Trends and Sources of Zoonoses, Zoonotic Agents and food-borne outbreaks in the European Union in 2009. The report showed that parasites (mainly trichinosis and echinococcosis) seem to be well controlled by the veterinary authorities. The major reservoirs of the two parasites are wildlife for *Trichinella spp.*, (with major human exposure via uninspected pig or wild boar meat), and foxes for *Echinococcus spp.* The major finding was, however, a decreasing trend in human salmonellosis, mainly caused by *S. Enteritidis*. The targeted *Salmonella* reduction programmes in the Member States, including vaccination of poultry, are considered to be a major contributing factor to the positive impact on public health. The report will be published in February 2011. For the first time, ECDC also analysed antimicrobial resistance (AMR) data for *Salmonella* and *Campylobacter*, which was combined with the AMR data from food and animals into a joint Community AMR report. In general, resistance to the clinically most important antimicrobials was low in humans and most animals, although a relatively high level of resistance to ciprofloxacin in poultry meat was noted in some Member States. However, the incomplete data representativeness and lack of harmonisation on the human side limited the possibilities for interpretation. This area requires more focused work in the coming years.

### First joint EU-wide study on listeriosis started:

Listeriosis is a rare but severe disease, affecting mainly elderly people. The case fatality rate varies 15-20% by age group in the EU and several countries noted an increase in the national trend in 2009. Ready-to-eat food (e.g. smoked salmon, soft cheeses, sausages) is considered the major source of exposure in humans. EFSA initiated an EU-wide food survey in 2010 and ECDC invited the public health reference laboratories from its food- and waterborne disease surveillance network to start storing *Listeria* strains isolated from humans. A working group was established to plan for a joint molecular typing study on food and human isolates. This study will significantly highlight the epidemiology of listeriosis and the source attribution, which will serve as an invaluable source of information for the Member States and allow better targeting of prevention measures in the food safety area.

### Communication platform EPIS (Epidemic Intelligence Information System) launched for FWD

The platform to share urgent inquiries and discuss detection and investigation of multinational food-borne outbreaks was launched in March 2010. This platform allows quick and easy informal discussion among

<sup>14</sup> Salmonellosis, campylobacteriosis, VTEC infection, listeriosis, yersiniosis, *Mycobacterium bovis* -infections, rabies, trichinosis, brucellosis, echinococcosis, toxoplasmosis and Q fever

epidemiologists and microbiologists. The shared information is systematically collected into monthly summary reports, which are distributed to the EPIS users [266 users from the FWD network with read-and-write access, 26 ECDC staff with read-and-write access and 79 users from EU and EEA/EFTA Member States with read-only access]. The clarification of the roles between EPIS and the Early Warning and Response System (EWRS) has been successful and both communication systems are well adapted to supporting the risk assessment and alert mechanisms for communicable diseases in the EU. In 2010, a total of 29 urgent inquiries related to food and waterborne diseases were posted using EPIS as a platform. Eight of these led to the detection of outbreaks in two or more FWD network countries. An example of such a multi-country outbreak is the norovirus outbreak associated with the consumption of frozen raspberries in two EU Member States and unusual increases in *Salmonella* Typhimurium DT8 related to the consumption of duck eggs in three network countries (2 EU Member States).

#### Development of molecular surveillance services for food- and waterborne diseases:

Extensive work has been done to prepare for a molecular surveillance system, including FWD in the initiation phase together with tuberculosis. The FWD system will focus on establishment of centralised databases for PFGE<sup>15</sup> and MLVA<sup>16</sup> molecular typing results, which are two key molecular typing methods for FWD. This will enable the linkage of national sporadic cases or outbreaks across the Member States borders and beyond. The system will start with *Salmonella*, VTEC and *Listeria* and it will be compatible with the global surveillance of FWD led by CDC (PulseNet International) and WHO Global Food-borne Infections Network. To enhance capacity building in the Member States, an MLVA implementation project was initiated with the aim of supporting the establishment of the methodology in national public health reference laboratories. To enhance the capacity for PFGE methodology, a hands-on workshop is planned to support the implementation of *Listeria* molecular typing study and the development of molecular surveillance services.

### 1.4 Emerging and vector-borne diseases

In the area of emerging and vector-borne diseases (EVD), ECDC focuses on a wide range of pathogens and diseases, notably vector-borne, travel-related and zoonotic diseases. ECDC contributes to the strengthening of EU-wide preparedness and response capabilities by providing Member States with access to expertise, a wide range of decision support tools, and the latest scientific knowledge.

ECDC works in close collaboration with the relevant bodies of the European Commission, EU Member States, relevant international organisations such as the World

Health Organization (WHO) and many experts from institutes, universities, research projects and public health networks across the EU. In 2010, particular emphasis was placed on consolidating links with veterinarians and collaborative work was started with EFSA on tick-borne diseases. In addition, ECDC aims to actively involve European experts in international outbreak investigations as a way of maintaining field expertise.

Vector-borne diseases are a specific group of infections that represent an emerging (or re-emerging) threat to Europe, requiring particular attention. The increase in international travel and trade is an important factor in the importation of new pathogens and vectors. Changes in climate may enhance the probability of vectors appearing in Europe, or spread vectors previously present only in limited locations. These environmental factors, in combination with behaviour and socio-economic factors, could contribute to an increased risk of transmission of vector-borne disease and represent a threat for the health of European citizens. Recent developments in mosquito-borne disease transmission in EU exemplify this emerging threat.

#### Network of medical entomologists and public health experts on arthropod vector-borne diseases (VBORNET)

In September 2009, ECDC started the VBORNET network, bringing together entomologists and public health experts representing all aspects of vector-borne disease-related research and public health activities in Europe. The main tasks of the network are:

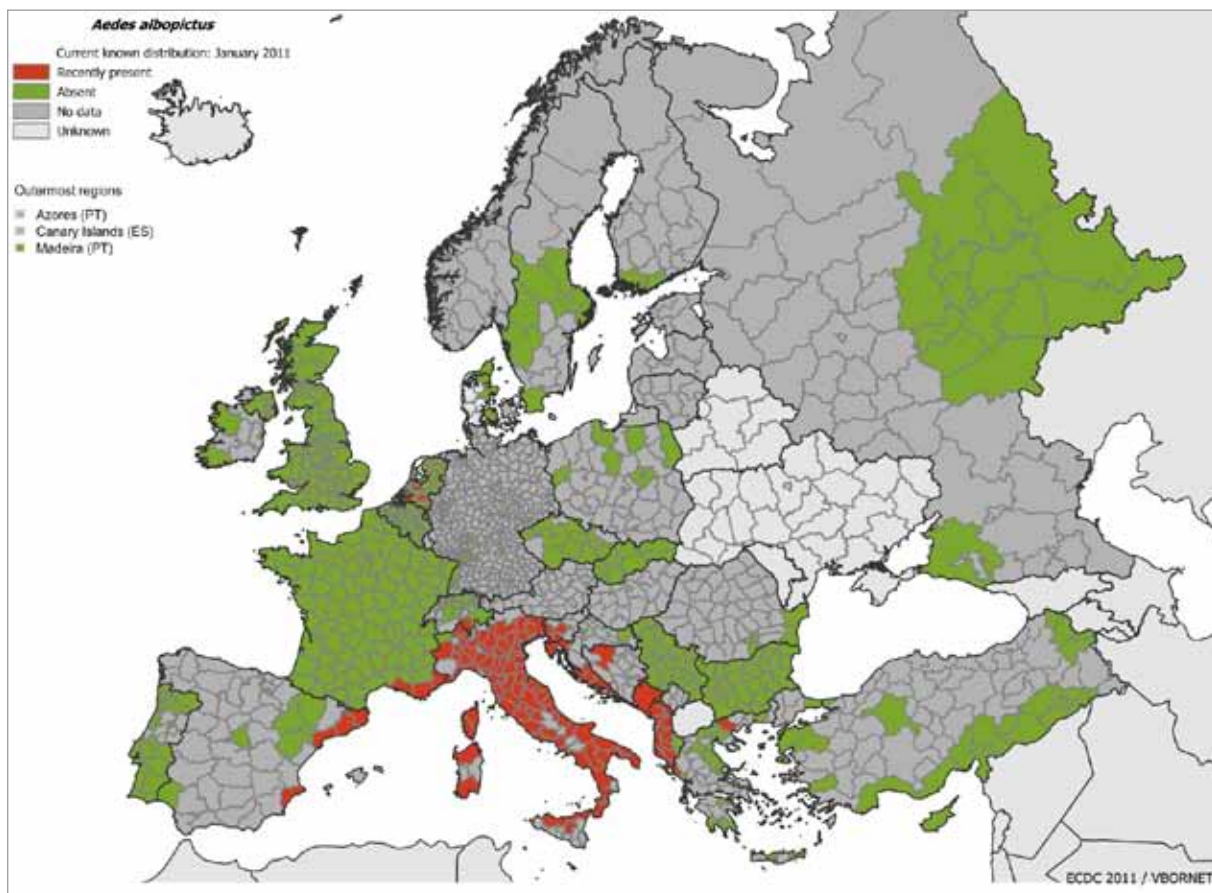
- to produce distribution maps of the major arthropod disease vectors
- to conduct related surveillance activities
- to define priority strategic topics concerning the public health perspective of vector-borne diseases and vector surveillance
- to develop a European strategy for the surveillance of the major human-disease vectors representing a threat to public-health.

During the first year, VBORNET focused on promoting the network and developing tools and data validation procedure. Maps were prepared of the spread of invasive mosquito species including *Aedes albopictus*, *Aedes japonicus* and *Aedes aegypti*. Data validation is also underway for other vector species groups such as ticks and phlebotomines (sand flies). It is important to note that every semester an update of the maps will be made available on the ECDC website, providing the ECDC stakeholders and general public with the most up-to-date information on vector distribution.

<sup>15</sup> PFGE = Pulsed-field gel electrophoresis

<sup>16</sup> MLVA= Multiple locus variable number tandem repeat analysis

**Figure 2.** Example of a map showing the current known distribution of vector species, as part of the VBORNET project, available on the ECDC website



A questionnaire has been disseminated to the national competent bodies for surveillance to get an overview of the activities and resources related to vector-borne diseases in the Member States. This will help ECDC to further define a strategy in relation to vector-borne diseases. The preliminary results will be presented at the annual general meeting of VBORNET in April 2011.

### Tick-borne diseases in the EU

Tick-borne diseases are the most common vector-borne diseases in Europe and can cause severe or fatal illnesses. The infection rate of tick-borne diseases has been increasing in Europe since the 1980s. Even though tick-borne diseases are a concern, so far only Crimean-Congo haemorrhagic fever is a notifiable disease in the EU. Therefore, the overall epidemiology and burden of tick-borne diseases in Europe remains unclear. An ECDC expert consultation conducted on tick-borne diseases recommended adding tick-borne encephalitis to the list of mandatory notifiable diseases in the EU. For Lyme borreliosis, no consensus was reached regarding its notifiable status. However, the experts expressed the need to harmonise the case definition of Lyme borreliosis at EU level. The fruitful discussions during the consultation meeting and the results of two projects on tick-borne disease initiated in 2010 (one on Lyme borreliosis and the other on tick-borne encephalitis, Q fever and



The burden of tick-borne diseases in Europe remains unclear.

rickettsiosis) will be essential for harmonising future case definition and obtaining an overview of the current epidemiological situation in the EU.

### European Network of Imported Viral Diseases – Collaborative Laboratory Response Network (ENIVD-CLRN)

In 2010, the ECDC network of expert laboratories on imported viral diseases participated actively in the response to the West Nile outbreaks<sup>17</sup> in Europe by providing confirmatory testing and sending real time PCR<sup>21</sup><sup>18</sup> diagnostic kits to several laboratories. The network identified two different lineage 2 West Nile virus strains in Greece and Romania, closely related to strains identified in birds in 2004 (Hungary and Austria) and in humans in 2007 (Russia). Further studies are required in close collaboration with the EU Research Framework Programme (FP7) projects to better understand the significance of these findings.

The network also conducts External Quality Assurance (EQA) studies in order to assess the diagnostic quality of expert laboratories and the results of these studies are published. Advice and support is then offered to the EQA participants after the review, in order to assist the laboratories in improving their techniques/procedures. In 2010, two EQA studies were conducted for the molecular detection/serology of yellow fever virus and for the serological diagnosis of hantavirus infections. In addition, a pilot EQA on West Nile infection has been launched in conjunction with the European Society for Clinical Virology's Quality Control of Molecular Diagnostics (QCMD). The previous EQA for the molecular detection of dengue virus infection has been published in PLoS Neglected Tropical Diseases.

In addition, the network supports the European Public Health Microbiology training programme (EUPHEM). In 2010, it coordinated the programme and provided training sites at four locations: Robert Koch Institute (Berlin), Pasteur Institute (Paris), the Health Protection Agency (London) and the National Institute for Public Health and the Environment (RIVM) in Bilthoven. The EUPHEM fellows also attended the annual meeting of the network held in Stockholm on 10-12 June 2010.

## 1.5 Vaccine-preventable diseases

Vaccination programmes in the EU are well-established and of high quality. Childhood vaccinations have a strong impact on public health and have resulted in the near elimination of diseases such as polio, tetanus and diphtheria and good control of *Haemophilus influenzae* type B infections, hepatitis B, measles, mumps, rubella and pertussis. Nevertheless, in many EU countries the number of vaccine opponents and vaccine sceptics is

increasing, especially among young and well-educated middle class parents. In addition, marginalised groups that face difficulty in accessing healthcare pose new challenges to the control of vaccine-preventable diseases (VPD). During 2010 ECDC focused on improving knowledge of the epidemiology of vaccine-preventable diseases and the quality and effectiveness of vaccination programmes. The results of this action may be used to improve communication and lend support to high-quality vaccination programmes in the EU.

### Scientific output and advice

The following guidance documents have been published and made publicly available on the ECDC website:

- *Public health management of sporadic cases of invasive meningococcal disease and their contacts*<sup>19</sup>
- *Conducting health communication activities on MMR vaccination*.<sup>20</sup>

A new scientific panel on varicella vaccination was recently established. Furthermore, two new guidance documents on childhood pneumococcal and rotavirus vaccination will be published at the beginning of 2011.

### Improving knowledge on vaccine-preventable diseases at the EU level

In 2010, the VENICE network delivered the following reports as a result of EU-wide surveys:

- *Tick-borne encephalitis surveillance systems and vaccination recommendations in UE/EEA*
- *Finalised report on the decision making process, modalities of implementation and current country status for the introduction of human papilloma virus and rotavirus vaccination into national immunisation programmes in Europe.*

In addition, surveys were conducted on pandemic and seasonal influenza vaccination.

In December 2010, a consensus document was presented on standardising vaccine coverage assessment in the EU. This would represent an important step towards data comparability and benchmarking at EU level. All materials are in the public domain.

The second Eurovaccine conference, which was entirely webcasted and implemented using social media communication tools, took place in December 2010. More than 600 people followed the conference online, which was double the number in 2009.

In September 2010, a regional workshop on synergies to improve immunisation in hard-to-reach population groups was held in Sofia, Bulgaria in collaboration with WHO. The main focus of the meeting was communication.

<sup>17</sup> Caused by a mosquito-borne arbovirus. Confirmed reported cases from several countries in the EU, including Greece, Romania, Hungary and Italy, as well as neighbouring countries – Russia and Israel.

<sup>18</sup> Polymerase chain reaction

<sup>19</sup> [http://ecdc.europa.eu/en/publications/Publications/1010\\_GUI\\_Meningococcal\\_guidance.pdf](http://ecdc.europa.eu/en/publications/Publications/1010_GUI_Meningococcal_guidance.pdf)

<sup>20</sup> [http://www.ecdc.europa.eu/en/publications/Publications/1008\\_TED\\_conducting\\_health\\_communication\\_activities\\_on\\_MMR\\_vaccination.pdf](http://www.ecdc.europa.eu/en/publications/Publications/1008_TED_conducting_health_communication_activities_on_MMR_vaccination.pdf)

Concerted European studies have resulted in a new study protocol entitled *Impact of rotavirus vaccination on hospitalisations due to rotavirus infections – a generic study protocol*. This has been published and posted on the ECDC website for EU Member States' use. In addition, rotavirus strain surveillance has now started in Europe. In addition to the common rotavirus strains which are known to circulate among the European population, the study also identified more unusual strains. The possible impact of rotavirus vaccination on this strain diversity still needs to be assessed.

### Surveillance of vaccine preventable diseases in the EU

The Invasive Bacterial Diseases (IBD) laboratory network performed External Quality Assurance (EQA) schemes for *N. meningitidis* and *H. influenzae*. A consensus was also reached on the variables to be used for the IBD data collection. Furthermore, to support the Member States a laboratory training workshop was conducted for *N. meningitidis* and *H. influenzae* after an analysis of the data from EQA exercises.

In addition, a mapping exercise was carried out to assess laboratory capacity for the characterisation of *S. pneumoniae* across the EU. This will be a starting point for future surveillance activities.

The IBD annual report has been published and is publicly available on the ECDC website. Training sessions on surveillance data submission have also been conducted.

During 2010, preparation commenced for the transfer of EUVAC.NET<sup>21</sup> to ECDC and this will be completed in September 2011.

The transfer of the EU network on diphtheria (DIPNET) to ECDC has been completed and all related laboratory activities have been successfully outsourced.

### Vaccine safety monitoring

In autumn 2009 during the influenza pandemic, large vaccination campaigns using newly developed, adjuvanted and non-adjuvanted vaccines were initiated. To obtain a sufficiently large sample size to assess vaccine safety, collaborative efforts will be required by several EU Member States. At the request of ECDC, the VAESCO consortium (a multi-national ECDC-funded consortium of public health institutes, regulatory agencies and pharmacoepidemiological research centres) performed two important prospective studies to evaluate/refute a possible association between the current influenza vaccines and Guillain-Barré syndrome (an unusual adverse event occurring in a former influenza vaccine campaign utilising vaccines with swine-influenza content). The results from the case-control study confirmed no association between the current adjuvanted pandemic vaccines and development of Guillain-Barré syndrome. This data has been shared with experts in the field. The results from a

second study, conducted using a different methodology, are still pending.

