



## ECDC Annual Work Programme 2010

At its Seventeenth meeting in November 2009, the Management Board approved the ECDC Annual Work Programme 2010 (document MB17/5 Rev.1).

### Summary:

#### **The foundation for ECDC's work**

As stated in Article 14.5(d) of ECDC's Founding Regulation, [The Management Board shall:] "adopt, before 31 January each year, the Centre's programme of work for the coming year."

The ECDC Annual Work Programme 2010 is based on ECDC's *Strategic Multi-annual Programme (SMP) 2007-2013*. The activities to be developed in 2010 are therefore clearly and individually linked to the long-term strategies of ECDC.

#### **Main priorities of the 2010 Work Programme**

According to the ECDC Strategic Multi-annual Programme, from 2010 onwards, ECDC's main focus should shift from the *consolidation of its Public Health Functions* (surveillance, scientific advice, preparedness and response, health communication) to *a priority given to Disease Specific work*. This process is supported in parallel with the presentation of the long-term strategies for the Disease Specific Programmes to the Management Board.

Partnerships, including External Relations and Country Relations and Coordination, will continue to work on further improving ECDC's overall cooperation with the EU institutions, Member States, other public health partners and external partners. Special emphasis will be placed on improving the internal coordination of country work within ECDC. The further building up of sustainable links and collaboration with the Competent Bodies will aim to ensure full synergy in the work.

The Centre's budget is expected to grow by +20% in 2010, to reach 60 M €, while staff count should increase by 45 members.

Therefore, the 2010 Work Programme implementation is conditional upon the approval of the corresponding budget by the relevant authorities.

	<p>The <i>Executive Summary</i> of the document encapsulates the most important outputs of the 2010 Work Programme.</p> <p><b>Consultation on the 2009 Work Programme</b></p> <p>As described in the Introduction chapter, in June 2009, the Management Board reviewed ECDC's 2010 priorities; the present document is based on this list of priorities which has also been reviewed and discussed by the Advisory Forum during 22-23 September 2009. In order to ensure full synergy, the document has also been widely discussed with the European Commission in October 2009.</p>
<b>Action:</b>	<p>The Management Board is requested to approve the ECDC Annual Work Programme 2010. This document, once adopted, will guide the Centre's activities for 2010. Its implementation will be regularly monitored and reported to the Management Board, in particular, in the Annual Report of the Director.</p>
<b>Background:</b>	<p>Regulation (EC) N° 851/2004 of the European Parliament and of the Council of 21 April 2004</p> <p>Article 14.5(d) – [The Management Board shall:] “adopt, before 31 January each year, the Centre's programme of work for the coming year.”</p>

## Table of Contents

	Page
Executive Summary .....	1
Introduction.....	5
Structure of the 2009 Annual Work Programme .....	5
Process of elaboration and consultation with the major stakeholders .....	5
Major priorities in 2010 .....	6
Resources .....	6
Target 1: Disease-specific work .....	7
Grouping of disease-specific work .....	7
Prioritisation among the disease-specific groups.....	8
Respiratory Infections .....	9
Influenza.....	9
Tuberculosis .....	11
Legionellosis .....	13
Sexually Transmitted Infections including HIV/AIDS and Blood-borne viruses.....	15
Vaccine Preventable Diseases .....	17
Antimicrobial resistance and Healthcare Associated Infections.....	19
Food and Waterborne Diseases and Zoonoses.....	21
Emerging and Vector-borne Diseases .....	23
Target 2: Communicable disease surveillance .....	25
Target 3: Scientific excellence and information .....	27
Target 4: Detection, assessment, investigation and response to emerging threats from Communicable Diseases.....	29
Target 5: Training for the prevention and control of Communicable Diseases.....	31
Target 6: Health communication.....	33
Target 7: Partnerships .....	35
Country Relations and Coordination .....	35
External relations and partnerships.....	35
Target 8: Leadership .....	37
Governance .....	37
Strategic management .....	37
Target 9: Administration .....	39
Annexes.....	41

## Executive Summary

As in the previous years, ECDC's work for 2010 is planned on a yearly basis in an Annual Work Programme with a medium term "rolling time horizon", which is based on the Strategic Multi-annual Programme (2007-2013). In this way, ECDC's day-to-day work is linked to its longer-term goals and official mandate.

This document is based on the priority list for scientific advice prepared by ECDC in January/February with input from Competent Bodies for scientific advice, the Advisory Forum (AF) and ECDC Units and Disease Specific Programmes, and scoring from the Member States. A list of "ECDC 2010 Work Programme priorities" has also been reviewed by the Management Board in June 2010 and the Advisory Forum in October 2009. In order to ensure full synergy, the document has also been widely discussed with the European Commission in October.

### Main priorities of the 2010 Work Programme

According to the Strategic Multi-annual Programme, from 2010 onwards, ECDC's main focus should shift from the **consolidation of its Public Health Functions** (surveillance, scientific advice, preparedness and response, health communication) to a **priority given to Diseases Specific work**. This process is supported in parallel with the presentation of the long term strategies for the Disease specific programmes to the Management Board.

**Building Partnerships** will remain a high priority in order to further improve ECDC's overall cooperation with the EU institutions, Member States, other public health partners and external partners. The further building up of sustainable links and collaboration with the Competent Bodies will aim to ensure full synergy in the work.

The Centre's **budget is expected to grow by +20%** in 2010, to reach 60 M €, while **staff** count should increase by 45 members. The 2010 Work Programme implementation is conditional upon the approval of the corresponding budget by the relevant authorities.

### Main priorities for Disease Specific areas in 2010

- **Influenza:** the work initiated in 2009 for pandemic response to influenza will continue. Its tempo will depend on the extent of the pandemic waves in 2010. Surveillance of the pandemic will remain a priority to track the spread and intensity of the virus, as well as studies, analysis and dissemination work. ECDC will also work on estimation of the effectiveness of the vaccine and its possible adverse effects. This will be done in liaison with other partners including by supporting the update of the Community pandemic preparedness plan. ECDC will also focus its efforts on seasonal influenza, and in particular the use of seasonal vaccination, by supporting the Council recommendation, producing guidance and material for Member States and monitor policies practices and coverage of the vaccines.

- **Tuberculosis:** The follow up of the “Framework action plan for TB control in the EU” will be the basis of the work on tuberculosis, in particular through the identification of key indicators and areas of responsibility to monitor the progress towards TB elimination in the EU. ECDC will provide technical and scientific support, as well as guidance for the introduction of new tools for TB control. TB surveillance will be continued and further strengthened and support to countries expanded.
- **Sexually Transmitted infections including HIV/AIDS and blood-borne viruses:** Surveillance will be continued on HIV/AIDS and STI, and a new network will be established on hepatitis surveillance. Behavioural surveillance and guidance on key prevention strategies will be carried on with a target on main risk groups and vulnerable populations. Studies will be conducted on recently acquired infections and HIV resistance. ECDC will also support Member States in reviewing and monitoring their prevention programmes and surveillance systems, as well as monitoring the implementation of the Dublin declaration and the new EU action plan for HIV/AIDS.
- **Vaccine Preventable diseases:** Surveillance activities will be ongoing, in particular for invasive bacterial diseases, diphtheria (integration of the surveillance network in ECDC), and measles and rubella (through the coordination of the surveillance network for vaccine preventable infectious diseases – EUVAC.NET). Surveillance of *S. pneumoniae* will be started together with relevant scientific advice for vaccination. ECDC will continue the coordination of the VENICE (dissemination of best practices for vaccination), and VAESCO (vaccine safety monitoring) projects. ECDC will also develop standards for vaccine coverage assessment in Europe.
- **Antimicrobial resistance and healthcare associated infections:** ECDC will focus its surveillance work on the integration or preparation of three networks (AMR surveillance, antimicrobial consumption surveillance, standardisation of antimicrobial susceptibility testing). Guidance will be provided also on specific resistant micro organisms such as MRSA. ECDC will support countries by specific visits and the organisation of the 3<sup>rd</sup> Annual European Antibiotic Awareness Day. For healthcare associated infections (HAI), ECDC will coordinate a EU-wide prevalence survey, and support the strengthening of surveillance activities and capacities. ECDC will provide guidance on HAI prevention and control, as a support to the recently adopted Council Recommendation, and contribute to the coordination of the Member States activities through the network of national HAI focal points.
- **Food and Waterborne diseases:** ECDC will continue its surveillance activities for priority diseases with a focus on reinforcing quality assurance, method harmonisation and training. Molecular surveillance will be initiated for *Salmonella* and STEC/VTEC. Regular surveillance reports, including the contribution to the human part of the Zoonoses report of EFSA will be prepared. For The urgent enquiry network will be further developed and collaboration with the relevant partners strengthened for outbreaks / investigations. ECDC will produce guidance on norovirus in community settings and on the prevention of the Creutzfeldt Jacob disease in health care settings.
- **Emerging and Vector-borne diseases:** The main priority for 2010 will be to build network activities through different networks. Tick-borne diseases will be prioritised, with a main focus on tick-borne encephalitis and Lyme disease, raising clinical awareness and developing a surveillance strategy. Furthermore ECDC will continue to produce ad hoc assessments, support outbreak responses, and communicate key scientific developments. A database on vector-borne diseases at European level is under construction. An plan on action on vector-borne disease in overseas territories will be developed.