In addition, an unexpected medical event (narcolepsy) was reported following vaccination with one of the adjuvanted pandemic vaccines in a few European Member States. This suspected signal is currently being investigated in a retrospective case-control study by the VAESCO consortium. The study, including case identification and validation, was initiated towards the end of 2010 and results are expected by mid-2011.

The ability to conduct pharmacoepidemiological studies across the ten EU Member States participating in the VAESCO consortium has proved helpful in strengthening EU systems for the evaluation of signals picked up during routine vaccine safety monitoring.

### Measles and rubella elimination

All European Member States have renewed their commitment to eliminate measles and rubella by 2015. This will not be an easy goal to achieve for many EU countries and will require strenuous efforts on both the technical and political front. Several measles outbreaks have been reported and followed up by ECDC in 2010. The largest outbreak (more than 24 000 reported cases and 24 deaths) occurred in Bulgaria. ECDC – in collaboration with WHO - supported the Bulgarian authorities during the outbreak investigation and control. In addition, ECDC is strongly committed to supporting WHO's Regional Office for Europe during every phase of the verification process. A web-based self-assessment tool, designed for European Member States as a support for the measles and rubella elimination programmes, is ready for use and will soon be made available. In addition, several communication activities were initiated during 2010, including web spotlights, editorial articles in *Eurosurveillance* and support for European Immunisation Week).

## 1.6 Antimicrobial resistance and healthcare-associated infections

Antimicrobial resistance (AMR) and healthcare-associated infections (HAI) are among the most serious public health problems in Europe and on a global scale. Each year in the EU, approximately 4 million patients acquire a healthcare-associated infection and approximately 37 000 of them die as a direct result of the infection. This death toll, directly attributable to HAI, is comparable to that for traffic accidents. In addition, it is estimated that HAI indirectly contributes to a further 111 000 deaths each year. AMR, i.e. the ability to withstand one or several antimicrobials used for therapy or prophylaxis, is not a disease but a characteristic of microorganisms, including those responsible for HAI. Since antimicrobial-resistant microorganisms are difficult to treat, infections

<sup>21</sup> EU-wide surveillance network for vaccine-preventable diseases, namely: measles, rubella and congenital rubella syndrome, pertussis, mumps and varicella.

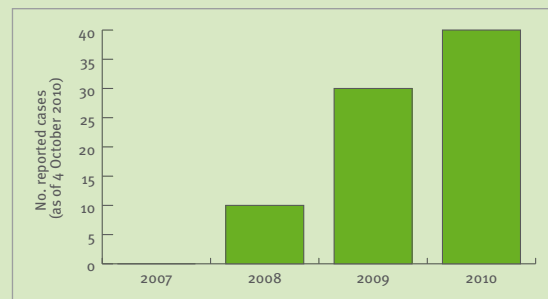


### New Delhi metallo-beta-lactamase (NDM-1)-producing and other carbapenemase-producing *Enterobacteriaceae* in Europe

From 11 August 2010 onwards, bacteria producing a new enzyme conferring multidrug-resistance, specifically New Delhi metallo-beta-lactamase (NDM-1), attracted significant media interest worldwide following publication of a study in *The Lancet Infectious Diseases*. ECDC responded to this new threat by producing a comprehensive threat assessment that was posted on the Epidemiological Warning and Response System (EWRS) on 27 August 2010. ECDC then followed up by collecting additional data and conducting a survey to provide an update on the emergence of and response to this new threat in EU Member States, Iceland and Norway. The results of the survey were published in *Eurosurveillance* on 18 November 2010. A total of 77 cases were reported in 13 countries between 2008 and 2010 (see Figure 3). The survey confirmed that NDM-1 is spreading across Europe, where it is frequently linked to patients having received healthcare abroad and to in-hospital transmission. However, national guidance in response to the threat of carbapenemase-producing *Enterobacteriaceae* was only available in approximately half of the European countries surveyed. These results highlight the need for enhanced European surveillance of NDM-1-producing and other carbapenemase-producing

bacteria in Europe and the implementation of effective control measures, including accurate laboratory detection, control of patient-to-patient transmission and prudent use of antibiotics. ECDC is conducting a systematic review of the available scientific evidence on this topic and will produce guidance for EU Member States. In addition, ECDC is preparing a module of its Epidemiologic Information System (EPIS) to specifically address AMR and healthcare-associated infections (HAI), including NDM-1-producing and other carbapenemase-producing bacteria.

**Figure 3. Cases of NDM-1-producing *Enterobacteriaceae*, EU, Iceland and Norway, 2007–2010**



due to these microorganisms result in prolonged illness/stays in hospitals and an increased risk of death. The number of deaths in the EU directly attributable to the five common multidrug-resistant bacteria most frequently responsible for HAI is estimated at 25 000 each year.

### European Antimicrobial Resistance Surveillance Network (EARS-Net)

For more than 10 years, the European Antimicrobial Resistance Surveillance System (EARSS) provided validated data on AMR in Europe. By 1 January 2010, EARSS had been integrated into ECDC surveillance activities and renamed the European Antimicrobial Resistance Surveillance Network (EARS-Net). Data collection continued and data accessibility was maintained. A new EARS-Net website, including an interactive database, was launched and the EARS-Net annual report 2009 was published in November 2010.

The decrease in methicillin-resistant *Staphylococcus aureus* (MRSA) observed in several EU Member States was confirmed by EARS-Net in 2010. This trend is probably due to increased efforts to implement infection control procedures, hand hygiene, and antibiotic policy in hospitals. Despite such encouraging experiences, AMR is still high or increasing in most Member States, in particular in the most frequently isolated Gram-negative bacteria such as *Escherichia coli*, *Klebsiella pneumoniae*, and *Pseudomonas aeruginosa*. In half of the reporting countries, the proportion of multidrug-resistant *Klebsiella pneumoniae* isolates (EARS-Net definition: combined

resistance to third-generation cephalosporins, fluoroquinolones and aminoglycosides) was above 10% in 2009, and a few countries also reported a high degree of resistance to carbapenems.

### European point prevalence survey on healthcare-associated infections: pilot surveys

To respond to the Council Recommendation<sup>22</sup> of 9 June 2009 on patient safety, including prevention and control of HAI and provide support for the Council Recommendation of 15 November 2001 on the prudent use of antimicrobial agents in human medicine,<sup>23</sup> ECDC has developed a methodology for conducting point-prevalence surveys on HAI and antimicrobial use in acute care hospitals.

In 2010, pilot surveys – sponsored by ECDC and supported by a consortium led by the University of Antwerp, Belgium – were conducted to test this methodology. A total of 66 hospitals in 23 European countries participated, representing nearly 20 000 patients. These pilot surveys showed that the methodology developed by ECDC will produce standardised and reliable European, national and local data on HAI and antimicrobial use. Experts from EU Member States, gathered at the EU Conference organised jointly by the Belgian EU Presidency and ECDC in Brussels on 8–10 November 2010, concluded that, in

<sup>22</sup> 2009/C 151/01 9 June 2009 (<http://eur-lex.europa.eu/jOHtml.do?uri=OJ:C:2009:151:SOM:en:HTML>)

<sup>23</sup> 2002/77/EC 16 September 2002 (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2002:034:0013:0016:EN:PDF>)



In 2010, European Antibiotics Awareness Day focused on prudent use of antibiotics in hospitals.

view of these successful pilot surveys, all EU Member States should conduct a first EU point-prevalence survey based on this methodology by November 2012 and repeat the survey at least once every five years.

### Third European Antibiotic Awareness Day

Since 2008, ECDC has established and coordinated an European Antibiotic Awareness Day, an annual European public health initiative which takes place in mid-November. European Antibiotic Awareness gives EU Member States the opportunity to increase public awareness of the risks associated with the inappropriate use of antibiotics and the need to take antibiotics responsibly. It offers a platform and support for national campaigns on prudent antibiotic use by providing toolkits. These kits contain key messages and template communication materials for adaptation and use in national campaigns, at EU-level events and as strategy and media materials. A campaign website is also available in all EU languages ([antibiotic.ecdc.europa.eu](http://antibiotic.ecdc.europa.eu)).

In 2010, the European Antibiotic Awareness Day focused on prudent use of antibiotics in hospitals and an additional toolkit was developed for this purpose. A total of 36 European countries marked the day by organising activities on antibiotic awareness. These included the EU Member States, EEA/EFTA countries and most of the EU candidate and potential candidate countries. On 16 November, a launch event was organised at the European Parliament in collaboration with the Belgian EU Presidency. European Antibiotic Awareness Day attracts a great deal of media interest across Europe. Initial figures indicate that around 226 articles were

written about European Antibiotic Awareness Day between 20 October and 3 December, with coverage peaking between 16 and 19 November. An evaluation of the third European Antibiotic Awareness Day campaign is currently underway.

### Public health functions

Since its establishment five years ago, ECDC has placed heavy emphasis on the continued development of its public health functions: surveillance, scientific advice, preparedness and response and health communication. Now that ECDC has entered a consolidation phase, these functions will be further strengthened and fine-tuned, working together with the Disease Specific Programmes to provide high-quality deliverables to our stakeholders and to the citizens of Europe.

## Target 2 – Communicable disease surveillance

### Improving surveillance

Surveillance plays a crucial role when addressing communicable diseases. The overall goal is to contribute to reducing the incidence and prevalence of communicable diseases by providing, at the European level, relevant public health data and information to decision-makers, professionals and healthcare workers, in an effort to promote actions that will result in the timely prevention and control of communicable diseases in Europe. High validity and good comparability of communicable disease data from the Member States is imperative in order to reach this goal.

On the one hand, 2010 was a year of consolidation and on the other it was a period of growth for TESSy.

### Strategy 1. Improving data collection

#### Transfer of additional Dedicated Surveillance Networks (DSNs)

By the end of 2010, eleven of the 17 DSNs in operation in 2005 had been transferred to ECDC's surveillance

database in TESSy. Two transfers planned for 2010 had to be postponed until 2011 due to late recruitment of dedicated staff (EUVACNET and ESAC, see Table 1). These transfers require intense collaboration between the respective DSN hub and ECDC and involve the transfer of databases, historical data and website content. Further transfer issues include the establishment of variables to be collected in TESSy, the training of experts from Member States, the outsourcing of laboratory work and the nomination of disease-specific contact points together with the Competent Bodies for surveillance.

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

TESSy was further improved in 2010 and fine-tuned to the needs of enhanced influenza surveillance, travel-associated Legionnaires' disease, antimicrobial resistance, healthcare-associated infections and diphtheria.

A two-day training course for experts from the Member States was conducted on 4-5 and 10 February 2010 for

**Table 1. Overview of the evaluation and status of the 17 Dedicated Surveillance Networks (DSNs)**

Network	Area	Integration in ECDC				
		2007	2008	2009	2010	2011
DIVINE	Norovirus	Surveillance discontinued				
ESAC	Antimicrobial consumption					Outsourced until July 2011
EUCAST	Harmonisation of antimicrobial susceptibility testing					Outsourced until September 2011
EuroCJD	Variant Creutzfeldt-Jakob disease (vCJD)					Outsourced until May 2011
EUVACNET	Measles, rubella, mumps, pertussis, varicella					Outsourced until September 2011
EWGLINET	Travel-associated legionnaires' disease				apr-10	
EARSS	Antimicrobial resistance				on	
ENIVD	Imported viral infections	Outsourced as Outbreak Assistance Laboratories				
DIPNET	Diphtheria				feb-10	
ESSTI	Sexually transmitted infections (STI)			jan-09		
EISS	Influenza		sep-08			
IPSE	Healthcare-associated infections		jul-08			
EuroTB	Tuberculosis	dec-07				
EuroHIV	HIV/AIDS	dec-07				
EU-IBIS	Invasive meningococcal & <i>Haemophilus influenzae</i> infections	okt-07				
Enter-net	Food-borne infections	okt-07				
BSN	Core set: all diseases	jan-07				

antimicrobial resistance surveillance, on 23–24 March 2010 for *Legionella* surveillance and on 4-5 and 7-8 October for healthcare-associated infections.

### Some statistics on TESSy usage in 2010

- 628 active users from 53 countries (up from 585 in 2009)
- 9.8 million unique records in the database\* (up from 3.8 million in 2009)
- 1.5 million updates of existing records performed
- 49 diseases covered
- Enhanced surveillance covering 33 topics (up from 20 in 2009).

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

Figure 4. Number of active TESSy users

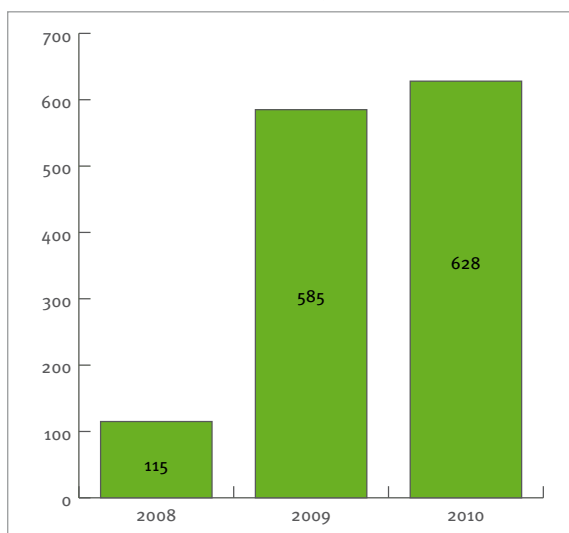
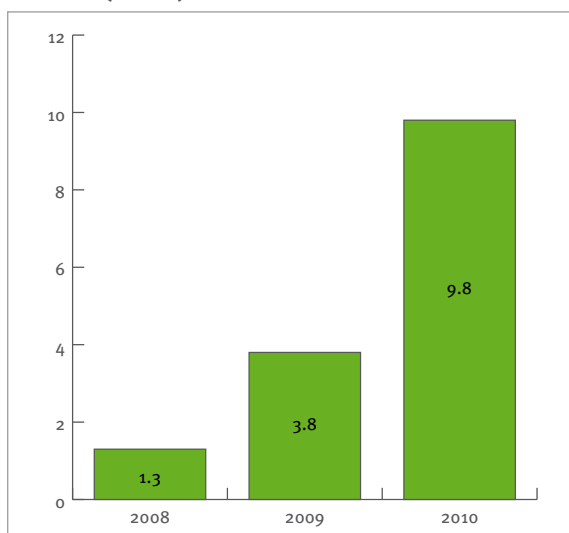


Figure 5. Number of unique records in the TESSy database (million)



### Support of TESSy users in Member States

By the end of 2010, more than 800 experts from Member States and collaborating organisations were participating in the European Surveillance System. With the introduction of TESSy, all users in the various Member States had been offered training (mostly on-site, but also on-line training). The TESSy training programme offers an introduction to the TESSy database and focuses on data exchange and data conversion tools.

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

### Finalisation of data sharing model

Based on the experience gained, 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 and the final version was approved in November 2010.

According to this new procedure, nominated TESSy users will be granted access to certain EU disease data, provided they have proper authorisation for those diseases. Direct access to TESSy data will only be granted if users have participated in an ECDC training session. Third parties are defined as persons or institutions which are not part of the nominated TESSy user group.

Authorised individuals from the European Commission, EU agencies, Competent Bodies (CB), and WHO will be given direct access, provided they have received proper training.

Universities, academic institutions, non-EU public health agencies, NGOs and commercial companies need to fill in a request form. This form will be assessed by ECDC and then forwarded to a peer-review group consisting of three persons nominated by the National Surveillance Coordinators, and two persons from ECDC nominated by the ECDC Director. If the applicants are granted access, they have to sign a formal contract before the requested data are extracted from TESSy (no direct access). Contractors of the EU Commission, other EU agencies and ECDC have been added as new category. Six requests were received from this category and seven from third parties (see Table 2).

Table 2. Overview of data requests received in 2010

**EU Commission (Directorate-General for Health and Consumer Protection - DG SANCO, JRC, etc.), EU agencies, contractors of EU Commission and EU agencies, ECDC contractors and WHO Europe**

*EU Commission JRC - Institute for Protection and Security of the Citizens (IPSC)*

*ECDC - SAU, requested access for BCoDE consortium, ECDC Grant*

*Centre for Men's Health, Leeds Metropolitan University, contractor of EC- DG SANCO*

*EFSA - Biological Hazards Unit, contractor VOSE Consulting (USA)*

*EFSA - Unit on Zoonoses Data Collection, contractor: Danish Technical University (DTU)*

**Freelance researchers**

<i>Vanessa Racloz, epidemiologist, Novartis Vaccines and Diagnostics</i>
<i>Scot Anderson, independent researcher</i>
<i>Oliver Ratmann, Duke University, North Carolina</i>
<i>Luiz Jacintho da Silva, Novartis Vaccines and Diagnostics</i>
<i>Diana Sonntag, Vienna University of Economics and Business</i>
<i>Rob Stewart, National Health Laboratory Service, South Africa</i>
<i>Peter White, HPA, UK</i>

## Strategy 2. Data analysis

### Regular data analysis and data quality

In order to ensure the quality of submitted data, particularly the core data and data from enhanced surveillance, the TESSy team reviewed and improved its validation rules. General and disease-specific data checks are now sent to the reporting country prior to the actual data upload — an approach that greatly improved the quality of received data. In addition, the TESSy team conducted a host of standard and disease-specific data quality checks on received data in 2009.

The following data was collected in 2010 as a continuation from 2009:

- All diseases specified by ECDC's mandate (Annual Epidemiological Report for 2008 and 2009);
- Zoonoses (EFSA report for 2009);
- Zoonoses (quarterly reports for 2010);
- HIV/AIDS (annual report for 2009);
- Tuberculosis (annual report for 2008)
- *Haemophilus influenza* and meningococcal disease (annual report for 2008–2009);
- Sexually transmitted infections (STIs) for 1990–2009
- Healthcare-associated infections for 2009
- Influenza, for weekly reports during 2009 (initially only seasonal influenza, later expanded to information relevant for the influenza pandemic).

The following data collections were new in 2010:

- Antimicrobial resistance for 2009;
- *Legionella* for 2009;
- Continuous collection of data on travel-associated Legionnaires' disease

## Strategy 3. Reporting and outputs

### Periodic information on disease surveillance

Surveillance data collected in 2010 were tied to the production of ECDC's periodic reports. Online TESSy reports, which give a more up-to-date overview of the data present in the system, were extended. Some of these online reports on influenza data were made available

to the public. Due to additional workload caused by the influenza pandemic, the development of the web-based outputs still needs further work.

### The following reports were published in 2010:

- Annual Epidemiological Report, 2008 data
- EFSA zoonoses report, 2008 data (ECDC contributed to the sections on human infections with data, analysis and interpretation)
- Tuberculosis annual report for 2008
- HIV/AIDS annual report for 2009
- 34 weekly and 9 bi-weekly influenza bulletins/ weekly influenza surveillance overviews for 2009.

## Strategy 4. Quality assurance of surveillance data

### Mapping of quality assurance 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. ECDC will also identify best practices which should lead to better data quality in the Member States.

The data quality assurance project that started in 2009 was stopped after the completion of its first phase, dedicated to the mapping of current activities to ensure data quality in the Member States' public health communicable disease surveillance systems. The outcome of the project was reviewed with the National Surveillance Coordinators at the annual meeting in October and agreement was reached on how to take the project forward.

### Determining the needs of surveillance systems in Member States

As specified in ECDC's long-term strategy for surveillance of communicable diseases, ECDC and the Competent Bodies for surveillance should develop a tool for assessing the needs of national surveillance systems and identifying the best way to support the Member States. ECDC and the Competent Bodies for surveillance will consider developing a set of minimum standard criteria for operating effective national surveillance systems that meet EU demands. This project was developed in 2010 and the report will be available at the beginning of 2011.

## Target 3 – Scientific support

ECDC's *Strategic Multi-Annual Programme 2007–2013* foresees that by 2013, ECDC's reputation for scientific excellence and leadership will be firmly established among its partners in public health and that ECDC will be a major source of scientific information and advice on communicable diseases for the Commission, the European Parliament, the Member States and their citizens. One of ECDC's key tasks is to provide the European Parliament, the European Commission and the Member States with the best possible scientific advice on questions related to public health. ECDC initiates and coordinates the delivery of high-quality scientific advice on topics ranging from disease-specific questions to broader issues, such as the impact of climate change on public health or the strengthening of capacity in public-health microbiology.

### Strategy 1. Becoming a public health research catalyst

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

#### ESCAIDE

Almost 600 public health experts gathered at the fourth European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) held in Lisbon on 11-13 November 2010. The number of abstract submissions doubled compared to 2009. A total of 250 presentations were introduced in 22 oral 'parallel' sessions, covering a broad range of public health topics. In addition, over 200 posters were exhibited during the 3-day event. As in previous years, ESCAIDE was accredited by the European Accreditation Council for Continuing Medical Education (EACCME), permitting delegates to receive CME credits. More information, including conference presentations, is available at: [http://ecdc.europa.eu/en/ESCAIDE/Pages/ESCAIDE2010\\_Home.aspx](http://ecdc.europa.eu/en/ESCAIDE/Pages/ESCAIDE2010_Home.aspx).

### Mathematical modelling of infectious disease

Based on observed characteristics of infectious diseases, mathematical models are constructed to predict the spread of a disease in the population. In 2010, some key projects got underway to develop user-friendly models for estimating the true prevalence of HIV in the EU and the effects of introducing varicella vaccination programmes. A meeting was arranged by the ECDC influenza

A(H1N1) modelling working group to discuss the effects of school closures during a pandemic. Ongoing liaison work continued with the European Commission and national institutes of health.

### Strategy 2. Promoting, initiating and coordinating scientific studies

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

#### European Environment and Epidemiology (E3) Network

In 2010, ECDC continued to develop the European Environment and Epidemiology Network (E3) that attempts to link climate and infectious disease data. The network will strengthen the European capacity to forecast new and emerging disease threats that might be related to environmental change. Proof-of-concept studies for E3 have been further developed, the data repository created and the system architecture put in place. To support Member States in assessing their vulnerabilities and adaptation to climate change, ECDC launched the handbook *Climate change and communicable diseases in the EU Member States* in March 2010.<sup>24</sup>

In addition, large databases maintained by the EDEN (Emerging Diseases in a changing European Environment) project have been transferred to ECDC, integrated into E3 and made available for analysis. EDEN is a repository for European ecosystems and environmental conditions which can influence the distribution and dynamics of human pathogens.

#### Present and future Burden of Communicable Disease in Europe (BCoDE)

Measurement of the burden of communicable diseases is crucial in order to provide evidence which can be used for the prioritisation of activities and resources, both at ECDC and in the Member States. In 2010, ECDC's BCoDE project organised an international expert workshop and produced a study protocol, outlining the project methodology for measuring and reporting the current and future burden of infectious diseases in EU and EEA/EFTA countries. The project team then started the field testing of this methodology for four diseases (influenza, hepatitis B, measles, and salmonellosis) in four EU Member States.

<sup>24</sup> [http://ecdc.europa.eu/en/publications/Publications/1003\\_TED\\_handbook\\_climatechange.pdf](http://ecdc.europa.eu/en/publications/Publications/1003_TED_handbook_climatechange.pdf)

### Strategy 3. Producing guidelines, risk assessments, scientific advice

One of the key functions of ECDC is the provision of scientific advice, risk assessments and scientific guidance. In 2010, the unit produced 20 important scientific opinions, guidelines and risk assessments.

#### Process for scientific advice delivery

In 2010, ECDC further formalised the process for delivering its scientific advice, including:

- an updated internal procedure on responding to requests for scientific advice
- further improvement of the priority setting procedure for scientific advice during preparation of the ECDC work programme
- development of Knowledge Management Services, ECDC terminology services, SARMS (Scientific Advice Repository and Management System) and a computer system to log requests for and keep track of scientific advice
- development of an ECDC Candidate Expert Database (ECED) to facilitate the selection of external experts for the Centre's scientific panels.<sup>25</sup>

<sup>25</sup> [http://ecdc.europa.eu/en/aboutus/external\\_experts/Pages/external\\_experts.aspx](http://ecdc.europa.eu/en/aboutus/external_experts/Pages/external_experts.aspx)

#### Evidence-based public health

Evidence-based methods are increasingly used in clinical medicine, but not so often in infectious disease epidemiology and public health. In 2010, ECDC pioneered the organisation of training in methods of evidence-based public health for 20 ECDC staff and ran an international expert group on adapting such methods to the Centre's field of expertise. When developing scientific advice, ECDC regularly carries out systematic literature reviews (e.g. varicella, pneumococcal vaccination, annual influenza vaccination, chronic diseases and infectious aetiology). The results are then discussed with expert panels before conclusions are drawn by ECDC. For rapid risk assessments the systematic reviews are done in-house (e.g. risk assessment of Q fever). This approach has proved valuable and has increased the transparency and robustness of scientific advice given by ECDC. This work may also be useful in helping Member States to deliver more evidence-based advice.

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

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

#### ECDC scientific library

During 2010, ECDC's internal library maintained its operations and consolidated the functionality of services offered, both as a physical library and on the intranet.



Microbiological laboratories are essential for the surveillance and early detection of an outbreak.

Usage of the online and printed collection grew considerably during the year. The number of information requests increased substantially among experts, especially those requiring more technical expertise and help with the retrieval of information involving comprehensive bibliographic searches. The ECDC library also contributed to several comprehensive ECDC risk assessments as part of the evidence-based public health project.

### Knowledge management

In 2010, ECDC finalised the development of a range of knowledge management services including terminology services, the SARMS system and the ECED database (see above).

## Strategy 5. Microbiology coordination

Microbiological laboratories are essential for the surveillance and early detection of an outbreak. ECDC does not have its own laboratories and therefore an important part of its remit is to build up close ties with microbiological laboratories in the EU. Key outcomes in this area for 2010 included two technical reports written in collaboration with the National Microbiology Focal Points:

- *Fostering collaboration in public health microbiology in the European Union*
- *Core functions of microbiology reference laboratories for communicable diseases.*

These two reports summarise parts of the joint work performed by National Microbiology Focal Points and ECDC.

### Working with the National Microbiology Focal Points

A key element of microbiology coordination at ECDC is the close cooperation with the Member States via a forum of National Microbiology Focal Points (NMFPs). This forum was established in 2007 and in 2010, it held its sixth and seventh meeting. Key outcomes included the provision of scientific advice towards a common understanding of public health microbiology systems and structures operating in EU countries.<sup>26</sup> A survey, combined with expert consultations, collected relevant information about definitions used in this field and provided an overview of key issues such as the application of norms, quality assurance, bio safety, education and training. A significant part of the survey focused on national reference laboratory activities, systems of selection and evaluation, and overall capacities.<sup>27</sup> Common and harmonised standards are an important precondition for the high-quality work performed by microbiology reference laboratories in the EU. The ongoing work with the NMFPs will support the objective of providing timely and reliable information for infectious disease prevention and control across the EU through effective public health microbiology systems.<sup>28</sup>

<sup>26</sup> [http://ecdc.europa.eu/en/publications/Publications/1012\\_TER\\_Fostering\\_collaboration.pdf](http://ecdc.europa.eu/en/publications/Publications/1012_TER_Fostering_collaboration.pdf)

<sup>27</sup> [http://ecdc.europa.eu/en/publications/Publications/1006\\_TER\\_Core\\_functions\\_of\\_reference\\_labs.pdf](http://ecdc.europa.eu/en/publications/Publications/1006_TER_Core_functions_of_reference_labs.pdf)

<sup>28</sup> [http://ecdc.europa.eu/en/activities/microbiology/Microbiology%20Documents/0711\\_MIC\\_GeneralStrategy\\_ECDC\\_Cooperation\\_with\\_Lab.pdf](http://ecdc.europa.eu/en/activities/microbiology/Microbiology%20Documents/0711_MIC_GeneralStrategy_ECDC_Cooperation_with_Lab.pdf)



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

The detection and assessment of emerging threats is essential to ensuring the safest possible environment for European citizens. To fulfil its mission, ECDC set up an emergency operation centre and put in place the appropriate plans and procedures for its efficient operation. A series of exercises were conducted in 2010 to further refine ECDC capacity to support the Member States in responding to such threats. In 2010, a new platform for risk assessment became operational to complement the early warning and response system (EWRS). Although ECDC focuses on threats affecting European citizens, the global dimension of communicable disease threats has resulted in ECDC supporting non-EU countries: e.g. Ukraine for influenza, South Africa during the FIFA World Cup and Haiti, following a devastating outbreak of cholera which could spread to European Overseas Territories in the vicinity.

### Strategy 1. Detecting and assessing threats

In 2010, ECDC identified and monitored 83 new health threats, 35 of which originated outside of the EU. More than half (54%) were of environmental and zoonotic origin, followed by vaccine-preventable and invasive bacterial diseases (14%), food- and water-borne diseases (11%) and influenza (8%).

Communicable disease-related risks were assessed and monitored for European citizens attending five mass gatherings:

- FIFA World Cup in South Africa
- World EXPO in Shanghai, China
- Guča Trumpet Festival in Serbia
- Boom Festival in Portugal
- Winter Olympic and Paralympic Games in Vancouver, Canada.

Given their exceptional nature and/or public importance, ECDC also monitored:

- deaths related to the cold weather in Europe
- the heat wave and forest fires in Russia
- flooding in Pakistan
- the earthquake in Haiti
- iodine contamination in soya milk in Japan and Australia.

In addition, ECDC continued to monitor five threats from 2009 including pandemic influenza A(H1N1) and the measles outbreak in Bulgaria, mainly affecting the Roma



The detection of emerging threats is essential to ensuring a safe environment for European citizens.

population. Cholera, dengue fever, chikungunya, poliomyelitis and influenza A(H5N1) have been routinely monitored since 2005 because of their potential impact on the EU.

In 2010, ECDC continued to operate the Early Warning Response System (EWRS) to which EU Member States reported 89 health threats of EU scope. Member States consulted more than 67 000 pages posted on the EWRS during the year. A new release of the EWRS system was issued to enhance its functionalities.

ECDC continues to communicate on health threats through its daily epidemic intelligence activities and the weekly Communicable Disease Threat Reports (CDTR) which are sent to 431 recipients.

The monitoring of these threats resulted in the production of 32 threat assessments (22 original assessments and 10 updates) which were shared with the Member States. The majority of the threat assessments were directly related to communicable diseases, such as the polio outbreak in Tajikistan or West Nile virus transmission in Europe. However, assessments were also prepared for the health effects of the ash plume following the eruption of the Eyjafjallajökull volcano in Iceland, the summer wildfires in Russia and for narcolepsy as a suspected adverse event of the influenza vaccine. In 2010, a new platform was implemented for monitoring specific threats in the areas of food- and water-borne diseases and sexually transmitted infections.

Close collaboration with the Member States and other partners resulted in an ECDC-organised expert meeting to discuss common guiding principles for epidemic intelligence. ECDC is also collaborating with the Commission's Joint Research Centre (JRC) to enhance epidemic intelligence tools such as MedISys for use by the Member States.

## 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 for the coordination of the investigation. In 2010, ECDC coordinated the EU dimension of an outbreak of *Salmonella* Gold coast involving six Member States. ECDC provided experts in the field to support Member States in their response to outbreaks, such as the measles outbreak in Bulgaria and the West Nile virus outbreak in Greece. Experts were also sent outside of the EU. In response to the cholera outbreak in Haiti and a request from the European Commission Directorate for Humanitarian Aid (DG-ECHO), ECDC sent three staff to support the ECHO office in Port-au-Prince and to contribute to a support mission being run by the EU's Monitoring and Information Centre (MIC). In addition, two teams of EPIET fellows were dispatched through the office of the Pan American Health Organization (PAHO) to strengthen rapid alert investigation teams in the country, and ECDC also

facilitated the mobilisation of additional Member State experts for this emergency.

During 2010, ECDC worked with experts in the Member States to develop a toolbox for simultaneous outbreaks of food- and water-borne diseases and Legionnaires' disease in several European countries.

## Strategy 3. Strengthening preparedness

A new set of evidence-based European risk assessment guidelines for infectious diseases transmitted on aircrafts (RAGIDA)<sup>29</sup> was published, addressing measles, rubella and viral hemorrhagic fevers. The project, which was initiated by the Member States via a tender by ECDC, demonstrated the full potential for synergy between ECDC and the Member States. This was followed by a series of meetings to reach a consensus.

As with aircraft, the risk of transmission of communicable diseases on cruise ships requires specific attention. In 2010, close collaboration continued with the Commission-funded SHIPSAN-TRAINET programme in order to ensure a coordinated approach.

Since the Emergency Operations Centre (EOC) became operational, the EOC team have visited 15 Member States, including four in 2010 (Portugal, the Netherlands, Poland and Estonia), in order to exchange experience and expertise on procedures and strengthen EOC operations at European level in the event of a public health emergency.

In 2010, based on lessons learned from the response to the 2009 influenza A(H1N1) pandemic, ECDC reviewed and updated its Public Health Event Operation Plan (PHE-OP). This involved arrangements for dealing with public health events, and describing the operational capabilities and procedures needed to support Member States in order to prevent, protect against, respond rapidly to and recover from a public health event.

On the basis of the experience acquired conducting 10 simulation exercises and participating in nine external exercises since its establishment, ECDC has developed competence in conceptualising, conducting and evaluating simulation exercises. In 2010, ECDC conducted three exercises to further refine its preparedness and participated in four external exercises by supporting the planning and evaluation of exercises in Spain, the Netherlands and at the European Commission in Brussels. Based on this experience, and after consulting international experts in this area, ECDC has prepared a guidance document for Member States developing their own simulation exercises entitled *Handbook on simulation exercises in EU public health settings: How to develop simulation exercises for supporting preparedness and response to communicable diseases*.

<sup>29</sup> [http://ecdc.europa.eu/en/publications/Publications/0911\\_GUI\\_Risk\\_Assessment\\_Guidelines\\_for\\_Diseases\\_Transmitted\\_on\\_Aircraft.pdf](http://ecdc.europa.eu/en/publications/Publications/0911_GUI_Risk_Assessment_Guidelines_for_Diseases_Transmitted_on_Aircraft.pdf)

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

Throughout 2010, ECDC continued its efforts to strengthen Member State capacity through training. Following the external evaluation of the European Programme for Intervention Epidemiology Training (EPIET), ECDC redefined the model for this two-year mentored “learning-by-doing” programme. In 2010, ECDC also organised activities to support the three strategic targets for training: capacity building, network development and the creation of a training centre function.

### Strategy 1. Development of European Union capacity

Training activities for capacity building in 2010 consisted mainly of two-year fellowship programmes, such as EPIET for intervention epidemiology and EUPHEM for public health microbiology. Selection of candidates for the fellowships takes place each year between January and June and the fellows start training at their host sites in September.

At the beginning of 2010, EPIET from the 14th cohort had graduated. For cohort 16 of EPIET, 25 fellows were selected, 18 of whom were funded by ECDC. EPIET fellows in the 2010 programme came from 26 different countries and were based in 17 EU Member States, distributed across 30 EPIET training sites.