## Main priorities for Public Health Functions in 2010

- **Surveillance activities:** The European communicable diseases surveillance system (TESSy) will be further improved. After all the assessment of all Dedicated Surveillance Networks has been finalised in 2009, their transfer to ECDC by the beginning of 2011 will be finalised. Further improvement of data collection will be a priority (common datasets for all diseases, evaluation of case definition in the EU region, alignment of data collection with WHO and other partners. Trend analysis will be delivered and their reporting in the Annual Epidemiological Report will be improved. The quality assurance of surveillance data will be reinforced in order to get a better estimation of the true incidence of diseases and cover more diseases.
- **Scientific Advice:** As a public health research catalyst, ECDC will organise the annual ESCAIDE conference, continue working on the research gap in the field of communicable diseases and continue working on strengthening mathematical modelling capacity in all Member states through training. Some specific projects will be developed, including on Environment and epidemiology in Europe (E3), and on the Burden of Communicable diseases in Europe. ECDC will continue to deliver scientific advice and risk assessment on request. A grading system for evidence will also be developed to improve scientific advice delivery. ECDC will continue building key advice infrastructures (directories of experts, labs, learned societies, etc.). Further guidance will be provided on microbiology and biosafety issues through the national microbiology focal points meetings.
- **Detection, assessment, investigation and response to emerging threats:** In 2010, ECDC will strengthen the collaboration with Member States to ensure a prompt dissemination of epidemic intelligence. International collaborations will also be expanded. Optimal support to Member States will be provided to ensure optimal response to the pandemic A(H1N1) strain, and to draw lessons to further refine preparedness in the future. The 3 networks of experts for preparedness and response will be strengthened: virologists, travel medicine, entomologists. Generic preparedness will remain a priority, focusing in particular on mass gathering and outbreaks occurring on cruise-ships.
- **Training activities:** ECDC will continue to implement its training strategy based on needs assessments for capacity building defined together with Member States and revised annually. The EPIET programme will be revisited based on an evaluation carried out in 2009, in particular with a strengthening of its laboratory component. Hybrid EPIET/national fields epidemiology training programmes will be developed. A broader set of short-courses modules for strengthening capacity will be offered. Curricula and training materials, as well as a web-based interactive field epidemiology training manual will be further developed.
- **Health Communication:** The health communication efforts of ECDC will be based on the detailed communication strategy presented to the management Board in November 2009. ECDC will in 2010 make full use of its new web portal and open necessary extranet workspaces to facilitate and foster online communication with its stakeholders. Development of multilingualism will be a high priority as well. The communication efforts will focus to provide health professionals and policy makers with needed information. New resources will gradually be available from the new Knowledge and Resources Centre to ensure a wider coverage of ECDC scientific output.
- **Country Relations and Coordination:** will focus on tailor-made approaches to countries in 2010. The objective is to ensure more effective coordination of services provided by ECDC towards the Member States. In order to achieve this, nine country assessments will be carried out by the end of 2010, at the invitation of the countries

which will result in clear priorities set out in a memorandum of understanding between ECDC and the country.

- **External Relations:** ECDC will have its strategy on stakeholder management in place to facilitate collaboration with a wide range of public health partners. Collaboration will be reinforced in particular with the new European Parliament and its ENVI committee, with DG Enlargement and DG External Relations of the Commission in order to bring candidate countries and potential candidate countries into the work of ECDC, as well as with selected countries of the EU Neighbourhood Policy.
- **Leadership:** ECDC will continue to ensure high quality support to the Management Board and the Advisory Forum. ECDC will enhance all aspects of its management. The ECDC management Information system for planning, monitoring and reporting will be further improved. The indicators related to the Strategic Multi-annual Programme (SMP) will be reported and adjusted as necessary.
- **Administration:** The Administration services will continue to enhance the level and quality of support they provide to the operational units and the Director's cabinet. 45 new staffs will be recruited, so that the Centre can reach its full capacity. Further development of business continuity planning will also be a major objective in 2010.

## Introduction

### *Structure of the 2009 Annual Work Programme*

According to ECDC's Founding Regulation<sup>1</sup>, "*The Management Board shall adopt, before 31 January each year, the Centre's programme of work for the coming year. It shall also adopt a revisable multi-annual programme.*" Furthermore, "*Each year the director shall submit to the Management Board for approval [...] draft work programmes*"<sup>2</sup>

The Strategic Multi-annual Programme 2007-2013 (SMP) adopted by the Management Board in June 2007, outlines clear expectations for ECDC's achievements by 2013. ECDC work is planned on a yearly basis in an Annual Work Programme with a medium term "rolling time horizon", which is based on the structure and content of the SMP. In this way ECDC's day-to-day work is constantly linked to its longer-term goals and official mandate.

Therefore, the Annual Work Programme for 2010 has been developed, based on the Strategic Multi-annual Programme.

### *Process of elaboration and consultation with the major stakeholders*

The planning process started in January/February with the establishment of an **initial priority list for scientific advice** prepared by ECDC Scientific Advice Unit, based on input from Competent Bodies for scientific advice, the Advisory Forum (AF) and ECDC Units and Disease Specific Programmes, and scoring from the Member States. This list was reviewed and agreed by the Advisory Forum in May 2009<sup>3</sup>.

At its 16<sup>th</sup> session in June 2009, the Management Board reviewed the "**ECDC 2010 Work Programme priorities**"<sup>4</sup>. During summer an updated version was sent to the Advisory Forum for comments. The document was discussed at the Advisory Forum on 22-23<sup>rd</sup> September 2009.

During summer, all ECDC Units and Disease Specific Programmes prepared the **detail planning of their activities for 2010**, which includes a precise allocation of resources for each activity. For the first time the planning was entered in the new **Management Information System (MIS)** launched on 1<sup>st</sup> September 2009, which centralises all planning information in a single point and will facilitate the follow up, monitoring and reporting of ECDC activities in the future.

On 23<sup>rd</sup> September, ECDC organised for the first time a **Peer Review process** of all its planned activities for 2010, which consisted in a review of one Unit's Work Programme by another Unit. This pilot exercise proved as a very successful way to provide feedback, share information, improve collaboration, ensure a better consistency in the level of planning and prevent overlap between activities. One AF member also took part to this exercise.

On 6-7 October 2009, **ECDC and the European Commission** (DG SANCO C and the European Agency for Health and Consumers) met in order to jointly review the areas of mutual

---

<sup>1</sup> Article 14(5)(d).

<sup>2</sup> Article 16(3)(b).

<sup>3</sup> Document AF 18-5 - *Priorities for Scientific Advice*.

<sup>4</sup> Document MB16-9 Rev.1 - *ECDC 2010 Work Programme Priorities*.



interest of their respective work programmes in order to better synergise their collaboration, and avoid overlaps.

### **Major priorities in 2010**

The Strategic Multi-annual Programme 2007-2013 divides its seven Targets into three Groups: Group I: Disease-specific issues (Target 1), Group II: Public Health functions (Targets 2-6) and Group III: Partnerships<sup>5</sup> (Target 7).

The ECDC Strategic Multi-annual Programme 2007-2013 states that **for the 2007-2009 period, top priority should be given to develop the “Public Health Functions” of ECDC** (surveillance, scientific advice, preparedness and response, health communication), as the essential preconditions for a more systematic, coordinated and effective fight against communicable diseases throughout the European Union. Therefore, during that period, ECDC gave emphasis to the strengthening of its infrastructure and modes of operation, as well as their interfaces with the Commission and Member States, and the support to Member States' capacity building. By January 2010, the Public Health Functions will be fully in place and in routine operation.

According to the Strategic Multi-annual Programme, **from 2010 onwards, ECDC's main focus should shift to Disease Specific work**. ECDC has already started to build the basic tools for the scientific work, databases, networks and methodologies of the Disease Specific work during the previous years. However, the Strategic Multi-annual Work Programme sets only common general objectives for all the Disease Specific Programmes (DSP). Therefore, there was still a lack of clarity regarding the specific long-term objective of the different disease programmes. In the previous months, ECDC placed particular emphasis on the development of key long-term strategies for each of the Disease Specific Programmes. These strategies are presented for approval to the Management Board in November 2009. They will help to clarify what is expected from ECDC in the area of each disease group. Furthermore, the DSP role within ECDC's internal organisation will be strengthened in 2009.

Partnerships with the Member States, EU institutions, neighbouring countries and WHO will be further strengthened through streamlining of cooperation principles, structures and practices.

### **Resources**

Since the early establishment of the Centre, and specifically in the context of the financial perspectives 2007-2013, it was envisaged to gradually build up the capacities of ECDC and to reach **full maturity by the year 2010**. The Centre's budget is expected to **grow by +20% in 2010, to reach 60 M €**, while **staff count should increase by 45 members (+17%)** to reach 300 staff members (temporary agents and contract agents) and about 50 other persons (seconded national experts, interim, consultants).