In January 2010, the EUPHEM programme included four public health microbiology fellows (cohorts 1 and 2), and the first two (cohort 1) graduated in September. Two new EUPHEM fellows were selected for the 3rd cohort of EUPHEM. The six EUPHEM fellows in 2010 were sent by Belgium (2), Finland, France and Germany (2) and were all funded by ECDC. Fellows were placed in public health laboratories in four EU Member States (France, Germany, the Netherlands and United Kingdom).

The external evaluation report on EPIET highlighted that not all EU Member States benefit equally from EPIET and underlined the brain drain experienced by some countries to which EPIET fellows tend not to return after graduation. The aim of the revised EPIET model is to strengthen Member State ownership over the programme and to reduce the brain drain observed in those countries most in need of capacity building. The Member States most in need will select staff from their institutions. They will receive the full two years of training and participate in all the European activities in the programme while remaining at their duty station. The recommendation for such revision was partly based on the positive experience of a small number of countries that had already agreed to select, fund and train fellows at recognised EPIET training sites within their own national institutes.

In addition to the seven weeks of training organised for EPIET and EUPHEM fellows in 2010, ECDC organised five weeks of training for public health experts from Member States, briefing sessions at ECDC and two workshops (on outbreak investigation and seasonal influenza) attended by 74 participants.

### Strategy 2. Networking of training programmes

Network partnerships are essential for ECDC-coordinated training activities. The EPIET and EUPHEM programmes are heavily dependent on resources contributed by 31 institutes in EU Member States, in particular the time given by senior experts to supervise fellows and teach on courses. In 2010, ECDC organised 19 EPIET and EUPHEM training site visits as part of the internal quality control of the programmes. Representatives of the EPIET training sites met for two days in May to advise ECDC on the selection of EPIET fellows for cohort 16 and to review certain operational aspects of the programme. In addition, ECDC organised a training course for 15 EPIET/EUPHEM supervisors (training-of-trainers).

Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) is a membership organisation for programmes such as EPIET and EUPHEM. ECDC is a member of the TEPHINET Steering Committee and participates in several global activities. In 2010, EPIET coordinators contributed to the evaluation of the Australian Field Epidemiology Training Programme and TEPHINET attended the ESCAIDE Scientific Committee together with EPIET. In addition, the Canadian Field Epidemiology Programme (CFEP) participated in a meeting at ECDC to exchange experience on programme management and contributed to teaching during the EPIET/EUPHEM project review week. EPIET coordinators also contributed to teaching on CFEP (Ottawa, Canada). The coordinator of the Thailand FETP recently visited ECDC to discuss the joint organisation of a training course for epidemiologists and microbiologists, to be held in 2011.

During the meeting of National Microbiological Focal Points organised by ECDC in March 2010, a consultation session was held on core competencies for public health microbiologists in order to guide the further development of the EUPHEM training programme content. In April 2010, the representatives of the EUPHEM training sites met in Stockholm to advise ECDC on the selection of fellows and discuss operational programme issues. ECDC was also invited to Portugal and Germany to discuss cooperation on epidemiology training.

In close collaboration with the Regional Emerging Diseases Intervention (REDI) Centre, ECDC co-organised

an international short course on outbreak investigation in Singapore.

### Strategy 3. Creation of a training centre function

In order to strengthen the capacity to train experts in healthcare-associated infections, ECDC coordinates the development of a curriculum and training materials for point-prevalence surveys in healthcare. In addition, a meeting was organised in Udine, Italy with contacts for infection control training to endorse core competencies in this area and perform a training needs assessment.

ECDC participated in two meetings of the WHO Global Influenza Programme's training network to discuss the mandate of the network and the development of a digital library.

The Field Epidemiology Manual Wiki (FEM Wiki) is an interactive online training resource, based on lectures from the EPIET introductory course. This resource is intended to expand in content through online contributions from disease prevention and control experts in Europe. Contributions are moderated by a network of editors in order to provide expert review of the content. ECDC organised a training workshop for FEM Wiki editors in Stockholm and the website<sup>30</sup> was launched during the European Scientific Conference on Applied Infectious Disease Epidemiology in Lisbon.

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<sup>30</sup> [www.femwiki.com](http://www.femwiki.com)

## Target 6 – Health communication

### Communication to ECDC's target audiences

The major target audiences for ECDC communication on scientific and technical output have been identified as public health professionals and practitioners, policy makers, the general public, media and public health communicators. At the same time, ECDC 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 2010, ECDC issued 35 scientific publications.<sup>31</sup> These reports are available for download from the ECDC website where a brief abstract of the content is also provided. Throughout the year, more than 70 000 files were downloaded from the website with more than 56 000 downloads of ECDC publications and health-related documents. This indicates that since its re-launch in 2009, the ECDC website has become an important European source of information on communicable diseases, reaching a variety of audiences. A recent survey of how ECDC's scientific publications are being received by their target audiences at European, national and regional level showed positive findings with regard to usefulness,

relevance and credibility. A total of 88% of those who are already aware of the Centre's output use ECDC's publications to improve their knowledge and combine the findings with other data or use it to give further guidance. In the future, ECDC plans to undertake promotional activities to enlarge the group of people aware of its scientific output.

### New online format: Spotlights

During 2010 a series of seven Spotlights were launched on the ECDC website as part of a comprehensive approach to highlight major topics relating to communicable diseases in Europe. The focus of the Spotlights varies from increasing awareness to behaviour change messages and the topics range from treating multidrug-resistant tuberculosis and the underreporting of Chlamydia to the description of key features of surveillance and the advantages of immunisation. The series targets public health experts and practitioners, policy makers and the general public. The Spotlights provide information in various formats and easy access to epidemiological data (e.g. updated disease fact sheets, expert opinions which are also available as downloadable PowerPoint presentations and videos describing the situation in Europe).

<sup>31</sup> See annex 4



In 2010, ECDC issued 35 scientific publications.

## Media work

ECDC promotes its scientific output to the media both pro- and reactively on a wide variety of issues. As part of its media strategy, ECDC develops press releases and news items on key scientific topics written in a language that is also understandable for non-scientists. This information is shared with the Commission and the EU Member States in advance of publication. ECDC's press query mailbox (press@ecdc.europa.eu) was heavily tested during the 2009 influenza A(H1N1) pandemic and the press office continued to develop strong ties with journalists in 2010. General inquiries on a wide variety of health topics are processed via the info mailbox (info@ecdc.europa.eu) and several hundred queries are answered each year.

## Website

A new ECDC web portal was launched in 2009, serving as an entry point for ECDC's corporate website, conference sites, and dedicated 'extranets'. During 2010 the website was visited by nearly half a million people. A new platform was set up for ECDC extranets and many of them are now functioning as cooperative workspaces for stakeholders and ECDC workgroups.

In 2010, ECDC started a pilot project to build up a presence on social media and today it can be found and followed on Twitter, Facebook and YouTube. This has facilitated a new approach to the live coverage of ECDC conferences on Twitter. A specific social media strategy is now being implemented which will take effect in 2011.

## Eurosurveillance

In 2010, Eurosurveillance published 307 articles, 100 peer-reviewed rapid communications, and 105 peer-reviewed long articles. The remaining articles fall into other categories such as editorials, news, letters and meeting reports. Compared with 2009, the rejection rate has increased by nearly 20% and has reached 62% for the long articles.

The fact that the number of long articles submitted has increased, the geographical origin of the authors has become more varied and the number of letters published has risen three-fold indicates that the popularity of the journal is growing. In 2010, Eurosurveillance highlighted a number of key topics, for example measles, tuberculosis and the multidrug resistance problem in Europe, arthropod-borne diseases transmitted by mosquitoes and phlebotomine (sand flies), immunisation, socio-economic determinants in infectious diseases, the emergence of resistant *Klebsiella pneumoniae* in Europe, and experiences relating to the influenza A(H1N1) pandemic in Europe.

Eurosurveillance decided to go green in 2010 and printed topical compilations and special issues on 100 per cent recycled paper.

## Developing health communication research

ECDC works closely with academia in the field of health communication research and related advanced training. Through this exchange of expertise, ECDC is able to strengthen its capacity and build synergies to address health communication challenges. Information regard-



ECDC stand at the European Public Health Conference (EUPHA), 2010.

ing knowledge and resources on health communication is regularly shared in a special section on ECDC's website.

In 2010, ECDC organised the meeting 'Developing health communication research: a focus on communicable diseases-challenges and opportunities' which was attended by health communication experts and researchers. During the European Public Health Conference (EUPHA) 2010, entitled 'Integrated Public Health', ECDC organised a workshop on recent research and practice to improve health literacy. At the 20th International Union for Health Promotion and Education (IUHPE) World Conference on Health Promotion, ECDC presented the concept of health communication knowledge.

### **Supporting Member States' health communication activities**

ECDC's communication toolkits aim to support the Member States in the planning and development of communication initiatives and campaigns to raise awareness on the prevention and control of communicable diseases. In 2010, work started on two new toolkits: one focusing on the relevance of trust and credibility for public health institutions in order to promote immunisation and the other on communication strategies for the prevention and control of gastrointestinal disease (in particular norovirus) in schools.

### **European Antibiotic Awareness Day**

In 2010, ECDC coordinated the third European Antibiotic Awareness Day (EAAD) promoting prudent antibiotic use in hospitals. A total of 36 European countries participated and even the US launched its 'Get Smart About Antibiotics Week' during the same period. EAAD provides support for national campaigns with toolkits containing key messages and template communication materials for adaptation and use, as well as activities to provide an EU-level platform. The toolkits are easily accessible on the website (<http://ecdc.europa.eu/en/eaad>) which is available in all EU languages. Figures from ECDC's media monitoring show a significant increase in the number of articles written about antibiotics during the week of EAAD. Between 20 October and 3 December 2010, 226 articles about EAAD were written in 196 different European publications. The EAAD TV spot was broadcast on the pan-European news television channel *Euronews* for one week, reaching more than 14 million EU citizens, two million of whom work in the healthcare sector.

## Target 7 – Partnerships

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

Effective international cooperation with all relevant stakeholders, including organisations within civil society, is imperative. In 2010, the main focus in this area was on consolidating working relations with the Member States and third countries.

### Strategy 1. Country relations and coordination

#### Cooperation with the Member States

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States. A new process will be implemented in 2011 involving one coordinating Competent Body in each of the Member States.

A Country Cooperation Steering Committee (CCSC) has been established. The objective of this Committee, chaired by the ECDC Director, is to ensure the internal coordination of ECDC country relations across the organisation. To increase and share knowledge in this area internally, information on countries is now available on the intranet for staff consultation.

In 2010, several country missions were conducted, at the request of certain Member States, to address particular issues of relevance to them, identify specific needs, prioritise their delivery and improve collaboration with ECDC. Tailored missions, coordinated internally with ECDC teams, were carried out in the Czech Republic, Estonia, Finland, France, Poland, and Portugal. In addition, high-level delegations from Bulgaria and Romania visited ECDC in order to plan further activities.

ECDC came one step closer to developing its Customer Relations Management (CRM) and Country Information System (CIS), which are common platforms for storing and disseminating all the official information regarding ECDC relations with countries, institutions, organisations and other stakeholders.

#### Country Information Project

The Country Information Project aims to provide information about country involvement and activities in the field of communicable diseases, support for quality control of translated ECDC documents to be published, and support for the dissemination of ECDC outputs and information in the countries involved. In 2010, following a positive

evaluation, the project continued in eight EU countries: Austria, Bulgaria, Estonia, Hungary, Lithuania, Romania, Slovenia, and Sweden. The outputs were used to support ECDC country cooperation and the project will continue until May 2011.

#### Cooperation with EU candidate and potential candidate countries

In 2010, ECDC continued working with candidate and potential candidate countries (Croatia, Turkey, and the former Yugoslav Republic of Macedonia) by conducting training sessions, inviting experts to ECDC meetings and organising study visits to national institutes in the EU Member States in order to exchange experiences. These activities were implemented through the Instrument for Pre-Accession Assistance (IPA).

During 2010 ECDC organised two workshops for all enlargement countries.<sup>32</sup> The first was to initiate systematic collaboration between ECDC and the countries concerned, while the second focused on regional synergies for immunisation of hard-to-reach populations in Europe.

In 2010, the Commission requested ECDC support to assess the progress of enlargement countries in implementing EU legislation in the field of communicable diseases. In 2011 this support will take the form of specific country visits and the use of an evaluation tool, developed jointly by ECDC and the Directorate-General for Health and Consumer Protection.

To improve the coordination of activities with the Commission (including its in-country delegations) and third countries, ECDC initiated the preparation of two large information workshops to be held in Brussels during the first half of 2011.

### Strategy 2. External relations and partnership programme

#### Further strengthening of inter-institutional relations

In 2010, ECDC continued to develop relations with its main institutional partners, namely the European Parliament, the Council of Ministers (including the EU Presidencies) and the European Commission.

The hearing of Dr Marc Sprenger, as Director-elect by the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) was the start of a process of dialogue and relationship building. The Director subsequently appeared twice more before the

<sup>32</sup> Candidates: Croatia, Montenegro, The Former Yugoslav Republic of Macedonia and Turkey. Potential candidates: Albania, Bosnia and Herzegovina, Kosovo under UNSCR 1244 and Serbia



ENVI Committee, at a workshop on lessons learned from the 2009–2010 influenza A(H1N1) pandemic (5 October 2010) and to present ECDC's priorities for 2011 (27 October 2010). He also had a number of very productive bilateral meetings with individual members, most particularly with ECDC's contact point on ENVI, Mrs Marina Yannakoudakis MEP. Mrs Yannakoudakis hosted two well-attended events for ECDC in the Parliament: the EU-level launch of European Antibiotic Awareness Day 2010 (16 November 2010) and an ECDC Scientific Seminar on HIV/AIDS (1 December 2010).

During 2010, ECDC worked closely with the rotating EU Presidencies of Spain and Belgium. The Spanish EU health Presidency highlighted health inequalities, discussed monitoring the social determinants of health, assessed progress to date and suggested areas of research. This area is of particular interest to ECDC which developed a list of activities to reduce inequalities as part of its work programme for 2011. In July, ECDC participated in the expert conference 'Lessons learned from the influenza pandemic A(H1N1) 2009' in Brussels which was jointly organised by the Belgian Presidency and the European Commission. The conclusions of the conference served as a basis for discussions at the informal meeting of Ministers of Health, which analysed the European pandemic preparedness plan in light of the lessons learned. ECDC, the European Medicines Agency and the World Health Organization all participated in this meeting. In association with the Belgian Presidency of the EU, ECDC organised a three-day meeting of experts to discuss issues related to national hand hygiene campaigns; quality indicators in relation to antibiotics policy and infection control; point-prevalence surveys on hospital infections and the use of antibiotics in hospitals, residential homes and care homes. On World AIDS Day (1 December) ECDC organised a seminar in the European Parliament to bring together leading European HIV experts and EU policy makers. The seminar focused on the importance and benefits of an increased uptake of HIV testing, not only for the individual but for the public health community.

ECDC continued to work closely with the European Commission, in particular with the Directorate-General for Health and Consumer Protection and its Health Threats (C3) and Health Law and International (C6) Units, with regular coordination meetings being organised.



Dr Marc Sprenger and Commissioner Dalli at the European Parliament's Scientific Seminar on World AIDS Day 2010.  
IPTC Copyright © European Union 2010 PE-EP.

ECDC continued, as an observer, in the inter-agency network troika together with OSHA, EFSA and ECHA.<sup>33</sup> During 2010, the troika implemented its plan to exchange agency visions and priorities.

In 2010, ECDC renewed its Memorandum of Understanding with EFSA for the next five years, and a document on working arrangements between ECDC and the European Medicines Agency (EMA) was signed in December 2010.

### Relations with WHO and other key international partners

ECDC continued to build upon the foundations laid in 2005 to maximise the synergies from close working relations and a strengthened partnership with WHO. In 2010, working together with the Commission, the main focus was on finding a feasible solution for future collaboration with WHO. Further work was done on the drafting of the ECDC WHO/Euro Memorandum of Understanding which is expected to be approved by the Management Board in 2011. Joint activities in 2010 included HIV, TB and influenza surveillance for all 53 WHO/EURO countries and the publication of surveillance reports.

In 2010, ECDC visited some of the institutions with which memoranda of understanding have been signed: the Chinese Centre for Disease Control and Prevention and the US Centers for Disease Control and Prevention. The ECDC Director also met his counterpart from the Public Health Agency of Canada whilst attending the World AIDS Conference in Vienna in July 2010.

<sup>33</sup> European Agency for Safety and Health at Work, European Food Safety Authority and European Chemicals Agency.

## Target 8 - Leadership

### 8.1 The Director and the Director's Office

#### Organisation

The Director has overall responsibility for the operations, resources and management of the Centre. The Senior Management Team (SMT) advises the Director on strategic issues, ensures managerial coordination and promotes effectiveness, efficiency, teamwork and a supportive working environment. The Senior Management Team consists of the Director (Chair) and the Heads of Unit managing the Surveillance, Scientific Advice, Preparedness and Response, Communication and Country cooperation and Resources Management Units.

The Director's Office supports the Director in the overall leadership function.

#### Values

One of the priority areas identified in the staff survey in 2009 was the need to formulate a set of values for ECDC. The ECDC values project was launched during 2010 and, after thorough consultation throughout the organisation three values were selected: to be **quality-driven**, **service-minded** and to act as **one team**.

#### ECDC sustainable agenda for 2010–2011

In May 2010, the new ECDC Director launched an initiative called 'ECDC sustainable agenda for 2010–2011' with the aim of improving ECDC internal processes in a number of strategic areas. In total, the Senior Management Team (SMT) established 15 working groups made up of a broad spectrum of ECDC staff.