Table 1: *Budget by Title*

<b>Budget by Title</b>	<b>K€</b>	<b>% of total</b>
Title 1 - Staff	27,430	47.4%
Title 2 – Administrative Expenses (Infrastructure)	6,735	11.6%
Title 3 – Operating Expenditure	23,735	41.0%
<b>Total</b>	<b>57,900</b>	<b>100.0%</b>

<sup>5</sup> Cooperation with EU structures, Member States, Inter Governmental Organisations and Non-governmental Organisations.

## Target 1: Disease-specific work

### **Strategic Multi-annual Programme 2007-2013 objective:**

*“By 2013, ECDC will have made significant contributions to the scientific knowledge base of communicable diseases and their health consequences, their underlying determinants, the methods for their prevention and control, and the design characteristics that enhance effectiveness and efficiency of their prevention and control programmes. In this regard, ECDC will work to:*

- *Enhance the knowledge of the health, economic and social impact of communicable diseases in the European union;*
- *Improve the scientific understanding of communicable disease determinants consequences, their underlying determinants, the methods for their prevention and control;*
- *Improve the range of the evidence base for methods and technologies for communicable disease prevention and control;*
- *Contribute to the strengthening of programmes for communicable disease prevention and control at European union level and, upon request, in individual member states. “*

### **Grouping of disease-specific work**

More than 55 diseases and conditions fall within ECDC's mandate. To deal with this large number, ECDC chose to aggregate them into 6 disease groups and conditions based mostly on determinants, since this usually provides a pointer to similar categories of intervention:

- Respiratory infections (Influenza, Tuberculosis, Legionella),
- Sexually Transmitted Infections including HIV/AIDS and Blood-borne viruses,
- Vaccine Preventable Diseases,
- Antimicrobial resistance and healthcare-associated infections,
- Food and Waterborne Diseases and Zoonoses,
- Emerging and Vector-borne Diseases.

For each of the disease groups, priorities have been identified in the 2007-2013 Strategic Multi-annual Programme accordance with 4 common generic Strategies:

- *Strategy 1:* Health, social and economic impact of the disease
- *Strategy 2:* Disease determinants
- *Strategy 3:* Prevention and Control methods
- *Strategy 4:* Prevention and Control programmes at EU and MS level

However, these horizontal generic strategies, if they are still relevant, may not be sufficient anymore, as each of the Disease Programmes should follow very specific long-term objectives. Therefore, it has been decided to develop during 2009 a set of specific strategies for each of the Disease Programmes. These strategies will be the main element to guide the activities that will be developed for the disease specific work. The work on the particular strategies started in June 2009, and is presented to the Management Board in November. These specific strategies have already been taken into account when preparing the 2010 Work Programme.

### ***Prioritisation among the disease-specific groups***

All Disease programmes develop activities in the field of epidemiologic data surveillance, development of scientific advice and update on recent scientific findings, risk assessments and guidelines that would have a European added value, follow up and coordination with the relevant European and international initiatives. The Horizontal programmes have also a '*Science Watch*' function, in which they monitor upcoming issues in their areas. This may cover emerging diseases, new technologies, new prevention methods, or issues that might raise public interest.

Prioritisation in the work of the Disease Specific Programmes fully takes into account the priorities that the European Commission plans to emphasise in its own Work programme in 2010-2011 and upcoming initiatives. Therefore specific attention has been given to these subjects (such as health threats, vaccination policy in particular for children, and antimicrobial resistance).

- **Respiratory Infections**

- **Influenza**

*Budget allocated in 2010: 1,305,706 €*

**Projected outcomes for the medium-term (2–3 years)**

- Improving European pandemic preparedness and response: provide evidence-based analyses and lessons for improving pandemic response to the current pandemic, and for improving preparedness and response to prepare for the next pandemic in Europe;
- Reducing the burden of seasonal influenza in Europe during the inter-pandemic period including supporting Member States, WHO and the Commission in implementing the 2009 EU Recommendation on Seasonal Influenza Immunisation.

**Expected results in 2010**

In 2010, ECDC will continue the work on pandemic response for influenza, initiated in 2009 with Member States, the Commission, EMEA and WHO (Headquarters and the Regional Office for Europe). The tempo of this work and the balance between immediate response and post pandemic work will depend on the extent that the pandemic waves continue into 2010

Surveillance Monitoring in a pandemic, tracking the spread and intensity of the pandemic, the antiviral resistance and other changes in the virus;

Learning from studies in a pandemic so as to further refine the information needed for action in mitigating the 2009 pandemic, including acting as a 'hub' for analysis and dissemination of public health research undertaken in the European Union;

Estimating the effectiveness of pandemic vaccines with the European Medicines Agency (EMA) and helping investigate putative adverse effects of vaccine and antivirals. Where possible, evaluating the effectiveness of other measures;

Supporting the Commission in its intended update of the Community pandemic preparedness plan.

Linking with ECDC's partners in other countries outside the EU, especially those with which the Centre has a Memorandum of Understanding (Canada, China, USA) in order to share thinking and experiences.

For seasonal influenza, the work will in particular focus on supporting the implementation of the future Commission proposal for a Council Recommendation on use of seasonal vaccination and revisiting the case for children and healthcare workers. Furthermore:

Producing guidance and materials supporting Member States improved and increased use of influenza vaccines

Monitoring in a standardised way policies, practices and coverage of seasonal influenza vaccines by Member States

## List of activities in 2010 - Influenza

---

### ***1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU***

- Continuing the work on the development and coordination of the European Influenza surveillance Network (EISN) network ensuring influenza surveillance activities extending it from primary care alone to include severe disease and deaths
- Continuing the coordination of the Community Network of Reference Laboratories

---

### ***2. To improve the scientific understanding of communicable disease determinants***

- Producing evidence-based advice for seasonal influenza immunisation in children and pregnant women across the EU
- Continuing the Surveillance and Studies in a Pandemic project, producing a summary report which will include recommendations

---

### ***3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Providing estimates of the influenza A(H1N1) 2009 pandemic vaccine effectiveness in the EU via the adaptation and expansion of the Influenza-Monitoring of Vaccine Effectiveness project – short
- Coordinating the ‘studies’ part of the Surveillance and Studies in a Pandemic project, linking up researchers, analysing and disseminating the outcomes of research in a pandemic
- Organising a small research seminar on the behavioural aspects of influenza control relevant to both the A(H1N1) 2009 pandemic and improving seasonal influenza control

---

### ***4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- Supporting the Commission in its update of the 2005 Communication on pandemic preparedness,
  - Supporting the implementation of the Council Conclusion on Seasonal Influenza Immunisation especially at the Member States level though disseminating guidance, developing training and communication development
  - Developing with EMEA and other relevant partners, EU-wide systems for monitoring and assessing influenza pandemic vaccine safety specific issues with the expansion and expedition of a project harmonising and improving vaccine safety in Europe
  - Piloting a monitoring and evaluation tool for seasonal influenza vaccination programmes in the Member States and providing EU-wide action guides to monitor influenza prevention and control public health programmes
  - Monitoring the EU seasonal influenza vaccine policies, practices & coverage
  - Determining lessons learnt from the pandemic in order to provide recommendations on the future strategy for pandemic preparedness activities in the EU Member States
-

## - Tuberculosis

Budget allocated in 2010: 891,533 €

### **Projected outcomes for the medium-term (2–3 years)**

Considering the current epidemiological and control set-up for tuberculosis (TB) in the EU and Europe at large the overall specific aim for ECDC TB Programme will be to become by 2013 a centre of scientific excellence to guide strategically and technically progress towards elimination of tuberculosis from the EU Member States.

Under the platform of the 'Framework Action Plan for TB Control in the EU' the project will aim at coordinating progress towards TB elimination in the EU by developing an implementation and follow-up framework for the plan in collaboration and as requested by the European Commission. The implementation plan will aim at further accelerating and catalysing EU wide activities towards control and elimination. ECDC strategic technical activities will support the implementation plan particularly aiming at the following mid-term outcomes:

- Strengthened and enhanced EU-wide surveillance system,
- Guidance on TB control among vulnerable populations,
- Networking of laboratory capacity at EU level,
- Guidance on introduction of new tools for TB control,
- Strengthened partnership with Commission, WHO-EURO and partners in the field.

### **Expected results in 2010**

The overall strategy of the TB Programme for 2010 will be in line with the key principles of the TB action Plan: ensure prompt and quality TB care for all, strengthen health systems, develop and assess of new tools, build partnerships and international collaboration and in line with the 8 areas of actions described in the Plan.

The follow-up to the Action Plan with the identification of key indicators and areas of responsibilities will represent the basis for monitoring progress towards TB elimination in the EU.

Technical and scientific support will be provided through the development of guidance as per prioritisation provided by the Advisory Forum. Guidance on Use of Interferon Gamma Release Assay's (IGRA) and management of contacts to multi-drug resistant TB (MDR-TB) will be the key products.

The key functions of TB surveillance and laboratory coordination will continue and be further strengthened. Support to countries will be expanded through an increase number of country visits as well as technical support upon requests of the Member States. Scientific work will also continue in the field of social determinants.

**List of activities in 2010 -  
Tuberculosis**

---

***1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU.***

- Analysis and report on TB epidemiology and trends in the EU
- Analysis and forecast of impact of social and economical developments on TB epidemiology and control in the EU

---

***2. To improve the scientific understanding of communicable disease determinants***

- Analysis of social and environmental determinants of TB in the EU to guide control strategies

---

***3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Guidance for introduction of new tools for TB control at programmatic level (i.e. IGRA and MDR-TB Prophylaxis)
- Launching and coordination of MDR/XDR-TB<sup>6</sup> EU scientific consultation group
- Establishment of basis for start-up of molecular surveillance of TB in the EU

---

***4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- Development of the follow-up of to the TB Action Plan inclusive of monitoring implantation plan
- Coordination of TB surveillance for EU+EEA countries
- Coordination and strengthening EU TB Reference Laboratory Network (TB – ERLN)
- Direct technical support to MS through country visits and technical input
- Mark awareness days, like World TB Day, and support priority themes in communication and produce multi-lingual documents

---

<sup>6</sup> Extremely drug resistant TB.

## - Legionellosis

Budget allocated in 2010: 507,300 €

### **Projected outcomes for the medium-term (2–3 years)**

- Legionnaires' disease surveillance and cluster response monitoring well established and successful in protecting travellers in Europe
- National laboratory-based surveillance more standardised and strengthened
- Annual training course well established and popular.

### **Expected results in 2010**

The surveillance of Legionnaires' disease at European level and the monitoring of travel associated cluster response activities are carried out by EWGLINET, one of the last dedicated surveillance networks still outsourced. As of 1 April 2010, ECDC will have fully integrated the coordination of the network and its activities. The surveillance focus on travel-associated cases and clusters of Legionnaires' disease makes particular sense, as many clusters consist of single cases from different countries and would have never been detected without any European surveillance scheme. Therefore in 2010, surveillance through TESSy will be operational and the cluster response monitoring through EPIS will be operational. National reference laboratory capacity will be surveyed and reported back to ECDC by contracted laboratory/consortium. Laboratory external quality assurance schemes will be in place. The first training course on surveillance and outbreak prevention/control will be held. Development of technical support tools for outbreak investigation will be started.



List of activities in 2010 -  
Legionellosis

---

***1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU.***

- EWGLINET transition completed
- Surveillance through TESSy operational

---

***2. To improve the scientific understanding of communicable disease determinants***

- National reference laboratory capacity surveyed and reported back to ECDC by contracted laboratory/consortium
- Cluster response monitoring through EPIS operational
- Development started of technical support tools for outbreak investigation.

---

***3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Laboratory external quality assurance schemes in place
- Cluster response monitoring through EPIS operational

---

***4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- **First training course on surveillance and outbreak prevention/control held**
-

- **Sexually Transmitted Infections including HIV/AIDS and Blood-borne viruses**

Budget allocated in 2010: 1,232,892 €

The long-term objective is to build the capacity in ECDC to ensure that it becomes (A) a key player in Europe with respect to HIV/AIDS, sexually transmitted infections (STIs) and hepatitis epidemiology, surveillance, risk assessment and - communication to guide, monitor, and evaluate prevention and control programmes; and (B) the reference centre for these activities for all Member States in the European Union. This will be achieved also through close collaboration with key partners, like the Member States and their competent bodies, the European Commission and other relevant international bodies and networks.

### **Projected outcomes for the medium-term (2–3 years)**

Knowledge about the epidemiology of HIV/AIDS, STI and viral hepatitis in the EU needs to be improved. Prevention and intervention strategies need to be further developed and adapted. The Programme aims to improve the understanding of the epidemiology of HIV/AIDS, STI and viral hepatitis to better target key prevention and intervention strategies in the EU and to contribute to the development of a robust scientific base for key prevention intervention strategies. Key public health messages and information in the field of HIV/AIDS, STI and viral hepatitis have to be disseminated.

Scientific guidance documents on key prevention strategies including HIV testing, screening of migrants, partner notification and cost-effectiveness for hepatitis prevention and control will be provided. “Second generation” surveillance across Europe will be promoted by supporting countries to implement standardised behavioural surveillance. Better country estimates of the burden of HIV disease, including the economic and social impact, will be available. A Monitoring and Evaluation Programme to review national HIV prevention and control programmes in Member States will be developed. HIV/STI surveillance and prevention programmes will have been reviewed and evaluated through country visits. An informative/updated website for the general public, professionals and epidemiologists will be established.

### **Expected results in 2010**

ECDC’s work on HIV, STI and viral hepatitis will focus on the coordination of enhanced surveillance of HIV/AIDS and STI. In addition, enhanced surveillance for hepatitis B and C will be developed by establishing a new network for hepatitis surveillance. The work on behavioural surveillance related to HIV and STI and guidance on key prevention strategies (like HIV testing and partner notification) will be continued, with a target on main risk groups and vulnerable populations (men who have sex with men, young people, migrants, injecting drug users and others) in the different strategies. Furthermore, ECDC will launch a study on recently acquired HIV infections in men who have sex with men using a new methodological framework and will prepare pilot studies on HIV resistance (in collaboration with existing networks).

At EU level, ECDC aims to support the Member States in reviewing and monitoring their prevention programmes and in strengthening surveillance systems for HIV and STI. ECDC also aims to support the Member States in the monitoring of the implementation of the Dublin Declaration for HIV/AIDS, and to support the European Commission in the monitoring of the new EU Action Plan on HIV/AIDS. ECDC will produce user-friendly models for national HIV estimates in EU Member States in collaboration with UNAIDS.

List of activities in 2010 -  
Sexually Transmitted Infections including HIV/AIDS and Blood-borne viruses

---

**1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU**

- Maintain and improve HIV and AIDS surveillance in Europe
- Implement enhanced surveillance for STI
- Develop and implement enhanced surveillance for hepatitis B and C
- Forecasting and modelling of the HIV/AIDS epidemic (including national HIV prevalence estimates, undiagnosed fraction of HIV and life expectancy and burden of disease)

---

**2. To improve the scientific understanding of communicable disease determinants**

- Support Member States to implement behavioural surveillance related to HIV and STI in epidemiologically relevant sub-populations by developing a toolkit (2010) and pilot studies (2011)
- Address increased risks in vulnerable, marginalised, and socially disadvantaged population groups for (HIV and hepatitis) – men who have sex with men, migrants, injecting drug users

---

**3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control**

- Provide evidence base guidance for key prevention interventions, including HIV testing guidance, prevention in men who have sex with men and injecting drug users, control of hepatitis

---

**4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States**

- Assess and evaluate national prevention and control programmes for HIV and STI by country missions
  - Develop a flexible monitoring and evaluation (M&E) system to monitor political commitments at (inter)national level with respect to the HIV/AIDS epidemics
  - Coordinate support laboratory activities with respect to STI (resistance surveillance in gonococci and STI diagnostics) and HIV (incidence and resistance)
  - Develop the means to support the communication of key public health messages
-

- **Vaccine Preventable Diseases**

Budget allocated in 2010: 2,084,166 €

### **Projected outcomes for the medium-term (2–3 years)**

The vaccine preventable disease (VPD) programme will keep on improving current immunisation programmes, supporting the decision making process for introduction of new vaccinations and supporting targeted elimination plans. The ECDC European Vaccination Consultation Group (EVAG) will continue to support the VPD programme by providing advice on priority activities to be taken. The VPD programme will support Member States in setting up systems for monitoring quality and outcomes of vaccination programmes. ECDC will work towards establishing a standardised system for vaccine safety monitoring and adverse events management in the EU, including the possibility of using for this purpose data linkage between large databases. By the end of 2011, surveillance of vaccine preventable diseases previously conducted through dedicated networks will be definitely embedded into the ECDC surveillance activities. In the meanwhile, many activities aiming at covering those vaccine preventable diseases not yet under surveillance will be initiated. Finally, ECDC will work with WHO EURO and the European Commission in supporting Member States to eradicate measles and rubella in the European region.

### **Expected results in 2010**

The strategic focus of the Vaccine Preventable Disease (VPD) programme will be to support the Member States in maintaining and improving the effectiveness and quality of VPD surveillance, prevention and control in Europe, in collaboration with relevant EU and international partners.

The VPD programme will ensure coordination of the VENICE II<sup>7</sup> and VAESCO II<sup>8</sup> projects, started in 2009. Surveillance activities will mainly focus on three topics:

- a) ongoing epidemiological and laboratory surveillance of invasive bacterial disease (IBI);
- b) integration of the Diphtheria surveillance network (DIPNET) in ECDC;
- c) coordination of the Surveillance Community Network for Vaccine Preventable Infectious Diseases (EUVAC.NET), in particular dedicated to the measles and rubella surveillance, jointly with WHO-EURO.

In addition, new activities will start, among which:

- Vaccine coverage assessment in Europe: development of a standard for evaluating and reporting coverage data with Member States and promotion of Immunisation Information systems (IIS) in Europe;
- “New” vaccine preventable diseases: start enhanced surveillance of *S. pneumoniae* and provision of further scientific advice, to support decision making for new vaccination programmes.