Each working group consisted of one chair (a member of the SMT), one secretary, and approximately three members of different units. In order to strive towards an increasingly dynamic, transparent approach and assure high quality output the composition of each working group reflected the diversity of expertise across ECDC. The working groups addressed various topics including policy (long-term strategy, work plan 2011–12, collaboration with third countries, relationships with competent bodies); management (organisational development, ECDC values, building) and finance (activity-based budget, key performance indicators, action plan for improved budget execution, quality assurance). All the groups completed their work by the end of 2010. The process resulted in a series of practical proposals presented for adoption by the Management Board.

### 8.2 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



The ECDC Management Board in November 2010, Stockholm.

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 2010, new collaborative workspaces ('extranets') were created to communicate and share information more effectively with members of the Management Board and the Advisory Forum.

### Management Board

The ECDC's Management Board met in March, June and November 2010. With overwhelming support, the Board re-elected Professor Dr Hubert Hrabcik, as Chair of the ECDC Management Board and Professor Jacques Scheres, the representative from the European Parliament, as Deputy Chair of the ECDC Management Board, in November 2010. The second Management Board meeting of 2010 was held in Menorca, Spain, at the invitation of the Spanish Ministry of Social Affairs and Health.

### In 2010, the Management Board:

- approved the ECDC Annual Work Programme 2011
- approved the budget and establishment table 2011
- approved ECDC's work with EU Member States and the draft policy for collaboration with third countries
- approved the working arrangement between the European Medicines Agency (EMA) and ECDC
- approved the Memorandum of Understanding between EFSA and ECDC (renewal)
- approved the policy on access and use of data from TESSy
- approved the ECDC draft policy on declarations of interest and handling of potential conflicts of interest
- established a working group on the ECDC language regime tasked with developing a proposal which would command unanimous support
- agreed to suspend the building project and give the Director a mandate to explore options for alternative premises for ECDC, and to look for a new tenant for ECDC's current buildings
- approved the supplementary and amending budget 2010 and the proposed allocation of additional funds.



The ECDC Advisory Forum in September 2010, Stockholm.

## Advisory Forum

In 2010, the Director of ECDC convened four meetings of the Advisory Forum (AF): in February, May, September and December. The minutes of the Advisory Forum meetings are available on ECDC's website. The Advisory Forum was closely involved in advising the Director on technical and scientific issues dealt with by the Centre in 2010.

## 8.3 Strategic planning and quality

### Implementation of the ECDC Work Programme 2010 and ECDC Work Programme 2011

In November 2010, the Management Board adopted ECDC's Work Programme for 2011. The Work Programme is based on the *ECDC Strategic Multi-Annual Programme 2007–2013*, as adopted by the Management Board in 2008. The discussion on the Annual Work Programme started in February, with the priorities for scientific advice being ranked by the Member States and approved by the Advisory Forum. Based on discussions held at the Management Board in June, an extensive written consultation of the Board members took place over the summer. A detailed Work Programme proposal was prepared by the units over the summer and reviewed in depth by the Senior Management Team during the autumn. The exercise was particularly challenging this year, due to an eight per cent decrease of the budget for operations. Written comments from the European Commission (Directorate-General for Health and Consumer Protection) were also taken into account to avoid overlaps and to ensure that ECDC priorities were in line with the Commission's priorities. The Management Board adopted the Work Programme for 2011 in November and for the first time the Programme provided detailed budgeting per activity.

Progress on the Work Programme for 2010 was monitored quarterly. Indicators related to the implementation of the *ECDC Strategic Multi-Annual Programme 2007–2013* were documented and reviewed by the Management Board.

### Update of the new Management Information System

In July 2010, ECDC launched the second version of its Management Information System (MIS). The MIS helps all users to plan and monitor the implementation of their activities more efficiently. All ECDC activities are stored in the system, which acts as a single point of reference. The MIS facilitates the transparent sharing of information across projects and units and fosters efficient collaboration. It helps project managers to monitor all aspects of their activities and provides ECDC management with a better overview of the implementation of the Annual Work Programme. Customisable reports offer an in-depth, real-time view of all current or completed projects.

## Quality management

In 2010, quality management became a strategic objective for ECDC. One of the working groups established under the sustainable agenda initiative was given the task of identifying a quality management model. To fit the organisational culture and provide the required flexibility, the model chosen had to be light, add value, focus on operational efficiency and introduce continual improvement. The model selected was the "Common Assessment Framework"<sup>34</sup> – a total quality management tool designed by the European Institute for Public Administration, following the EFQM Excellence Model and that of the German University of Administrative Sciences in Speyer. It is based on the premise that excellent results in organisational performance are achieved through leadership-driven strategy and planning of people, partnerships, resources and processes. The model looks at an organisation from different angles simultaneously, taking a holistic approach to the analysis of the organisation's performance.

### ECDC Go Green

In connection with an assessment of the risks associated with climate change and the development of strategies to prepare for it, ECDC has also been looking at how it could reduce the environmental impact of its own activities. In 2010, the Staff Committee set up a Green Group at ECDC which aims to work together with the Director, the Senior Management Team and all staff to assess and minimise the environmental impact of ECDC activities. A set of indicators has been established with the aim of reducing electricity consumption and corporate travel and increasing environmentally-friendly commuting in 2011.

<sup>34</sup> CAF 2006, Resource Centre, European Institute for Public Administration

## Target 9 – Administration

### 9.1 Finance and accounting

The principal objective is to ensure that the financial resources of the Centre are well managed and reported in a clear and comprehensive manner.

ECDC has completed its first full year of budget implementation within the ABAC system.<sup>35</sup> This system has reinforced our compliance with the accounting rules and ensured that ECDC financial systems are updated with any future change in the financial regulation. A review of the internal procedures for payments and commitments was concluded in the first quarter of 2010 and the updated procedures reflect both the changes in the organisation and the financial systems.

The core budget of the Centre increased from EUR 49.2 million in 2009 to EUR 57.8 million in 2010. Given our ongoing cooperation with the European Commission on the gradual integration of candidate and potential candidate countries for EU accession into ECDC programmes, a second grant agreement was reached with DG Enlargement for an initial duration of two years and a subsequent budget increase of EUR 0.4 million for 2009–2010 was implemented in 2010. A further request to extend the duration of the grant will be made during 2011. Budget execution at year-end 2010 reached 95% in terms of commitment appropriations. In total, 600 commitments

were verified and 7 000 payment orders issued by the authorising officers during 2010 for the equivalent of EUR 56 million (EUR 43.9 million in 2009).

At its June meeting, the Management Board approved ECDC's annual accounts for 2009. The European Court of Auditors carried out two visits in 2010: The first one in March focussed on the certification on the annual accounts for 2009 and resulted in a positive opinion for both the presentation of the accounts and the legality and regularity of the underlying transactions. The second visit in October concentrated on specific transactions and included a review of recruitment and procurement files for 2010. The issues identified will be discussed by the Audit Committee at its March 2011 meeting.

The inter-institutional discussions in relation to the 2011 budget were closely monitored, all the more so because of ECDC's budgetary cut and the difficult budget exercise following that decision. The budget for 2011 was approved by the Management Board in November and adopted by the European Parliament in December 2010.

### 9.2 Human resources

The principal tasks in the area of human resources (HR) are to recruit staff (temporary agents, contract agents, seconded national experts and trainees), provide HR services for all areas, organise and support learning and development activities and offer advice and guidance to staff and managers on HR-related matters.

<sup>35</sup> Accrual-Based Accounting - the EC integrated budgetary and accounting system



ECDC staff, spring 2010.

To ensure staff well-being and provide support for newcomers settling into Sweden, ECDC arranged for an in-house doctor for staff members, offered counselling and began providing relocation services. Seasonal influenza vaccinations were also provided in-house.

Staff development was further improved with targeted training in areas such as performance management, procurement and ethics and integrity. In the autumn all managers underwent a values training session which was followed up with the introduction of the values throughout the organisation in February 2011.

As of 31 December 2010, the total number of temporary agents in place at the Centre was 175, out of the 200 posts provided for in the establishment table for 2010. As a result of considerable efforts in the area of recruitment in 2010, there has been an improvement in the proportion of posts filled with each selection procedure.

It should also be noted that during 2010 internal movement at ECDC (staff applying through open procedures for new posts within the Centre) resulted in a total of 22 successful internal recruitments for temporary agent posts.

**Table 3. Number of staff and selection procedures**

	2008	2009	2010
Total staff (TA, CA, SNE)	154	199	254
Selection procedures	97	119	133 <sup>36</sup>

### 9.3 Missions, meetings and logistics

Missions and Meeting (M&M) coordinates the organisation of travel and hotel arrangements for staff, interviewees and experts invited to ECDC as well as the budget verification, monitoring and processing of reimbursement claims from staff and interviewees/external experts.

Recruitment interviews for planned posts in the section were completed in 2010 and the posts will be filled in 2011.

<sup>36</sup> This is the number of selection procedures completed in 2010, i.e. either the staff member started employment with ECDC in 2010 or the selection procedure was unsuccessful. Out of the 133 selection procedures, there were 76 external recruitments, 34 internal staff members who were successful in external recruitment procedures and 23 unsuccessful procedures. In order to be able to monitor statistics, for the first time in 2010 we have only considered recruitment procedures that led to an actual employment start in 2010. This includes procedures already launched in 2009 and finalised in 2010, but not those procedures still ongoing at the end of 2010 (with an employment start date in 2011).

**Table 4. Missions, meetings and ECDC meeting participants, 2008–2010**

	2008	2009	2010
Missions	983	1230	1181
Number of meetings	322	352	311
Number of external participants attending ECDC meetings or interviews	2098	2624	2960

### 9.4 Procurement and legal advice

In 2010, the procurement office supported 50 open procedures and 18 negotiated procedures as well as eight calls for proposals. Most of the procurement procedures are reviewed by an internal consultative committee, the Committee on Procurement, Grants and Contracts (CPCG) which gives advice to ensure compliance with relevant rules and regulations.

ECDC has a Data Protection Officer (DPO) in charge of ensuring compliance with data protection requirements. The main objective in this field is to develop data protection awareness through events and training and to ensure proper notification of data processing operations to verify that adequate personal protection measures are established.

In 2010, ECDC's Data Protection Officer and the controllers of the Centre's personal data processing operations continued to promote compliance with the EU regulation on data protection.<sup>37</sup> Several information sessions for staff and controllers were held. Six operations were notified to the DPO, three of which were referred to the European Data Protection Supervisor (EDPS) for a prior check. Moreover, the DPO assisted controllers in implementing EDPS recommendations resulting from three prior checks made in 2009.

The legal office continued to provide advice and assistance in legal and financial issues to all units. In the field of business continuity, it proposed a methodology to the Senior Management Team for establishing a business continuity plan.

### 9.5 Information and communication technologies (ICT) and project support

ICT and project support tasks cover the development, maintenance and operation of communication networks, for back- and front-office infrastructure and support for the development of integrated corporate applications.

In 2010, ICT resources were strengthened to improve the service and provide better support for ongoing IT projects in the operational units.

<sup>37</sup> Regulation (EC) No 45/2001

The number of external IT service applications was increased from 3 to 15 in 2010. A total of 7 957 support requests were handled (an increase of 53% on 2009). In the peak month of October, 926 support requests were handled. Moreover, 27 support requests were handled outside office hours by the IT service duty officer on stand-by. Meanwhile, the processing time for requests and incidents was improved by 38% and a number of processes were introduced and improved, including a service level management process resulting in several internal Service Level Agreements (SLAs) with the operational units.

**Table 5. Annual IT service level uptime at ECDC in 2010**

Early Warning and Response System (EWRS)	99.99%
ECDC network and general IT services	100%
Availability of ECDC mail services and other external applications	99.98%

Major improvements in overall availability were brought about by the installation of an electricity generator, the dismantling of the redundant fibre internet lines and the enhancement of the change management process.

In January 2010, ECDC conducted penetration testing via an external provider which revealed only two critical risks, both of which were fixed immediately. The Internal Audit Service (IAS) risk assessment, performed in February 2010, rated the maturity level of 'plan & organise', 'acquire & implement', 'deliver & support' and 'monitor & evaluate' as above-average for the IT service at ECDC. In addition, a service satisfaction survey indicated a high level of satisfaction with the IT service provision at ECDC.

Of the EUR 9 million invested in ICT in 2010, EUR 5 million was spent on developing operational applications for ECDC, its external partners and the Member States.

## 9.6 Internal control coordination

In 2010, the Internal Control Coordinator focussed on assessing and revising the Internal Control Standards, supporting work on the Annual Activity Report and the Director's Declaration of Assurance and coordinating relations with the Audit Committee and the Internal Audit Service, including coordination of the follow-up on all audit recommendations. He also gave advice on other internal control-related matters, including new and/or revised internal procedures. In particular, a new set of revised Internal Control Standards were adopted in March 2010 and a new process was developed for the Director's Declaration of Assurance.





# Annexes

# Annex 1: ECDC budget summary 2010

## Title 1 – Staff

Title Chapter	Heading	Appropriations 2011	Appropriations 2010	Outturn 2009
1 1	Staff in active employment	26 542 000	24 093 500.24	17 020 344.16
1 3	Missions and travel	800 000	955 000	930 000.00
1 4	Socio-medical infrastructure	100 000	167 000	106 261.15
1 5	Exchanges of civil servants and experts	530 000	593 400	420 000.00
1 7	Representation expenses	50 000	30 000	23 000.00
1 8	Insurance against sickness, accidents and occupational disease, unemployment insurance and maintenance of pension rights	965 000	757 000	551 194.54
Title 1 – Total		28 987 000	26 595 900.24	19 050 799.85

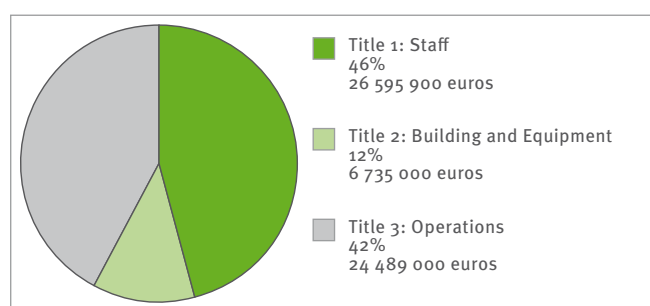
## Title 2 – Buildings, equipment and miscellaneous operating expenditure

Title Chapter	Heading	Appropriations 2011	Appropriations 2010	Outturn 2009
2 0	Investments in immovable property, renting of buildings and associated costs	2 630 500	2 868 500	2 315 270.98
2 1	Data processing	1 885 500	2 636 500	3 133 211.18
2 2	Movable property and associated costs	165 000	315 000	130 877.63
2 3	Current administrative expenditure	280 000	208 000	162 999.07
2 4	Postage and telecommunications	295 000	262 000	231 364.08
2 5	Expenditure on meetings and management consulting	575 000	445 000	333 573.95
Title 2 – Total		5 831 000	6 735 000	6 307 296.89

## Title 3 – Operations

Title Chapter	Heading	Appropriations 2011	Appropriations 2010	Outturn 2009
3000	Networking, surveillance and data collection on Communicable diseases	4 417 710	4 738 000	3 975 772.65
3001	Preparedness, response and emerging health threats	121 000	1 321 555	1 386 045.38
3002	Scientific opinions and studies	4 200 292	4 317 524	4 920 069.62
3003	Technical assistance and training	3 571 419	3 587 000	1 966 046.83
3004	Publications and Communications	1 468 729	1 975 000	1 837 411.80
3005	ICT to support projects	4 786 000	4 962 081	4 925 028.83
3006	Build up and maintenance of the Crisis Centre	181 000	271 000	99 105.00
3007	Translations of scientific and technical reports and documents	260 000	680 000	404 466.25
3008	Meetings to implement the work programme	2 311 850	2 131 700	1 625 000.00
3009	Country operation and partnership	380 000	244 500	63 167.69
3010	Scientific Library and Knowledge services	140 000	260 000	84 865.73
Title 3 – Total		21 838 000	24 489 000	21 286 979.78
Grand Total		56 656 000	57 819 900.24	46 645 076.52

Figure 6. Budget expenditure 2010

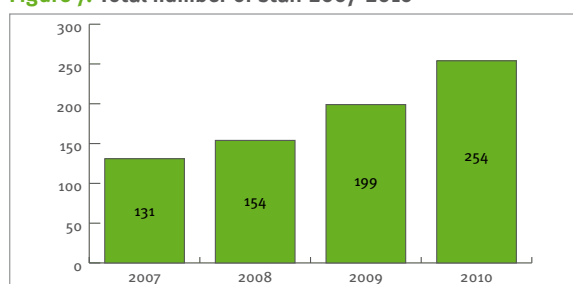


## Annex 2: ECDC staff summary 2010

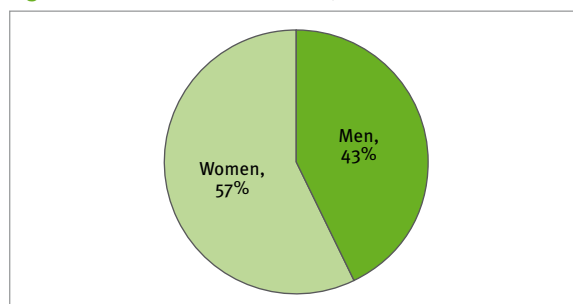
**Table 6.** Number of temporary agents (TA), contract agents (CA) and seconded national experts (SNE) per unit (as of 31 December 2010)

	SAU	SUN	PRU	CCU	RMU	DIR	TOTAL STAFF
TA	37	39	30	24	32	13	175
CA	8	6	8	21	27	3	73
SNE	4	1	0	1	0	0	6
<b>TOTAL</b>	<b>49</b>	<b>46</b>	<b>38</b>	<b>46</b>	<b>59</b>	<b>16</b>	<b>254</b>