---

<sup>7</sup> VENICE aims to encourage collection and dissemination of knowledge and best practices relating to vaccination and to further develop collaboration and partnership between Member States.

<sup>8</sup> The VAESCO project is a network of vaccine safety professionals aiming to collaboratively optimise vaccine safety monitoring in Europe.

**List of activities in 2010 -  
Vaccine preventable diseases**

---

***1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU***

- Coordination of invasive meningococcal and haemophilus influenzae diseases, including country visits, coordination of outsourced laboratory activities and setting up of an alert communication network within Epidemic Intelligence Information System (EPIS)
- Coordination of the European Diphtheria Surveillance network, including coordination of outsourced laboratory activities
- Transition and supervision of the network EUVACNET and preparatory work to outsource the laboratory activities (standardisation of diagnostic tests for pertussis, mapping of laboratory capacities for molecular typing methods)

---

***2. To improve the scientific understanding of communicable disease determinants***

- To launch a survey to explore which information on vaccination status and vaccine failure is feasible to be collected in Member States for the surveillance of Vaccine Preventable Diseases
- Feasibility study to assess the impact of pneumococcal conjugate vaccines on Invasive Pneumococcal Disease in EU, as a first step to start specific surveillance activities

---

***3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Work out a minimum dataset for assessing vaccination coverage in the EU in a standard and reliable way and discuss it during a Consensus Conference
- Conduct the second edition of the Eurovaccine Conference
- Expand the range of technical and scientific guidance to cover all childhood vaccination (including new vaccination like rotavirus, varicella-zoster, HPV, etc.)

---

***4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- Conduct training activities on epidemiological aspects of vaccination
  - Produce a toolkit on how to communicate with public and health care workers to improve vaccination coverage
  - Set up a pilot for post-marketing vaccine safety assessment using data linkage
-

- **Antimicrobial resistance and Healthcare Associated Infections**

Budget allocated in 2010: 2,834,247 €

### **Projected outcomes for the medium-term (2–3 years)**

Antimicrobial resistance (AMR) and healthcare-associated infections (HAI) are among the most serious public health problems, globally and in Europe. It is estimated that approximately 4 million patients acquire a HAI each year in the 27 Member States and that approximately 37,000 deaths directly result from these infections. About one half of these deaths are due to the most common multi-drug resistant bacteria.

The programme will contribute to improving coordination and methods for surveillance of AMR & HAI in Europe, increasing awareness among the European public and physicians about AMR and the prudent use of antibiotics, and improving coordination of activities and effective exchange of experiences among Member States. It will provide guidance (systematic reviews) on the prevention and control of HAI and of AMR in healthcare settings and in the community.

### **Expected results in 2010**

In 2010, ECDC's work on antimicrobial resistance (AMR) will focus on the integration of AMR surveillance (EARSS network), and the preparation of the transition of antimicrobial consumption surveillance (ESAC network), as well as contributing to strengthening activities on the standardisation of antimicrobial susceptibility testing (EUCAST network).

ECDC will also provide guidance on specific resistant micro-organisms, such as MRSA, and contribute to the coordination of Member States' activities in the field of AMR through the network of National AMR Focal Points, by performing country missions and organising the 3rd Annual European Antibiotic Awareness Day. It will also provide country support on teaching material for school children including on hand hygiene, respiratory hygiene and AMR (e-Bug follow-up).

For healthcare-associated infections (HAI), ECDC's work in 2010 will focus on coordinating an EU-wide point prevalence survey on HAI and on strengthening existing HAI surveillance activities and capacities, including a new component for surveillance of infection control structure and process indicators.

ECDC will also provide guidance on HAI prevention and control (as a support to the recently adopted "Council Recommendation on patient safety, including the prevention and control of healthcare associated infections"), and contribute to the coordination of MS activities in the field of HAI through the network of National HAI Focal Points, by performing country missions and providing country support on hand hygiene campaigns, including WHO Hand Hygiene Day.

**List of activities in 2010 -  
Antimicrobial resistance and Healthcare Associated Infections**

***1. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU***

- Integration of EARSS (European surveillance network for AMR)
- Preparation of transfer of ESAC (European surveillance network for antimicrobial consumption)
- Outsourcing of standardisation of European antimicrobial susceptibility breakpoints
- Outsourcing of study on the role of molecular typing in surveillance and control of MRSA in hospitals and in the community
- Pilot studies and launch of EU-wide point prevalence survey on HAI
- Report and database on HAI (surgical site infections and HAI in intensive care) and on infection control structures and processes in the EU
- Outsourcing of European surveillance of HAI and infection control indicators in long-term care facilities (HALT)
- Surveillance of Clostridium difficile infections in the EU: protocol, feasibility study and capacity building for laboratory detection
- Address AMR issues related to food animals and food, in collaboration with other EU agencies (EFSA, EMEA)

***2. To improve the scientific understanding of communicable disease determinants***

- Report on over-the-counter use of antibiotics, i.e. without a prescription, and self-medication with antibiotics in the EU
- Background document on laboratory capacity for AMR and HAI in the EU
- Report (background document) and design for study to evaluate the potential adverse effects of decreasing outpatient antibiotic consumption in the EU

***3. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Guidance on the prevention and control of HA-MRSA (hospital-acquired) and CA-MRSA (community-acquired)
- Background document and guidance for prevention and control of extensively drug-resistant (XDR) and pandrug-resistant (PDR) bacteria in hospitals
- Guidance on HAI prevention and control

***4. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- Coordination of activities: meetings of National AMR and HAI Focal Points
- 3rd Annual European Antibiotic Awareness Day
- Country support on hand hygiene campaigns, including WHO Hand Hygiene Day
- Country support and translation of teaching material for school children, including on hand hygiene, respiratory hygiene and AMR as a follow-up of e-Bug
- Reports on country achievements on AMR and HAI (10 visits)
- Training on AMR and HAI prevention and control, including short courses on HAI point prevalence studies, a short course on the control of multidrug-resistant microorganisms in healthcare settings and a curriculum for course on HAI epidemiology and data analysis

- **Food- and Waterborne Diseases and Zoonoses**

Budget allocated in 2010: 803,964 €

### **Projected outcomes for the medium-term (2–3 years)**

The ECDC objective is to support and strengthen collaboration with the existing prevention and control programmes and structures in food and animal sectors in the EU, through joint analyses and zoonoses report productions with EFSA. Enhanced surveillance has been consolidated for six priority food- and waterborne diseases (salmonellosis, campylobacteriosis, VTEC, listeriosis, shigellosis and yersiniosis) and the molecular surveillance for priority FWD has been implemented. Timeliness of outbreak detection for the six priority diseases and other FWD has been improved by strengthening the collaboration in the FWD surveillance network within the EPIS<sup>9</sup> platform. Multidisciplinary collaboration between veterinary, food and public health authorities has improved and led to better control of FWD outbreaks and clusters. Guidance on prevention and control of selected diseases in specified settings has been produced. Comparability of notification data for six priority diseases has improved through harmonised reporting and support to the quality assurance in laboratory methods. The burden of one-two FWD has been addressed through activities to assess true incidence of *Salmonella* and *Campylobacter* infections. Regular and up-to-date health communication in the field of FWD targeted at professionals and the general public has been established.

### **Expected results in 2010**

For priority diseases (salmonellosis, campylobacteriosis, VTEC/STEC infections, listeriosis, yersiniosis and shigellosis), the main focus in 2010 will be on quality assurance, method harmonisation, training and national surveillance system support. The implementation of molecular surveillance for *Salmonella* and/or STEC/VTEC will be initiated. The development of a sero-epidemiological tool to assess true incidence of *Salmonella* and *Campylobacter* infections will be started.

In addition to the ECDC Annual Epidemiological Report and contribution to the EFSA<sup>10</sup> Community Summary Report on Trends and Sources of Zoonoses and Zoonotic Agents, ECDC will produce targeted annual reports and scientific publications for 6 food and water-borne priority diseases, in close collaboration with the Member States' experts. Automated quarterly reports for salmonellosis and VTEC infection from TESSy will be produced.

The urgent inquiry network within the EPIS platform will be further developed and collaboration with relevant partners, especially in the field of international Food- and Water-borne Diseases cluster/outbreak investigations, will be further strengthened.

Guidance on prevention and control of norovirus outbreaks in closed community settings will be produced.

Surveillance of the variant Creutzfeldt Jacob Disease (vCJD) will be outsourced for a third and final year. The decision on the way forward for this network will be made. A special Eurosurveillance issue on vCJD will be produced. Guidance on prevention of CJD in health care settings will be finalised.

---

<sup>9</sup> Epidemic Intelligence Information System.

<sup>10</sup> European Food Safety Authority (EFSA).



**List of activities in 2010 -  
Food- and Waterborne Diseases and Zoonoses**

---

**1. *To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU***

- Annual report 2008-2009 on enhanced surveillance for six priority FWD
- Annual report 2006-2007 on surveillance of salmonellosis, campylobacteriosis and STEC/VTEC in Europe
- Summary of laboratory survey regarding 6 priority FWD
- 2010 Quarterly reports for salmonellosis and STEC/VTEC
- Contribution to the Zoonoses report 2009 with EFSA
- External Quality Assurance scheme for *Salmonella* and STEC/VTEC
- Implementation of molecular surveillance for *Salmonella* and/or STEC/VTEC

---

**2. *To improve the scientific understanding of communicable disease determinants***

- Finalise the literature review on comparability of FWD data
- Development of a seroepidemiological tool to assess true incidence of *Salmonella* and *Campylobacter* infections
- Planning for a joint *Listeria* molecular typing study with EFSA and the European Commission
- Special Eurosurveillance issue on vCJD

---

**3. *To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Development of a response package for FWD outbreaks
- Guidance on prevention and control of norovirus outbreaks in community settings
- Guidance on prevention of Creutzfeldt Jacob Disease (CJD) in health care settings

---

**4. *To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- Annual coordination meetings with DG SANCO and EFSA
- Liaison activities with SHIPSAN (ship sanitation and control of communicable diseases in cruise ships and ferries)
- Health communication toolkit for FWD to help Member States to develop health communication campaigns

- **Emerging and Vector-borne Diseases**

Budget allocated in 2010: 1,018,500 €

### **Projected outcomes for the medium-term (2–3 years)**

The spectrum of diseases covered by EVD requires a combination of a wide range of expertises and involvement of many stakeholders for a better understanding of factors of emergence and spread. ECDC will work toward developing and coordinating a well-connected European network of experts in the field of emerging and vector-borne diseases. High priority will be given to the identification of those diseases that are the most important for Europe in terms of prevention and control, and on that basis identify the main gaps for a rational European EVD prevention and control strategy.

### **Expected results in 2010**

The main priority for 2010 will be to build networking activities, through different frameworks: Outbreak Assistance Laboratory framework (laboratory capacity building), which also includes the European Public Health Microbiology Training Program (EUPHEM), the EuroTravNet framework (Travel Medicine), and the European Network for Arthropod Vector Surveillance for Human Public Health.

It is proposed to prioritise tick-borne diseases focusing mainly on tick-borne encephalitis and Lyme disease linking clinical, epidemiological and laboratory aspects and raising clinical awareness and to develop a surveillance strategy (vector surveillance, situation monitoring and analysis).

ECDC will also deliver on:

- producing ad hoc threat assessments;
- supporting relevant outbreak responses;
- communicating and monitoring key scientific developments, in liaison with Member States and WHO.

A database on vector-borne diseases at the European level is under construction with the integration of the Commission's Research Framework Programme 6 EDEN<sup>11</sup> data into E3<sup>12</sup> data archive. It will be implemented by the data collected through the networks.

Results from on-going call for tender on dengue risk maps for Europe and on specific needs for overseas territories will be analysed to determine a plan of action on vector-borne diseases in Europe and European overseas territories.

Finally, links to international networks will be established and further developed. The range of activities on vector-borne diseases will need sustainable links with Veterinary Medicine and wildlife experts (situation monitoring and analysis) both at the European and international level (OIE, FAO...).

---

<sup>11</sup> Emerging diseases in a Changing European Environment" – Framework Programme 6 project.

<sup>12</sup> Environment and Epidemiology in Europe" (ECDC project, see pp. 8-9).

**List of activities in 2010 -  
Emerging and vector-borne diseases**

---

***5. To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU***

- Development and regular update of ECDC website on EVD for the general public and health professionals, including deliverables from the relevant networks

---

***6. To improve the scientific understanding of communicable disease determinants***

- Epidemiological Study to assess impact of Lyme disease in the EU, which is widespread in Europe, often misdiagnosed and with the real impact of the disease unknown
- Description of epidemiological situation of tick-borne diseases in EU (will cover tick borne encephalitis and Crimean-Congo hemorrhagic fever)

---

***7. To improve the range of the evidence base for methods and technologies for communicable disease prevention and control***

- Risk assessment tool for West Nile
- Development of information for travellers within EU/EFTA about the vector borne diseases and their geographic distribution

---

***8. To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States***

- Coordination of the vector borne diseases network (network building, science watch and technical advice on ad hoc request, maps of surveillance activities in the EU and maps of geographical distribution of the main vectors (ticks, mosquitoes, sandflies), development of a strategy to address considerations for ECDC future activities in the field of vector surveillance in order to strengthen preparedness in the EU for vector-borne diseases
  - Network of outbreak assistance laboratories: coordination & quality assurance, to strengthen European capacities to detect EVD with support such as external quality assurance
  - Tick borne diseases expert meeting: review of the epidemiological studies on Lyme, tick borne encephalitis and Crimean-Congo hemorrhagic fever; identification of the gaps in terms of epidemiological surveillance and control
  - Veterinary Public Health for EVD meeting, in order to reinforce links with veterinary medicine
  - Liaison activities with scientific societies, research projects (environmental and behavioural changes, modelling...)
  - Biocides liaison activities: New strategies for prevention and control of vector-borne diseases need a coordinated approach on pest control issues at the EU level to define the possible role of ECDC
-

## Target 2: Communicable disease surveillance

Budget allocated in 2010: 2,267,259 €

### Strategic Multi-annual Programme 2007-2013 objective:

*“By 2013, ECDC will be the central focal point for communicable disease surveillance in the EU and the authoritative point of reference for strengthening”*

### Projected outcomes for the medium-term (2–3 years)

ECDC main objectives for surveillance are:

- To have an EU-wide integrated framework for surveillance agreed that encompasses all priority diseases and incorporates the recommendations of the evaluation of the 17 networks existing prior to the establishment of ECDC;
- To have incorporated all the main epidemiological activities of the former Dedicated Surveillance Networks and finalised contractual arrangements for the work that cannot be transferred to the ECDC;
- To have in place accepted procedures and systems for standardised data exchange and information flow within the EU, with a regular Member States data upload, validation, analysis and output of the data for all stakeholders;
- To have made significant progress in improving the quality and comparability of the surveillance data and reports.

### Expected results in 2010

Surveillance will remain a high priority for in 2010, with a major focus on the continued improvement of the communicable diseases surveillance system (TESSy) that now serves all the Member States and the EU region as a whole. After the evaluation and assessment of all the Dedicated Surveillance networks (DSNs) has been finalised in 2009, their transfer to ECDC will be finalised by the beginning of 2011.

Further improvement of the data collection will be a priority, with common dataset collected for all diseases, the promotion and evaluation of case definitions in the EU region, continuation and alignment of data collection with WHO and other partners, the surveillance of laboratory data including molecular subtyping, and support for surveillance in Member States.

Trend analysis will be delivered and the reporting will be improved through the Annual Epidemiological Report and disease-specific reports, the regular analysis of data. Particular emphasis will be given to timely publication of the results in the format of reports, but also on the ECDC web-portal.

Finally, the quality assurance of surveillance data will be reinforced, with improved quality checks and continuous data controls, the mapping of quality assurance systems in Member States, the assessment of under ascertainment and reporting, in order to get a better estimation of the true incidence of diseases, and to cover more diseases.

## List of activities in 2010 - Communicable Diseases Surveillance

---

### ***1. To establish EU wide reporting standards and an integrated data collection network for surveillance including all Member States and covering all communicable diseases with the detail necessary according to their priority***

- Continue to develop TESSy modules incorporating more enhanced surveillance and integrating Diseases Specific Networks (DSN) databases
- Development of on-line query tool and basic maps
- Collection of agreed common dataset for all diseases
- Collection of enhanced data for TB, HIV, STI, FWD, influenza, meningococcal disease, invasive H. influenzae, diphtheria, AMR, legionella, healthcare-associated infections
- Continue to provide support of TESSy users in Member States
- Further development of facilitating TESSy use by surveillance and IT coordinators
- TESSy training
- Completion of the priority list of diseases for surveillance
- Evaluation of the procedure for data exchange
- Develop further the integration of molecular subtyping into surveillance
- Evaluation of the implementation of EU case definitions

---

### ***2. To analyse trends of public health importance for EU and its Member States regarding communicable diseases in order to provide a rationale for public health action on the EU level and in Member States***

- Continue to develop standard analysis for the Annual Epidemiological Report (AER), for zoonoses report, and for certain disease-specific reports (see under Target 1)

---

### ***3. To ensure that the reports on trends of public health importance for EU and the MS regarding Communicable Diseases are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken***

- Further improvement of the on-line TESSy reports
- Further improvement of the content of the Annual Epidemiological Report
- Further development of the ECDC surveillance web information in the portal
- Produce more regular updates and feedback of surveillance data
- Preparation of interactive on-line interface with TESSy

---

### ***4. To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States***

- Improvement of validation rules within TESSy for automatic quality checks
  - Mapping on quality assurance in Member States surveillance systems
  - Assessment of the needs of the surveillance systems in Member States
  - Assessment of under-ascertainment/under-reporting, including completeness of reporting
-

## Target 3: Scientific excellence and information

Budget allocated in 2010: 2,179,313 €

### Strategic Multi-annual Programme 2007-2013 objective:

*“By 2013 ECDC’s reputation for scientific excellence and leadership will be firmly established among its partners in public health, and ECDC is a major resource for scientific information and advice on Communicable Diseases for the Commission, the European Parliament, the Member States and their citizens.”*

### Projected outcomes for the medium-term (2–3 years)

An important goal of the Strategic Multi-annual Work Programme is the strengthening of scientific advice as a key public health function of ECDC, as in the longer run ECDC’s value for the EU and its Member States will critically depend on the scientific quality of its work. This applies to the professional rigor with which ECDC plans, implements and evaluates its own work products. The medium-term aim of ECDC is to achieve a position where it can actively set an agenda to:

- improve public health practice
- determine the relevant scientific and public health questions
- determine what the urgent issues are for the EU and its Member States
- provide the basis for preventive actions.