**Figure 7.** Total number of staff 2007-2010



**Figure 8.** Gender balance of staff, 2010



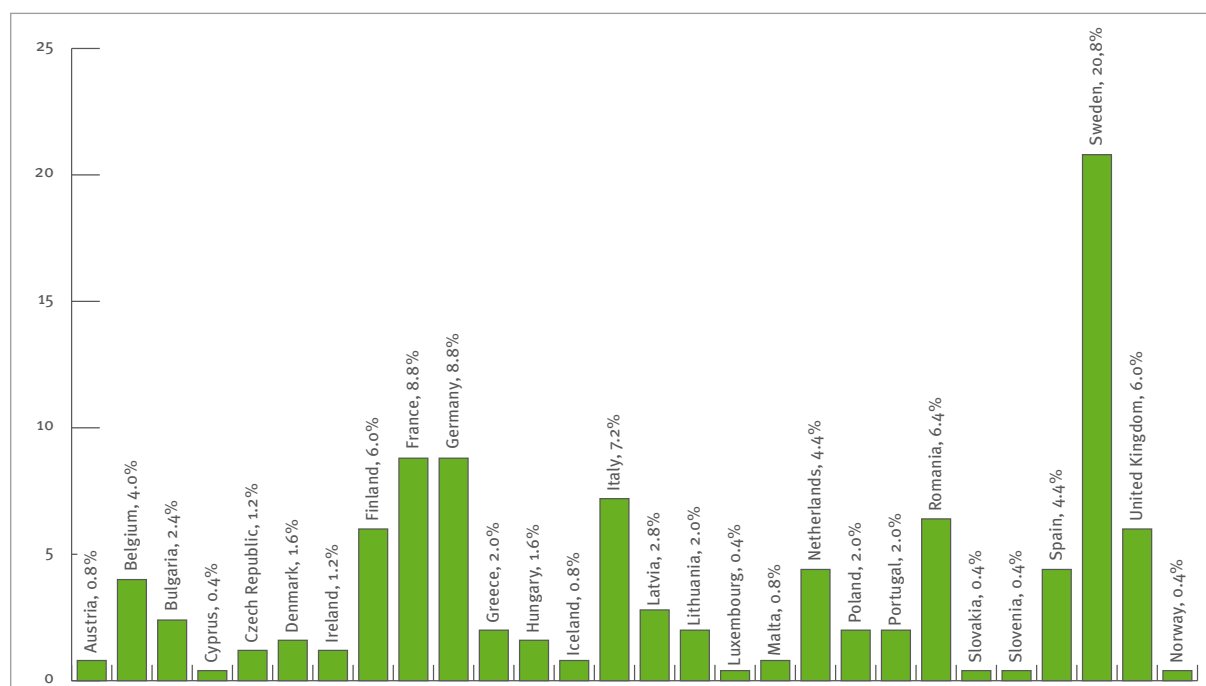
The overall gender balance at ECDC is 57% women and 43% men. The gender balance within the different contract types is: temporary agents 53% women and 47% men and contract agents 67% women and 33% men. A comparison of the temporary agent categories reveals that AD posts have 43% women and 57% men, while in the AST category 71% are women and 29% are men. The Centre’s management team consists of 20% women and 80% men.

Table 7. Geographic balance in 2010

Countries	ECDC staff		EU population		Ratio <sup>38</sup>
	Nb	%	Nb	%	
Austria	2	0.8	8 375 290	1.7	0.5
Belgium	10	4.0	10 839 905	2.1	1.9
Bulgaria	6	2.4	7 563 710	1.5	1.6
Cyprus	1	0.4	803 147	0.2	2.5
Czech Republic	3	1.2	10 506 813	2.1	0.6
Denmark	4	1.6	5 534 738	1.1	1.5
Estonia	3	1.2	1 340 127	0.3	4.6
Finland	14	5.6	5 351 427	1.1	5.3
France	22	8.9	64 714 074	12.8	0.7
Germany	22	8.9	81 802 257	16.2	0.6
Greece	5	2.0	11 305 118	2.2	0.9
Hungary	4	1.6	10 014 324	2.0	0.8
Ireland	2	0.8	4 467 854	0.9	0.9
Italy	18	7.3	60 340 328	11.9	0.6
Latvia	7	2.8	2 248 374	0.4	6.4
Lithuania	5	2.0	3 329 039	0.7	3.
Luxembourg	1	0.4	502 066	0.1	4.0
Malta	2	0.8	412 970	0.1	9.9
Netherlands	11	4.4	16 574 989	3.3	1.4
Poland	5	2.0	38 167 329	7.5	0.3
Portugal	4	1.6	10 637 713	2.1	0.8
Romania	16	6.5	21 462 186	4.2	1.5
Slovakia	1	0.4	5 424 925	1.1	0.4
Slovenia	1	0.4	2 046 976	0.4	1.0
Spain	11	4.4	45 989 016	9.1	0.5
Sweden	52	21.0	9 340 682	1.8	11.4
United Kingdom	15	6.0	62 008 048	12.3	0.5
European Union (27 countries)	247		501 103 425		
Norway	1	0.4	4 858 199	1.0	0.4
<b>Total EU + Norway</b>	<b>248</b>	<b>100.0</b>	<b>505 961 624</b>	<b>100.0</b>	<b>1.0</b>

All EU Member States and Norway are represented within the group of temporary agents and contract agents.

Figure 9. Breakdown of staff by nationality (as %)



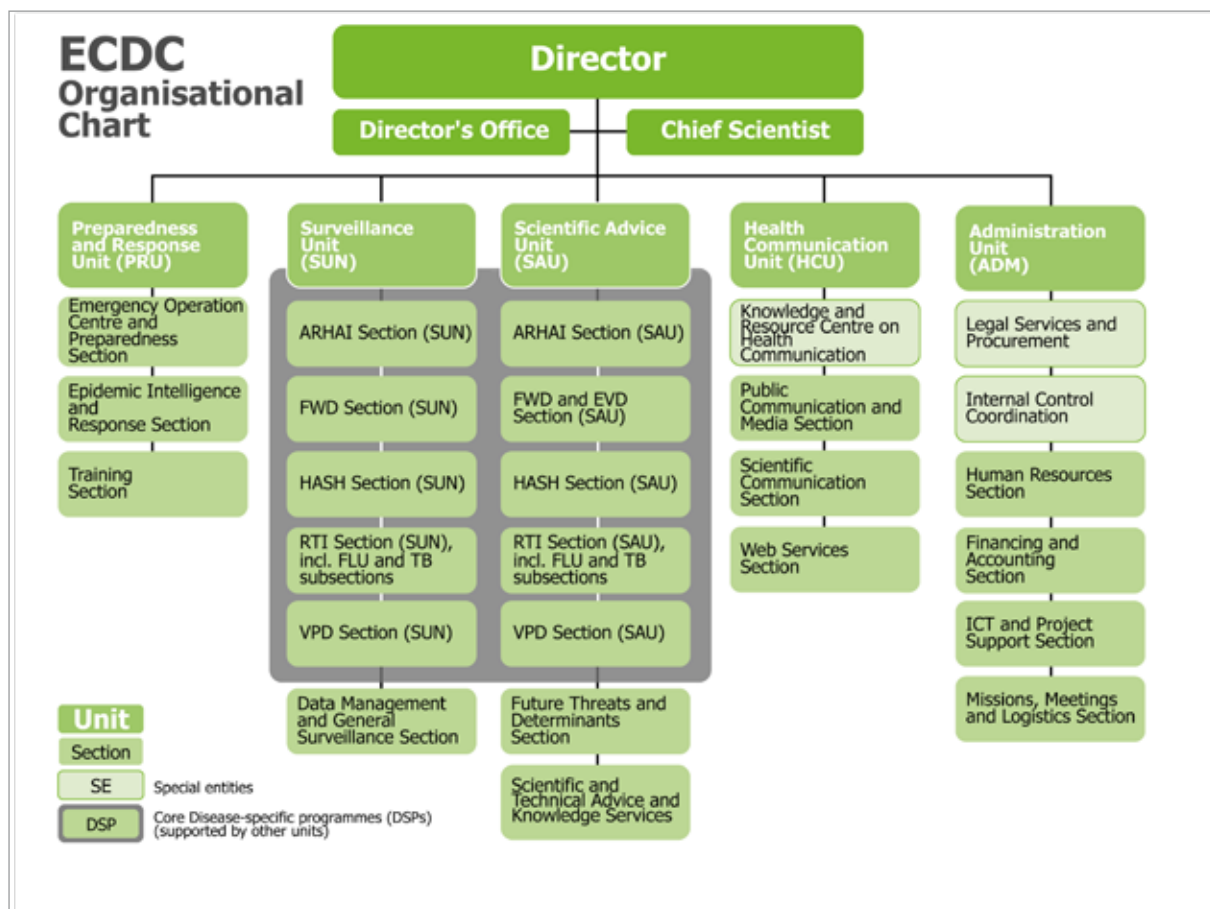
<sup>38</sup> Ratio = European average/(country population/staff per country);  
where European average = total EU population/total ECDC staff

# Annex 3: Organisational structure

ECDC’s matrix organisation is composed of four technical units, an administrative unit, and six ‘horizontal’ Disease-Specific Programmes (DSPs). The Centre is led by the Director, supported by his office.

From 1 December 2009, ECDC’s organisational structure was modified to provide the Disease-Specific Programmes with better access to programme management and human resources. A twinning arrangement between SAU and SUN was approved and implemented at the end of 2009, connecting the DSPs across the SAU and SUN units.

Figure 10. ECDC organisational chart



## Annex 4: ECDC publications in 2010

Technical reports	
Risk assessment on Q fever	May 2010
Core functions of microbiology reference laboratories for communicable diseases	June 2010
Hepatitis B and C in the EU neighbourhood: prevalence, burden of disease and screening policies	September 2010
Surveillance and prevention of hepatitis B and C in Europe	October 2010
External quality assurance scheme for Salmonella typing	November 2010
Evidence synthesis for Guidance on HIV testing	November 2010
Fostering collaboration in public health microbiology in the European Union	December 2010
ECDC Guidance	
Public health management of sporadic cases of invasive meningococcal disease and their contacts	October 2010
HIV testing: increasing uptake and effectiveness in the European Union. [Also 'In brief']	October 2010
Risk assessment guidelines for diseases transmitted on aircraft (RAGIDA). Part 2: Operational guidelines. Second edition	December 2010
Surveillance reports	
Tuberculosis surveillance in Europe 2008	March 2010
Influenza surveillance in Europe 2008/09	May 2010
Annual Threat Report 2009	October 2010
Surveillance of invasive bacterial diseases in Europe 2007	October 2010
Annual epidemiological report on communicable diseases in Europe 2010	November 2010
Antimicrobial resistance surveillance in Europe 2009. Annual report of the European Antimicrobial Resistance Surveillance Network (EARS-Net)	November 2010
HIV/AIDS surveillance in Europe 2009	November 2010
Special reports	
Implementing the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2010 Progress Report: Summary	July 2010
Implementing the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2010 Progress Report	September 2010
The 2009 A(H1N1) pandemic in Europe, a review of the experience	November 2010
Progressing towards TB elimination. A follow-up to the Framework Action Plan to fight tuberculosis in the European Union	November 2010
Meeting reports	
First annual meeting of the invasive bacterial infections surveillance network in Europe	January 2010
Expert forum on communicable disease outbreaks on cruise ships	February 2010
Training strategy for intervention epidemiology in the European Union	March 2010
Second annual meeting of the European Food- and Waterborne Diseases and Zoonoses Network	April 2010
Annual meeting of the European Influenza Surveillance Network (EISN)	May 2010
First annual meeting of the European Reference Laboratory Network for Tuberculosis	June 2010
Expert consultation on healthcare-associated infection prevention and control	June 2010
Surveillance in EU and EEA/EFTA countries	July 2010
Developing health communication research: a focus on communicable diseases—challenges and opportunities	December 2010
Mission reports	
Public consultation and the advancement of the health system in the Former Yugoslav Republic of Macedonia	February 2010
West Nile virus infection outbreak in humans in Central Macedonia, Greece – July–August 2010	October 2010
Technical documents	
Climate change and communicable diseases in the EU Member States: Handbook for national vulnerability, impact and adaptation assessments	March 2010
Joint European pandemic preparedness self-assessment indicators <sup>39</sup>	March 2010
Conducting health communication activities on MMR vaccination	September 2010

<sup>39</sup> Published by WHO

Corporate publications	
Summary of key publications 2009	
Annual Report of the Director 2009	
Strategies for disease-specific programmes 2010–2013	
ECDC Insight	
ECDC Executive Science Update	

Regular publications	
Weekly/bi-weekly influenza surveillance overview (42 issues in 2010)	
Influenza virus characterisation, summary Europe (9 issues in 2010)	

## Annex 5: Members of the ECDC Management Board

Members and Alternates		
Austria	Professor Dr Hubert Hrabcik (Chair)	Member
	Dr Reinhild Strauss	Alternate
Belgium	Dr Daniel Reynders	Member
	Mr Chris Vander Auwera	Alternate
Bulgaria	Dr Snejana Altankova	Member
	Professor Mira Kojouharova	Alternate
Cyprus	Dr Chrystalla Hadjianastassiou	Member
	Dr Irene Cotter	Alternate
Czech Republic	Professor Dr Roman Prymula	Member
	Dr Jan Kynčl	Alternate
Denmark	Dr Else Smith	Member
Estonia	Dr Tiiu Aro	Member
	Mr Martin Kadai	Alternate
Finland	Dr Merja Saarinen	Member
	Dr Kristiina Mukala	Alternate
France	Dr Françoise Weber	Member
	Ms Anne Catherine Viso	Alternate
Germany	Mr Franz J. Bindert	Member
	Professor Dr Michael Kramer <sup>40</sup>	Alternate
Greece	Nomination awaited	Member
	Mr Athanasios Skoutelis	Alternate
Hungary	Dr Hanna Páva <sup>41</sup>	Member
	Dr Márta Melles	Alternate
Ireland	Dr Tony Holohan	Member
	Mr Luke Mulligan <sup>42</sup>	Alternate
Italy	Dr Fabrizio Oleari	Member
	Dr Maria Grazia Pompa	Alternate
Latvia	Dr Dace Viluma	Member
	Ms Gunta Grīse	Alternate
Lithuania	Dr Audrius Ščeponavičius	Member
	Professor Saulius Čaplinskas <sup>43</sup>	Alternate
Luxembourg	Dr Pierrette Huberty-Krau	Member
	Dr Pierre Weicherding	Alternate
Malta	Mr Mario Fava	Member
Netherlands	Mr Renzo Pace Asciale	Alternate
	Dr Dirk Ruwaard	Member
Poland	Dr Philip van Dalen	Alternate
	Dr Pawel Gorynski	Member
Portugal	Dr Pawel Grzesiowski	Alternate
	Dr Maria da Graça Gregorio de Freitas	Member
Romania	Nomination awaited <sup>44</sup>	Alternate
	Dr Alexandru Rafila	Member
Slovak Republic	Dr Adriana Pistol <sup>45</sup>	Alternate
	Dr Margareta Sláčiková	Member
Slovenia	Dr Ján Mikas	Alternate
	Dr Mojca Gruntar Činč	Member
Spain	Dr Marija Seljak	Alternate
	Dr Ildefonso Hernández Aguado	Member
	Dr Karoline Fernández de la Hoz Zeitler	Alternate

<sup>40</sup> Appointed Alternate to replace Dr Lars Schaade as of February 2010

<sup>41</sup> Appointed Member to replace Dr Melinda Medgyaszai as of October 2010

<sup>42</sup> Appointed Alternate to replace Mr Brian Mullen as of March 2010

<sup>43</sup> Appointed Alternate to replace Dr Loreta Ašoklienė as of January 2010

<sup>44</sup> Nomination awaited (in replacement of Dr Arlinda Frota)

<sup>45</sup> Appointed Alternate to replace Ass. Professor Daniela Pitigoi



Members and Alternates		
Sweden	Ms Iréne Nilsson-Carlsson	Member
	Ms Anita Janelm <sup>46</sup>	Alternate
United Kingdom	Ms Clara Swinson <sup>47</sup>	Member
	Dr Ailsa Wight	Alternate
European Parliament	Professor Minerva-Melpomeni Malliori	Member
	Professor Dr Jacques Scheres (Deputy Chair)	Member
European Commission	Mr Ronald Haigh	Alternate
	Dr Andrzej Jan Rys	Member
	Mr John F. Ryan	Member
	Ms Isabel de la Mata	Alternate
	Mr Antti Maunu <sup>48</sup>	Alternate
	Nomination awaited <sup>49</sup>	Member
	Dr Anna Lönnroth	Alternate
<b>Observers</b>		
<b>EEA/EFTA</b>		
Iceland	Dr Sveinn Magnússon	Member
	Mr Helgi Már Arthursson	Alternate
Liechtenstein	Dr Sabine Erne	Member
Norway	Mr Jon-Olav Aspås	Member
	Mr Jan Berg	Alternate

<sup>46</sup> Appointed Alternate to replace Ass. Professor Johan Carlson as of April 2010

<sup>47</sup> Appointed Member to replace Ms Elizabeth Woodeson as of March 2010

<sup>48</sup> Appointed Alternate to replace Ms Patricia Brunko as of October 2010

<sup>49</sup> Nomination awaited (in replacement of Mr Pēteris Zilgalvis). Mr Pēteris Zilgalvis replaced Mr Alain Vanvossel as of May 2010.