### Expected results in 2010:

As a public health research catalyst, ECDC will organise the annual ESCAIDE Conference (European Scientific Conference on Applied Infectious Disease Epidemiology), work with DG RTD and the Public Health Executive Agency on identifying specific research gaps in the field of communicable diseases, and continue working on strengthening mathematical modelling capacity in all Member States through training.

To promote, initiate and coordinate research, ECDC will continue working on specific scientific projects including the E3 project (Environment and Epidemiology in Europe), and the BCoDE project (Burden of Communicable Disease in Europe). ECDC will continue delivering scientific advice and risk assessment on request from the European Commission, the European Parliament or Member States.

Production of scientific advice has now been improved with a method of priority setting of topics for scientific advice and a standard operating procedure for their delivery. To support evidence-based guidance production, it will also include a grading system for evidence. Technically, scientific advice and risk assessment will be produced in collaboration with ECDC Disease Specific Programmes.

To act as a primary source of scientific knowledge on communicable diseases, as outlined in the Strategic Multi-annual Programme, ECDC will work on developing, updating and sharing public health databases and directories of experts, microbiology laboratories, learned societies, scientific projects for Member States and providing overall knowledge management services in the area of communicable diseases to the EU scientific community and to Member States.

To promote and support the strengthening of microbiological laboratory support for communicable diseases prevention, ECDC will work with its National Microbiology Focal Points through bi-annual meetings, and provide further guidance on related to public health microbiology and biosafety.

## List of activities in 2010 - Scientific Advice

### **1. To function as a public health research catalyst**

- Organisation of the next ESCAIDE annual conference
- Mathematical modelling of communicable diseases in MS will encompass the first modelling advisory group meeting and the second ECDC National Modelling Contact Points meeting

### **2. To promote, initiate and coordinate research for evidence-based public health and to identify future threats**

- "Impact of climate change on communicable diseases" project: it will comprise the publication of a handbook on vulnerability and adaptation to climate change, a meeting on indicators of climate change and the launch of a project on assessing impact of climate change on comm. diseases
- Further development of Environment and Epidemiology in Europe (E3) project: building of the E3 data repository, the development of the E3 project architecture and proof-of-concept studies
- Integration of the EDEN (Emerging Diseases in a changing European eNvironment) project with maintenance and support funding for EDEN activities
- "Burden of Communicable Disease in Europe" (BCoDE) project: an expert meeting workshop will be held to review project methodology, and a pilot study will be conducted in three countries
- For social determinants of communicable diseases two projects are planned to study:
  - o Impact of economic crisis on communicable diseases
  - o Association between chronic and communicable diseases

### **3. Produce guidelines, risk assessments and scientific advice**

- Further development of the formal process for delivering evidence based scientific advice, including work on formal systems of grading scientific evidence to apply them to the area of public health / communicable diseases
- Answer to scientific questions, risks assessments and guidelines

### **4. Be a major repository for scientific advice on communicable diseases**

- Development of core scientific advice infrastructure: building of a scientific advice repository and a European database of experts
- ECDC library operations and knowledge management coordination maintained / further developed
- Development of tools to assist program monitoring and evaluation of communicable diseases control programmes will continue

### **5. To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region**

- Microbiology laboratory coordination and strategic planning will encompass:
  - o The 6<sup>th</sup> and 7<sup>th</sup> meeting of the ECDC National Microbiology Focal Points (NMFPs)
  - o Continued work on defining the core competencies of public health microbiology labs
  - o Biosafety/biorisk issues
  - o Laboratory quality assurance issues

## Target 4: Detection, assessment, investigation and response to emerging threats from Communicable Diseases

Budget allocated in 2010: 3,055,500 € (includes Targets 4 and 5)

### Strategic Multi-annual Programme 2007-2013 objective:

*“By the year 2013, ECDC will be the reference support point in the European Union for the detection, assessment, investigation and coordinated response to emerging threats from communicable diseases, including threats related to intentional release of biological agents, and diseases of unknown origin.”*

### Projected outcomes for the medium-term (2–3 years)

The sources of epidemic intelligence (EI) for threat detection will ensure a comprehensive coverage of all EU countries and strong international relations, so that Warnings on threats to EU are detected earlier and exhaustively.

Tools for information and communication, ensuring optimal synergies between risk assessment and risk management functions, will lead to smooth and timely communication between scientific advisors and decision makers.

Intentional release of biological agents will be integrated into ECDC work, providing defined criteria and clear procedures to assess and respond to the public health risk posed by such incidents.

A partner laboratories network for threats of unknown origin will ensure a much improved diagnostic capacity for confirmation of a wide variety of threats.

The ECDC Emergency Operation Centre (EOC) will coordinate risk assessment in the EU and ensure optimal communication and coordination mechanism with all Member States as well as all EU and international stakeholders, speeding up crisis assessments of a threat.

ECDC will support the strengthening of capacities in the Member States through the development of models of best practice, guidelines and tools.

All of the above will mean a clear European added value in creating a robust system and specialised resources for rapid detection, analysis and reaction to emerging health threats, ensuring a wide geographical coverage and being able to quickly mobilise resources from throughout the region that will use the same methods and know intimately the procedures required. ECDC will enhance the overall preparedness of the region, and reduce the workload of Member States through provision of the above information, to ensure their optimal compatibility and interoperability.

### Expected results in 2010:

Epidemic intelligence is now well established in ECDC. Priorities for 2010 will consist of strengthening the collaboration with Member States in these activities, to ensure a prompt dissemination of information best meeting the expectations of the Member States. The international collaboration will be further expanded through WHO as well as through bilateral relations with international partners in the U.S.A., China and Canada.

Preparedness and response in 2010 will be a very high priority for the ECDC as the current emergence of a potentially pandemic strain of influenza A(H1N1) will probably affect EU and EFTA Member States in 2010. Therefore, the priority will be to ensure optimal support to response by Member States and to draw lessons in order to further refine preparedness in the future.

In addition, the three networks of experts for preparedness and response currently implemented or planned will be strengthened: virologists travel medicine specialists as well as entomologists.

Generic preparedness will remain a priority, in particular, focusing on mass gathering and preparedness for outbreaks occurring on cruise-ships.



**List of activities in 2010 -**

**Detection, assessment, investigation and response to emerging threats from Communicable Diseases**

---

***1. To develop an efficient integrated early warning system about emerging threats in Europe***

- Further strengthen epidemic intelligence activities by actively engaging Member States
- Implement integrated platform for risk assessment for food and water borne diseases and for travel-associated legionnaire disease cases
- Open to Member States the data repository for emerging threats (Threat Tracking Tool)
- Further adapt the Early Warning and Response System (EWRS) according to Member States and European Commission needs

---

***2. To develop mechanism for support/ coordination of investigation/response to health threats***

- Develop a toolbox for investigation of food and water borne outbreaks as well as for clusters of legionnaire disease
- Further risk assessment guidance for diseases transmitted on airplanes

---

***3. To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness***

- Development of information on risk for travellers within EU/EFTA for EVD
- Continue the coordination of the network of outbreak assistance laboratories
- Review with Member States lessons learnt from preparedness activities and further strengthen preparedness in post-pandemic
- Provision of technical support to countries preparing for mass gatherings
- Develop a risk assessment tool for impact of infectious disease outbreaks on blood safety

---

***4. Strengthening the Emergency operation centre***

- Conduct a simulation exercise for public health crisis
- Further develop Crisis Management applications
- Continued visits to Member States emergency operation centres to develop and strengthen links

## Target 5: Training for the prevention and control of Communicable Diseases

### **Strategic Multi-annual Programme 2007-2013 objective:**

*“By the year 2013, ECDC will be the key reference support centre in the European Union for strengthening and building the capacity through training for the prevention and control of communicable diseases and diseases of unknown origin.”*

### **Projected outcomes for the medium-term (2–3 years)**

At the end of the medium-term period, ECDC will have conducted a thorough need assessment in training among all Member States, based on a set of defined core competencies. Based on an inventory of existing resources across the EU, ECDC will have developed the partnership and funding mechanisms to ensure a comprehensive approach to strengthening EU capacity to detect and respond to communicable disease threats. The outcomes over the mid-term period should cover:

- The global need for training at European level, currently addressed through the coordination of the European Programme for Field Epidemiology Training (EPIET) and the organisation of short-term training modules bringing together experts from the various Member States;
- The support required by Member States to strengthen their own capacity through the development of field epidemiology Member States programmes and the organisation of short courses.