## Annex 6: Members of the ECDC Advisory Forum

Members and Alternates		
Austria	Professor Dr Manfred P. Dierich	Member
	Professor Dr Franz Allerberger	Alternate
Belgium	Professor Dr Herman Van Oyen	Member
	Dr Sophie Quoilin	Alternate
Bulgaria	Dr Angel Kunchev	Member
	Dr Radosveta Filipova	Alternate
Cyprus	Dr Olga Kalakouta-Poyiadji	Member
	Dr Despo Pieridou-Bagatzouni	Alternate
Czech Republic	Dr Jozef Dlhý	Member
	Dr Pavel Slezak	Alternate
Denmark	Dr Kåre Mølbak	Member
	Dr Steffen Glismann	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 <sup>50</sup>	Alternate
Greece	Professor George Saroglou <sup>51</sup>	Member
	Dr Sotirios Tsiodras	Alternate
Hungary	Dr Ágnes Csohán	Member
	Dr István Szolnoki	Alternate
Ireland	Dr Darina O'Flanagan	Member
	Dr Derval Igoe	Alternate
Italy	Dr Silvia Declich <sup>52</sup>	Member
	Dr Giuseppe Ippolito	Alternate
Latvia	Dr Jurijs Perevoscikovs	Member
	Dr Irina Lucenko	Alternate
Lithuania	Dr Loreta Ašoklienė <sup>53</sup>	Member
	Dr Rolanda Valinteliene	Alternate
Luxembourg	Dr Robert Hemmer	Member
	Dr Danielle Hansen-Koenig	Alternate
Malta	Dr Charmaine Gauci	Member
	Dr Tanya Melillo Fenech	Alternate
Netherlands	Professor Dr Roel Coutinho	Member
	Dr Marianne van der Sande	Alternate
Poland	Professor Andrzej Zielinski	Member
	Dr Malgorzata Sadkowska-Todys	Alternate
Portugal	Dr Maria Teresa d'Avillez Paixão	Member
	Dr Ana Maria Correia	Alternate
Romania	Dr Florin Popovici	Member
	Professor Dr Doina Azoicăi	Alternate
Slovak Republic	Dr Mária Avdičová	Member
	Professor Henrieta Hudečková	Alternate

<sup>50</sup> Appointed Alternate to replace Dr Osamah Hamouda as of December 2010

<sup>51</sup> Appointed Member to replace Professor Helen Giamarellou as of November 2010

<sup>52</sup> Appointed Member to replace Dr Stefania Salmaso as of April 2010

<sup>53</sup> Appointed Member to replace Dr Kestutis Zagminas as of January 2010

Members and Alternates		
Slovenia	Dr Irena Klavs	Member
	Dr Marta Grgič-Vitek	Alternate
Spain	Nomination awaited <sup>54</sup>	Member
	Dr Rosa Cano-Portero <sup>55</sup>	Alternate
Sweden	Ass. Professor Johan Carlson (7)	Member
	Dr Anders Tegnell	Alternate
United Kingdom	Professor Mike Catchpole	Member
	Professor John Watson	Alternate
Observers		
EEA/EFTA		
Iceland	Dr Haraldur Briem	Member
	Dr Gudrun Sigmundsdottir	Alternate
Liechtenstein	Dr Sabine Erne	Member
Norway	Dr Preben Aavitsland	Member
	Dr Hanne Nøkleby	Alternate
Non-governmental Organisations		
Standing Committee of European Doctors	Professor Dr Reinhard Marre	Member
Pharmaceutical Group of European Union	Professor José Antonio Aranda da Silva	Alternate
European Public Health Association	Dr Ruth Gelletlie	Member
European Society of Clinical Microbiology and Infectious Diseases	Professor Elisabeth Nagy	Alternate
European Patients' Forum	Ms Jana Petrenko	Member
European Federation of Allergy and Airways Disease Patient's Association	Professor Anna Doboszyńska	Alternate

<sup>54</sup> Nomination awaited (in replacement of Dr Pedro Arias Bohigas as of April 2010)

<sup>55</sup> Appointed Alternate to replace Dr Odorina Tello Anchueta as of April 2010

## Annex 7: List of Competent Bodies

Austria	Austrian Agency for Health and Food Safety Spargelfeldstraße 191 A-1220 Vienna <a href="http://www.ages.at/">http://www.ages.at/</a> +43 (0) 505 55 25000	Scientific advice
	Medical University Vienna Institute of Social Medicine, Centre of Public Health Rooseveltplatz 3/1 A-1090 Vienna <a href="http://www.meduniwien.ac.at/sozialmedizin/">http://www.meduniwien.ac.at/sozialmedizin/</a> +43 1 4277 64601	Scientific advice
	Federal Ministry of Health Radetzkystrasse 2 A-1031 Vienna <a href="http://www.bmg.gv.at/">http://www.bmg.gv.at/</a> +43 1 71100-4300	Communication Preparedness Preparing guidelines Response Surveillance Threat detection Training
Belgium	Scientific Institute of Public Health Juliette Wytsmanstreet 14 1050 Brussels <a href="http://www.wiv-isp.be/">http://www.wiv-isp.be/</a> +32 2 642 5111	Preparing guidelines Scientific advice Surveillance Threat detection Training
	Federal Public Service Health, Food Chain Safety and Environment International Relations Victor Horta Place 40 Box 10 1060 Brussels <a href="https://portal.health.fgov.be/portal/page?_pageid=56,512473&amp;_dad=portal&amp;_schema=PORTAL">https://portal.health.fgov.be/portal/page?_pageid=56,512473&amp;_dad=portal&amp;_schema=PORTAL</a> +32 2 524 97 97	Communication Preparedness Response
	Flemish Agency for Care and Health Department of Public Health Surveillance Koningin Astridlaan 50 bus 7 3500 Hasselt <a href="http://www.zorg-en-gezondheid.be/">http://www.zorg-en-gezondheid.be/</a> +32 (0)2 553 35 00	Communication
	Ministry of the French Community Boulevard Leopold II, 44 1080 Brussels <a href="http://www.cfwb.be/">http://www.cfwb.be/</a> 02 413 26 37	Communication
	Ministry of the German-Speaking Community Gospertstraße 1 4700 Eupen <a href="http://www.dglive.be/">http://www.dglive.be/</a> +32 (0)87/ 59 63 00	Communication
Bulgaria	National Center of Infectious and Parasitic Diseases 26, Yanko Sakazov Blvd. 1504 Sofia <a href="http://www.ncipd.org">http://www.ncipd.org</a> +359 2 944 69 99	Scientific advice Surveillance Training
	Ministry of Health Sveta Nedelja Sq. 5 1000 Sofia <a href="http://www.mh.government.bg/">http://www.mh.government.bg/</a> +359 2 981 0111	Communication Preparedness Preparing guidelines Response Threat detection
	National Center of Health Informatics 115 Ivan Ev.Geshov Blvd. 1431 Sofia <a href="http://www.nchi.government.bg">http://www.nchi.government.bg</a> +359 2 951 53 02	Surveillance
	Ministry of Health Directorate of Communicable Diseases Surveillance 5, Sveta Nedelja Sq. 1000 Sofia	Communication Response Surveillance HIV/AIDS Threat detection
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 <a href="http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en">http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en</a> + 357 22605650 / 654	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Czech Republic	National Institute of Public Health Srobarova 48 100 42 Praha 10 <a href="http://www.szu.cz">http://www.szu.cz</a> +420 267 081 111	Preparing guidelines Scientific advice Surveillance Training
	Ministry of Health Palackého nám. 4 128 01 Prague 2 <a href="http://www.mzcr.cz">http://www.mzcr.cz</a> +420 224 971 111	Communication Preparedness Preparing guidelines Response Threat detection

Denmark	Statens Serum Institute Artillerivej 5 2300 Copenhagen S <a href="http://www.ssi.dk">http://www.ssi.dk</a> +45 3268 3268	Response Scientific advice Surveillance Threat detection Training
	National Board of Health Islands Brygge 67 2300 Copenhagen S <a href="http://www.sst.dk">http://www.sst.dk</a>	Communication Preparedness Preparing guidelines Response
	National Food Institute Moerkhoej Bygade 19 2860 Soeborg <a href="http://www.food.dtu.dk">http://www.food.dtu.dk</a> +45 35 88 70 00	Scientific advice
Estonia	Health Board Paldiski Road 81 10617 Tallinn <a href="http://www.terviseamet.ee/">http://www.terviseamet.ee/</a> +372 6943500	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	National Institute for Health Development Hiiumägi 42 11619 Tallinn <a href="http://www.tai.ee/?lang=en">http://www.tai.ee/?lang=en</a> +372 6 593 900	Surveillance TB/HIV/ AIDS National programme management
	Ministry of Social Affairs Gonsiori 29 15027 Tallinn <a href="http://www.sm.ee">http://www.sm.ee</a> +372 626 9301	Communication Training
Finland	National Institute for Health and Welfare P.O. Box 30 00271 Helsinki <a href="http://www.thl.fi">http://www.thl.fi</a> +358 20 610 6000	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	Ministry of Social Affairs and Health Department for Promotion of Welfare and Health PO BOX 33 00023 Helsinki <a href="http://www.stm.fi">http://www.stm.fi</a> +358 - 9 -16001	Communication Preparedness Preparing guidelines Response Training
France	National Institute for Public Health Surveillance 12 rue du Val d'Osne 94410 Saint-Maurice cedex <a href="http://www.invs.sante.fr/">http://www.invs.sante.fr/</a> +33 1 41 79 67 00	Communication Scientific advice Surveillance Threat detection Training
	Ministry of Labour, Employment and Health Health General Directorate 14, Avenue Duquesne F-75350 Paris <a href="http://www.sante.gouv.fr">http://www.sante.gouv.fr</a> +33 1 40 566000	Communication Implementing guidelines Preparedness Preparing guidelines Response
	National Institute for Prevention and Health Education 42 boulevard de la Libération 93203 Saint Denis Cedex <a href="http://www.inpes.sante.fr/">http://www.inpes.sante.fr/</a> +33 (0)1 49 33 22 22	Communication
Germany	Robert Koch Institute DG-Ring 1 13086 Berlin <a href="http://www.rki.de">http://www.rki.de</a> +49 30 - 18754-0	Communication Communicable diseases Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	Federal Centre for Health Education Ostmerheimer Str.220 51109 Cologne <a href="http://www.bzga.de">http://www.bzga.de</a>	Communication Public campaigns
Greece	Ministry of Health and Social Solidarity Directorate of Public Health 17, Aristotelous Street GR-101 87 Athens <a href="http://www.yyka.gov.gr/">http://www.yyka.gov.gr/</a>	Communication Scientific advice Threat detection Training
	Hellenic Center for Disease Control and Prevention 3-5 Agrafon St. 15123 Athens <a href="http://www.keelpno.gr/en/">http://www.keelpno.gr/en/</a> +30 2105212000, 2108899000	Preparedness public health Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	Hellenic Organization Against Drugs 21 Averof Street 10433 Athens <a href="http://www.okana.gr">http://www.okana.gr</a> +30 210 8898200	Communication General public

Hungary	National Centre for Epidemiology Gyáli street 2-6 1097 Budapest <a href="http://www.oek.hu">http://www.oek.hu</a> +36 1 476 1194	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	Koranyi National Institute of Tuberculosis and Pulmonology Pihenó út 1 1529 Budapest <a href="http://www.koranyi.hu/">http://www.koranyi.hu/</a> +36 1 391 3200	Communication for TB Preparing guidelines for TB Response for TB Scientific advice for TB Surveillance for TB Threat detection for TB Training for TB
Iceland	Centre for Health Security and Infectious Disease Control Directorate of Health Austurströnd 5 170 Seltjarnarnes <a href="http://www.landlaeknir.is">http://www.landlaeknir.is</a>	Communication Implementing guidelines Policy issues Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Ireland	Health Protection Surveillance Centre (HPSC) 25-27 Middle Gardiner Street 1 Dublin <a href="http://www.ndsc.ie">http://www.ndsc.ie</a> +353 1 8765300	Communication Communicable diseases Implementing guidelines Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Italy	National Institute of Health Viale Regina Elena 299 00161 Rome <a href="http://www.iss.it">http://www.iss.it</a> +39 06 4990 1	Response Scientific advice Surveillance HIV/AIDS Threat detection Training
	Ministry of Health Health Prevention and Communication Communicable Diseases Unit; National Centre for Disease Control Viale Giorgio Ribotta, 5 00144 Rome <a href="http://www.salute.gov.it/index.jsp">http://www.salute.gov.it/index.jsp</a> +39 06 59941	Communication Preparedness Preparing guidelines Response Surveillance other diseases Threat detection Training
	National Institute for Infectious Diseases "L. Spallanzani" Viale Portuense, 292 00149 Rome <a href="http://www.inmi.it">http://www.inmi.it</a> +39 0655170292	Scientific advice Training
Latvia	State Agency "Infectology Center of Latvia" Linezera str. 3 1006 Riga <a href="http://www.infectology.lv/">http://www.infectology.lv/</a> +371 67014500	Communication Preparing guidelines Scientific advice Public health TB Surveillance TB Threat detection Training TB
	State Emergency Medical Service Pilsonu str. 13 LV-1002 Riga <a href="http://www.emergency.lv/">http://www.emergency.lv/</a>	Communication Preparedness Response for disasters Training
Liechtenstein	Office of Public Health Aeulestrasse 51, Postfach 684 9490 Vaduz <a href="http://www.llv.li">http://www.llv.li</a> +423 236 73 34	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Lithuania	Institute of Hygiene Didzioji str. 22 01128 Vilnius <a href="http://www.hi.lt">http://www.hi.lt</a> +370 5 2624583	Scientific advice - HCAI/AMR Training
	Center for Communicable Diseases and AIDS Nugaletoju str. 14 D 10105 Vilnius <a href="http://www.ulac.lt/">http://www.ulac.lt/</a> +3705 230 0125	Communication Communication on CD Preparing guidelines Surveillance Threat detection
	Ministry of Health Health Emergency Situations Centre Didzioji str. 7 LT-01128 Vilnius <a href="http://www.essc.sam.lt">http://www.essc.sam.lt</a> +370 5 261 98 88	Preparedness Response

Luxembourg	Ministry of Health Health Directorate Villa Louvigny-Allée Marconi 2120 Luxembourg <a href="http://www.ms.public.lu/fr/">http://www.ms.public.lu/fr/</a> +352 247 85605	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	National Health Laboratory 42, Rue du Laboratoire L-1911 Luxembourg <a href="http://www.lns.public.lu/">http://www.lns.public.lu/</a> +352 49 11 91 - 1	Scientific advice Surveillance
	Central Hospital of Luxembourg National Service of Infectious Diseases 4, rue Ernest Barblé 1210 Luxembourg <a href="http://www.chl.lu/">http://www.chl.lu/</a> +352 4411 11	Scientific advice Surveillance
Malta	Ministry for Health, the Elderly & Community Care Public Health Regulation Division Health Promotion and Disease Prevention Infectious Disease Prevention and Control 5B, The Emporium, C.Debrockdorff Street, MSD 1421 Msida <a href="http://www.sahha.gov.mt/">http://www.sahha.gov.mt/</a> +356 23266109	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Netherlands	Ministry of Health, Welfare and Sport Public Health Department P.O. Box 20350 2500 EJ The Hague <a href="http://www.rijksoverheid.nl/ministeries/vws">http://www.rijksoverheid.nl/ministeries/vws</a> +31 (0)70 340 79 11	Policy issues Preparedness - influenza
	National Institute for Public Health and the Environment Centre for Infectious Disease Control PO Box 1 3720 BA Bilthoven <a href="http://www.rivm.nl/en/">http://www.rivm.nl/en/</a> +31 302749111	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Norway	Norwegian Institute of Public Health PO BOX 4404 Nydalen 0403 Oslo <a href="http://www.fhi.no">http://www.fhi.no</a> +47 21077000	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Poland	National Institute of Public Health Ul.Chocimska 24 00791 Warsaw <a href="http://www.pzh.gov.pl">http://www.pzh.gov.pl</a> +48 (22) 54-21-400	Preparing guidelines Scientific advice Surveillance Threat detection Training
	Centre for Postgraduate Medical Training School of Public Health Kleczewska 61/63 00-826 Warsaw <a href="http://www.cmkp.edu.pl/">http://www.cmkp.edu.pl/</a> +48 (22) 5601-130	Training
	Chief Sanitary Inspectorate 65 Targowa street 03-729 Warsaw <a href="http://www.gis.gov.pl">www.gis.gov.pl</a> +48 22 6354581	Communication Preparedness Response Threat detection
	National Tuberculosis and Lung Disease Institute Plocka 26 01-138 Warsaw <a href="http://www.igichp.edu.pl/">http://www.igichp.edu.pl/</a> +48 22 43 12100	Scientific advice TB
	National Medicines Institute National Reference Centre on Antimicrobial Resistance Chelmska 30/34 00-725 Warsaw <a href="http://www.il.waw.pl">http://www.il.waw.pl</a> +48 22 841 33 67	Preparing guidelines Scientific advice AMR and molecular epidemiology Surveillance Training
	Centre for Quality Monitoring in Health Care Kapelanka 60 30-347 Krakow <a href="http://www.cmj.org.pl">http://www.cmj.org.pl</a> +48 22 423 20 88	Preparing guidelines
	National Medicines Institute Prevention of Infection and HCAI Chelmska Street 30/34 00-725 Warsaw <a href="http://www.il.waw.pl">http://www.il.waw.pl</a> +48 22 851 52 05	Preparing guidelines Scientific advice - HCAI and vaccinology Surveillance Training

Portugal	Ministry of Health Directorate General of Health Disease Prevention and Control Alameda D. Afonso Henriques, 45 1049-005 Lisbon www.dgs.pt +351 218430500	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	Ministry of Health National Institute of Health Dr. Ricardo Jorge Av. Padre Cruz 1649-016 Lisbon http://www.insa.pt +351 21 7519200	Scientific advice Threat detection - laboratory issues
	Ministry of Health Office of the High Commissioner for Health Avenida João Crisóstomo, 9-1 <sup>o</sup> piso 1049-062 Lisbon http://www.acs.min-saude.pt +351 21 330 50 00	Surveillance HIV/AIDS
Romania	National Institute of Research and Development for Microbiology and Immunology "Cantacuzino" Splaiul Independentei 103, sector 5 50096 Bucharest http://www.cantacuzino.ro +4021 5287107	Response Scientific advice Surveillance
	Ministry of Health Christian Popisteanu street, No.1-3, Sector 1 10024 Bucharest http://www.ms.ro +4021 3072 500	Communication Preparedness Preparing guidelines Response Threat detection Training
	National Centre for Communicable Diseases Surveillance National Institute of Public Health Str. Dr. A. Leonte Nr. 1-3, sector 5 050463 Bucharest http://www.cpcbt.ispb.ro +40 21 317 9702	Response Surveillance Threat detection Training
	National Institute for Infectious Diseases "Prof.Dr.Matei Bals" Str.Dr.Grozovici nr.1, sector 2 021105 Bucharest http://www.mateibals.ro +4021 3186 120	Surveillance HIV/AIDS
	Institute of Pneumology "Marius Nasta" Sos. Viilor nr. 90, sector 5 50159 Bucharest http://www.mariusnasta.ro/ +4021 33 56910	Surveillance TB
Slovak Republic	Comenius University Jessenius Faculty of Medicine Department of Public Health Sklabinska 26 03753 Martin http://eng.jfmed.uniba.sk/ +4218424239898	Implementing guidelines Preparing guidelines Scientific advice
	Ministry of Health Department of EU Affairs Limbova 2 837 52 Bratislava 37 http://www.health.gov.sk +421 2 593 73 111	Communication Implementing guidelines Preparedness Response Threat detection
	Public Health Authority of Slovak Republic Trnavská cesta 52 826 45 Bratislava http://www.uvzsr.sk +421 2 49 284 111	Communication Implementing guidelines Response Surveillance Threat detection
	National Institute for Tuberculosis, Lung Diseases and Thorax Surgery National Register of Tuberculosis 05984 Vysne Hagy http://www.hagy.sk/alias_admin/english/index.htm +421 52 4414 413	Surveillance TB
	Slovak Medical University Limbova 12 83303 Bratislava http://www.szu.sk +421 2 59370111	Training
	Regional Public Health Authority Banska Bystrica Cesta k Nemocnici 1 97556 Banska Bystrica http://www.vzbb.sk	Surveillance
Slovenia	National Institute of Public Health Centre for Communicable diseases Trubarjeva, 2 1000 Ljubljana http://www.ivz.si +38615205792	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	University Clinic Golnik University Clinic for Pulmonary and Allergic diseases Golnik Golnik 36 4204 Golnik http://www.klinika-golnik.si +386 425 69100	Surveillance TB



Spain	Ministry of Health, Social Policy and Equality General Directorate for Public Health and Foreign Health Affairs Paseo del Prado 18-20, 7 planta 28071 Madrid <a href="http://www.mspsi.es">http://www.mspsi.es</a> +34 91 596 2062/63	Communication Implementing guidelines Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
Sweden	National Board of Health and Welfare Rålambsvägen 3 106 30 Stockholm <a href="http://www.socialstyrelsen.se">http://www.socialstyrelsen.se</a> +46 75 247 3000	Communication Preparedness Preparing guidelines Response Scientific advice Threat detection Training
	Swedish Institute for Infectious Disease Control Nobels vag 18 171 82 Solna <a href="http://www.smittskyddsinstitutet.se">http://www.smittskyddsinstitutet.se</a> +46 8 457 23 00	Communication Scientific advice Surveillance Threat detection Training
United Kingdom	Health Protection Agency HPA Central Office 7th Floor, Holborn Gate, 330 High Holborn WC1V 7PP London <a href="http://www.hpa.org.uk">http://www.hpa.org.uk</a> 020 7759 2700 / 2701	Communication Preparedness Preparing guidelines Response Scientific advice Surveillance Threat detection Training
	Department of Health Richmond House 79 Whitehall SW1A2NS London <a href="http://www.dh.gov.uk">http://www.dh.gov.uk</a> +44 20 7210 5155	Policy issues

## Annex 8: Negotiated procedures launched in 2010 with a value above EUR 60 000

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

Contract authorities may use the negotiated procedure without prior publication of a contract notice,

irrespective of the estimated value of the contract, in those cases mentioned in Article 126(1) (a) to (g) of the Commission Implementing Rules for the Financial Regulation.

In 2010, the negotiated procedures based on this article were the following:

Number	Title of contract	Contractor	Amount (EUR)	Motivation
ECD.2436	First European Course "Control of multidrug-resistant micro-organisms in healthcare settings"	University of Chester	69 553	Open call for tender for which no tenders were received
ECDC/10/005	Generator	Coromatic	221 276	Required an urgent solution to ensure the business continuity of the Centre
101397	Provision of mobile offices	Akademiska Hus	325 975	Services which could only be provided by the landlord
ECDC/10/008	Provision of software license	ESRI S-GROUP Sverige AB	119 174	Framework contract based on a similar Commission contract for the purchase of necessary exclusive Geographic information Systems software licences

# Annex 9: Management and internal control systems

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

### Scientific Advice

One of the ECDC's main objectives is to deliver scientific advice to the Member States, the European Commission and the European Parliament. The main risks here are that the advice delivered may be seen by stakeholders as irrelevant, or that its scientific independence may be questioned. ECDC has therefore put in place an internal procedure for the delivery of scientific advice. Scientific independence is guaranteed by a strict system for selecting external experts and avoiding any conflicts of interest. The relevance of the scientific advice is assessed by frequent consultations with the Advisory Forum, the Competent Bodies for scientific advice and various other stakeholders. These consultations also ensure that ECDC's work does not duplicate work being done in the Member States, and that the advice delivered by ECDC does not conflict with nationally produced advice on the same issue.

### Surveillance

The main objective of surveillance activity is to integrate data collection systems and to establish standard case reporting for Europe. The surveillance data are analysed to monitor trends and provide decision makers with timely and reliable data as a basis for public health decisions. These activities involve risks, such as receiving data that is not the official data; receiving data that has not been correctly analysed or has been wrongly interpreted, or not receiving the data in time. The risks are addressed by accepting data only from authorised persons (nominated by the Competent Body); by validating the data before it is accepted into TESSy; by asking the submitters of data to validate it before publication, by carefully planning the data calls far in advance giving clear deadlines, and by closely following up on data submissions and sending reminders.

### 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. The Unit also supports the European Commission by operating the EWRS. Risks associated with these functions include the following: Risk of not detecting a threat; risk of not assessing a threat correctly; risk of not providing Member States with the support required; risk of interruption of EWRS service to the European Commission and Member States. The Unit has therefore developed a thorough methodology to monitor and assess threats, and implemented a clearance process for assessments

through the Head of Unit and the ECDC Chief Scientist. Standard operating procedures have been developed and corresponding tools implemented. Finally, a high level of redundancy has been built into EWRS operations to assure the continuity of the service.

### Health Communication

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

### External relations

An important task for the ECDC is to ensure a good cooperation and coordination with the EU, the Member States, third countries, international partners, and other relevant stakeholders. ECDC is part of the wider EU public health system, composed of the EU institutions and Member States. In order to have a positive impact within this system, ECDC must interact efficiently and effectively with these key partners. Furthermore, ECDC's legitimacy and its "licence to operate" depend on the Centre being valued by the EU institutions and Member States. If ECDC fails to maintain effective dialogue and strong relations with these key partners it risks losing impact, and ultimately its "licence to operate". There is a reputational risk dependant on the perception of ECDC and its collaboration with external partners. In fact, there is a danger that cooperation will increase the burden rather than adding value, particularly if ECDC's actions are perceived as imbalanced between countries. ECDC also risks choosing the wrong partners for collaboration, outputs and resources under the terms of its mandate. To mitigate these risks ECDC has an internal procedure on country visits and a strategy for external relations,

endorsed by the Management Board. Since November 2010, ECDC also has a new policy for collaboration with third countries. In 2011, ECDC will also develop a strategy for interactions with civil society.

### Resource Management

The main objective of the Resource Management Unit is to provide ECDC with the necessary expertise and support to ensure that the Centre functions efficiently. This in turn will ensure that the operational units achieve their objectives in the implementation of the Centre's mandate. The main risks lie in failing to deliver correct and/or timely support in its fields of expertise which include human and financial resources, ICT infrastructure and services, missions and meetings, buildings and logistics, legal advice and internal control coordination. ECDC has therefore introduced a number of procedures and reporting requirements to make sure the support provided is correct and timely. These include a detailed annual recruitment plan, monitored by monthly reporting to the SMT; procedures and monthly reporting for commitments and payments; a steering group for the new building project and the establishment of a committee for procurement, contracts and grants (see also description of Internal Control System below).

In 2010, ECDC was still growing and the staff (TAs, CAs and SNEs) increased from 199 to 254. This had a considerable impact on the organisation, e.g. induction of new staff; provision of appropriate facilities, equipment and logistics; provision of resources for recruitment; further development of middle management and establishment of new policies and procedures.

The ECDC only has direct expenditure. There are no Member States or implementing bodies involved in the execution of the budget. Therefore, apart from salaries and salary-related costs, most expenditure is based on procurement procedures carried out by the ECDC itself.

## 2. Management and control systems

### Management supervision

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

Planning and monitoring is a crucial part of the ECDC management and control system. ECDC has a Strategic Multi-Annual Work Programme for the period 2007–2013. An Annual Work Programme is adopted each year by the Management Board in order to implement the objectives of the Strategic Multi-Annual Work 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 between the Director's Office and the Units and Programmes and corrections are made as necessary. In 2010, an updated version of the Management Information System (MIS) was launched. MIS provides a single point of reference across the organisation on the implementation of the Work Programme. A comprehensive set of reports provide an overview for day-to-day management of the activities.

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

In 2010, the Director of ECDC, as Authorising Officer (AO), delegated financial responsibility to the five Heads of Unit, and for a period of time, to the Coordinator of the Director's Office (Authorising Officers by Delegation (AOD)). In their absence, the Heads of Unit delegate to the Deputy Heads of Unit. Should the Deputy Head of Unit, or the Coordinator of the Director's Office, be unavailable the authority returns to the Director. Consequently, only a very limited number of persons can act as AO/AOD at ECDC. Moreover, although the AODs can enter into budgetary and legal commitments and authorise payments, all contracts over EUR 250 000 need to be signed by the Director.

For the expenditure in 2010, the AODs signed a Declaration of Assurance to the AO, similar to the one signed by the AO himself (see p.96), for the area in which they were delegated responsibility. As there was a change in Director in 2010, the Interim Director also signed a Declaration of Assurance to the new Director for the period in which he was performing the role of Director.

### Internal Control System

The Internal Control System cannot be described in its entirety but certain key components are mentioned below.

### Internal control standards

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

In early 2010, ECDC followed the example of the European Commission and introduced a revised set of internal control standards.

These revised internal control standards contain more detailed requirements and increase internal control in

the areas of staff allocation and mobility, business continuity, external communication and accounting and financial reporting.

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

The revised internal control standards 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.

A review of the implementation of the internal control standards was performed in connection with the preparations for the Annual Report. The results were discussed and validated by ECDC management. Two of the standards have not been implemented, one relates to business continuity (no. 10) and the other to evaluation of activities (no. 14). Four of the other standards have only been partly implemented, while the rest are mainly or fully implemented. Work will continue in 2011 on the outstanding actions to ensure that all internal control standards are fully implemented.

### Internal procedures, Director's decisions and implementing rules

The Internal Control System also includes a number of internal procedures. Examples of these procedures, which are approved by the Director, include financial workflows for commitments and payments, guidance on conflicts of interests, a code of good administrative conduct and procurement procedures. New internal procedures are introduced when necessary and existing procedures revised at regular intervals. In 2010, the procedures for financial workflows relating to commitments and payments were revised.

There are also a number of Director's decisions made regarding policies and rules. In 2010, decisions were introduced on the ECDC organisation and decision-making process, the ECDC Sustainable Agenda for 2010 and 2011 and rules governing EPIET fellowships and EUPHEM fellowships.

Certain implementing rules were also in relation to Staff Regulations. These cover issues such as pensions, allowances and leave. In 2010, implementing rules were also adopted on early retirement without reduction of pension rights.

### Centralised support and control functions

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

on Procurement, Contracts and Grants (CPCG) and the Financial Verification Officer.

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

The Financial Verification Officer performs centralised ex-ante controls and is responsible for verifying all commitments and any payments over EUR 25 000.

### Internal Control Coordinator

Since 2009, the Internal Control System has been reinforced by the establishment of the role of Internal Control Coordinator. This role includes designing, promoting, facilitating and monitoring the implementation of internal control and risk assessment systems at ECDC. It is also a central point for coordinating the work with Internal Procedures, acts as a point of contact with the Audit Committee and ensures a proper follow-up of all audit recommendations. In 2010, the system for preparing the Annual Report and the Director's Declaration of Assurance was strengthened and the revised internal control standards were put in place and monitored.

### Risk assessments and risk management

In February 2011, ECDC performed an update of the management self-assessment exercises performed in October 2008 and November 2009. The risk workshop, which was attended by management, is based on the IAS standard methodology. The exercise also included a follow-up on previous exercises and action plans.

The risk assessment workshop showed that there was increased risk awareness in ECDC's senior management, but that improvements needed to be made in a number of areas, especially regarding organisational structure, planning processes, operational efficiency and business continuity. Action is already underway to adapt the organisational structure to better meet the needs of the Agency and to prepare a business continuity plan. As in previous years an action plan will be put in place covering the main risks identified.

### Data protection

The Centre has a Data Protection Officer (DPO) in charge of ensuring compliance with data protection requirements. The main objective in this field is to develop data protection awareness through events and training and to ensure proper notification of data processing operations to verify that adequate personal protection measures are established.

In 2010, ECDC's Data Protection Officer and the controllers of personal data processing operations continued to promote compliance with Regulation (EC) No 45/2001. Several information sessions for staff and controllers were held. Six operations were notified by their controllers to the DPO, and three of these were referred by the DPO to the European Data Protection Supervisor (EDPS) for a prior check. Moreover, the Data Protection Officer assisted controllers in implementing EDPS recommendations resulting from three prior checks made in 2009.

### Ex-post verifications

In 2009, ECDC performed two ex-post verifications of grant contracts. Based on the experiences of these two verifications a draft grant verification policy was developed in 2010. It is expected that the policy will be approved during the first quarter of 2011. The policy will attempt to find an effective and efficient mix of control activities, such as audit certificates and own verification missions.

### Audit Committee

The purpose of the ECDC 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.

The Audit Committee has overall responsibility for the Internal Control System, management risk assessments and the internal and external audits performed. The Committee has an obligation to report back to the Management Board on any serious shortcomings identified in relation to the activities under its responsibility.

In 2010, the Audit Committee had three meetings. At each of these meetings it received an update on the audits performed, including management's response and actions taken, as well as an update on the status of all open observations.

## 3. Follow-up of audit work and previous reservations

### European Court of Auditors

ECDC is audited every year by the European Court of Auditors (ECA). Following the audit ECDC is provided with a Statement of Assurance as to the reliability of its accounts and the legality and regularity of the underlying transactions.

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

The ECA audit of the 2010 annual accounts is ongoing and the draft report will be available in June 2011. The first part of the audit was performed in October 2010 and the second part will be performed in May 2011.

There was only one observation made by the ECA in relation to the 2009 annual accounts and this concerned

the large number of carry-forwards, breaching the principle of annuality (also raised in 2008). This issue is being addressed by ECDC. The level of carry-forwards has already been reduced and an action plan devised to reduce it further.

The only other remaining open observation, from the audit of the 2008 annual accounts, in relation to the seat agreement/personal identification numbers, was resolved in 2010.

### Internal Audit Service

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

In 2010, the planned audit on processes supporting the establishment of the Annual Work Programme, focussing on the Management Information System, was postponed to 2011. Instead, the Internal Audit Service performed a more detailed risk assessment. It also performed a follow-up audit of its previous findings.

At the end of 2010 there were no 'critical' findings, no 'very important' findings and six 'important' findings still open.

### Previous reservations in Annual Reports

There were no reservations in the previous Annual Reports.

# Annex 10: Director's Declaration of Assurance

## Building blocks of the 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 in place
- The results of the management's risk self-assessment exercise
- The results of the ex-post verification missions
- The list of recorded exceptions
- The absence of identified internal control weaknesses reported
- The observations of the Court of Auditors known at the time of the declaration
- The observations of the Internal Audit Service known at the time of the declaration.

## Conclusion

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



### 2010 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<sup>1</sup>.

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

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

Stockholm, 23 February 2011

Marc Sprenger  
Director

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

## Annex 11: Management Board's analysis and assessment of the Authorising Officer's (Director) Annual Report for the financial year 2010

The Management Board has analysed and assessed the Authorising Officer's (Director's) Annual Report for the financial year 2010, 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:

- ECDC managed to ensure the implementation of its Work Programme for most of the initially planned activities;
- 2010 was the last year in which ECDC budget and staff were increased, reaching a plateau, as foreseen in ECDC Strategic Multi-annual Programme 2007-2013, and in the EU financial perspectives 2007-2013;
- Having completed the first stage of its development, in 2010 with the arrival of a new Director, ECDC entered a consolidation phase;
- In 2010, ECDC public health functions (surveillance, scientific advice, preparedness and response and health communication) were fully established and operational;

- Following the adoption by the Management Board in November 2009 of the Strategies for the Disease Specific Programmes 2010-2013, and the development of tools, methodologies and networks, the output from the disease groups in which ECDC is involved is now more significant and ECDC's added value at the European level has become more specific and more valuable;
- ECDC delivered increased output, further developed its partnerships and consolidated its internal structures in order to address the need 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 2010. The Management Board appreciates the structure of the document, and particularly the second part of the report, which provides for the first time, a clear, systematic, detailed and transparent overview of the implementation of the Work Programme.







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