Since the establishment of ECDC, the focus has been primarily on addressing the global needs for the European community. Over the medium-term period, the focus will be gradually shifted towards addressing the needs for EU Member States.

The European added value of such a Europe-wide approach to training will be to create a wide and diversified network of training institutions and individual experts, sharing a common culture and knowledge base for training related to communicable diseases prevention and control in Europe.

### **Expected results in 2010:**

ECDC will continue in 2010 to implement its training strategy based on needs assessments for capacity building defined together with Member States and revised annually. The EPIET programme will be revisited on the basis of the evaluation being carried out in 2009. Pending results of the evaluation, the laboratory component of EPIET will be further strengthened. ECDC will support collaborations with public health institutes for the development of hybrid-EPIET and national field epidemiology training programmes, after expressions of interest from the Member States and assessment of their feasibility.

Short-courses for strengthening capacity of the working force in the Member States will remain a high priority, with a broader set of modules being offered to Member States by ECDC and contracted institutes.

The development of curricula and training materials for organising training on different public health topics (e.g. antimicrobial resistance, threat assessment and programmes for prevention and control of seasonal influenza) and a web-based and interactive field epidemiology training manual, are projects that starting in 2009 will be continued and implemented during 2010.

**List of activities in 2010 -  
Training for the prevention and control of Communicable Diseases**

---

***1. To develop EU capacity on prevention and control of Communicable Diseases through training***

- Enrol a new cohort of 20 fellows in 2010 in the EPIET programme
  - Organise short courses on specific aspects of risk assessment of communicable diseases, in particular for food and water borne diseases, vaccine preventable diseases and hospital-acquired infections
- 

***2. To develop network of training programmes***

- Continue liaising with international stakeholders: WHO, TEPHINET (network of field epidemiology training programmes), ASPHER (association of schools of public Health in Europe)
- 

***3. To create a training centre function within ECDC***

- Further develop the ECDC field epidemiology training manual
  - Host experts from Member States in ECDC for one week briefing sessions
-

## Target 6: Health communication

Budget allocated in 2010: 2,723,480 €

### Strategic Multi-annual Programme 2007-2013 objective:

*“By the year 2013, ECDC communication output is the main European source of authoritative and independent scientific and technical information in its field, and ECDC is the reference support point in the EU for risk communication in the area of Communicable Diseases”.*

### Projected outcomes for the medium-term (2–3 years)

The health communication efforts of ECDC will be based on the detailed communication strategy presented to the Management Board in November 2009.

- **Scientific communication:** Emphasis will be put on ensuring a wide dissemination of ECDC scientific outputs to the target audiences in the Member States (public health experts and policy makers). The technical basis is the integrated web portal/information system (internet, extranet for our partners and intranet), with comprehensive information and interface to the various ECDC databases, with tailored entry points for the different target audiences. Work will continue to establish Eurosurveillance as the main European journal in its area. Online communication between ECDC and its stakeholders will be fostered in the various extranets.
- **Public communication and media:** A proactive media service is of strategic importance, and additional audiovisual offerings will make ECDC messages more attractive and easily available. Direct information to the public will mainly be through the ECDC multilingual website available in all official EU languages. ECDC will continue to strengthen its systems for information-sharing and coordination of risk messages within the framework of the HSC<sup>13</sup> Communicators' Network.
- **Support to Member States:** More resources will, within the newly established Knowledge and Resource Centre (KRC), gradually be available for building expertise and capacity on broader health communications issues that could support Member States activities. Such support will focus on coordination of major multinational events, providing communication toolkits, giving advice and surveying knowledge, attitudes and behaviours in support of national/EU-wide campaigns and prevention programmes and reviewing the evidence base for various health communication activities.

### Expected results in 2010:

With the launch of the new ECDC portal and the establishment of the Knowledge and Resource Centre on Health Communication in 2009, the basic infrastructure is in place to refine and deepen the ECDC work on all areas of health communication.

In light of the ongoing influenza A(H1N1) 2009 pandemic, it could be foreseen that influenza will remain a communication priority, but it will be an important challenge to ensure adequate attention also to other areas of ECDC work.

We intend to make full use of the technical platform the new web portal provides us with, and a priority for 2010 is to open up all the necessary extranet workspaces to facilitate and foster online communication with our stakeholders. With this new platform in place, 2010 is also intended to be the year when we are really progressing on multilingualism, although for budgetary resources not all information aimed at a broader public will be translated.

<sup>13</sup> Health Security Committee of the EU

Emphasis of the communication efforts will be on providing health professionals and policy makers with needed information. An active media work will ensure that ECDC scientific output will get a wide coverage, and ECDC will be fully supporting the risk communication activities under the HSC communicator's network. Further developed activities around the European Antibiotic Awareness Day will be one of the priorities for the new KRC. Another one will be to set up and populate a specific part of the web portal dedicated to health communication issues.

Further discussions will take place to delineate between health communication work carried out by the Health Communication Unit and corporate communication carried out by the Director's Cabinet.

## **List of activities in 2010 - Health Communication**

---

### ***1. Communication to professional audiences***

- Further developed integrated and targeted communication approach to all ECDC scientific/technical work
  - Continued positioning of Eurosurveillance as the leading journal on infectious disease epidemiology, prevention and control in Europe
  - High quality editing, layout, publication and dissemination of ECDC's scientific outputs
  - Further development of the ECDC portal providing easy access to all ECDC information services for various audiences (Strategy 6.1, 6.2 and 6.3)
  - Further development of the ECDC intranet, offering easy access to ECDC knowledge services and being linked to an ECDC document management system
  - Executive summaries for key publications provided in all 23 EU languages (plus Icelandic and Norwegian)
- 

### ***2. Communication to the media and to the European public***

- Highly professional services to the media, in concert with other key public health actors in Europe
  - ECDC's capacity and systems in the area of outbreak/emergency risk communication further strengthened
  - Further development of the ECDC audiovisual offerings
  - Further developed multilingual offerings to the extent available resources allow
- 

### ***3. To support the MS health communication capacities***

- Coordination, support and further developed activities for the European Antibiotic Awareness Day 2009
  - Country support in the broad area of health communication further developed, in particular by development of training modules
  - Establishing a knowledge base on health communication through evidence surveys and setting up a health communication evidence network
  - Communication activities in the Member States mapped
-

## Target 7: Partnerships

### **Strategic Multi-annual Programme 2007-2013 objective**

*“By 2013, ECDC will have a structured Communicable Diseases cooperation programme with all Member States, the Commission and other relevant EU agencies, and it enjoys a close partnership with WHO and other selected partners at regional and global levels”.*

### **Projected outcomes for the medium-term (2–3 years)**

Through active work with the countries, ECDC will have established and developed cooperation programmes through Memoranda of Understanding and Actions Plans with all EU Member States, accession countries, and selected neighbourhood countries. ECDC will have an operational database of country contacts, resources and capacities. ECDC will pursue its efficient collaboration with many external partners, on a wide range of issues based on its strategy on stakeholder management.

### **Country Relations and Coordination**

#### **Expected results in 2010:**

Effective internal coordination of ECDC assistance towards the countries will be the focus of the Country Relations and Coordination team in 2010. By the end of 2010, nine country missions will take place on the invitation of the member States to ensure bilateral assessments and discussion on the priorities and needs of the countries. Such assessments, once endorsed by the countries, will result in a Memorandum of Understanding that clearly sets out and priorities the deliverables and missions in the timeframe specified. Information collected on these missions will also help to improve the country information profiles as well as the database of contacts (CRM) tool.

---

#### **1. To develop programmes of ECDC cooperation and support on Communicable Diseases with each Member State**

- Detailed country assessments (review on Communicable Disease Prevention and Control) in 9 countries.
- New internal procedures to ensure better coordination of country visits
- Annual competent bodies meeting

### **External relations and partnerships**

#### **Expected results in 2010:**

ECDC will have its strategy on stakeholder management in place to facilitate the collaboration with wide of public health partners. ECDC will have further MoUs signed with relevant global/European public health partners. ECDC have established good collaboration with the new European Parliament, and its relevant Committees. ECDC has established functional links to DG Enlargement and DG External Relations in close collaboration with DG SANCO in order

to bring candidate and potential candidate countries into the work of the ECDC. ECDC has initiated the collaboration with selected countries under the EU Neighbourhood Policy.

---

***2. To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control***

- Develop actions plans to bring candidate and potential candidate countries, and other partners as relevant, into the activities of the ECDC. This will be financed through a Grant Agreement between the Commission and ECDC
- Development of partnerships with relevant countries under the EC Neighbourhood policy to enhance the further collaboration
- Collaboration with all the EU institutions, in particular with new European Parliament and the Commission. Preparing strategy and resources for the coordination of EU Agencies network in 2011

---

***3. To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work***

- Update and further development of ECDC external relations strategy and development of ECDC stakeholder management strategy to guide the relationships with stakeholders
- Maintain fruitful co-operation and collaboration with WHO
- Collaboration with selected Inter Governmental Organisations, scientific institutions, Non Governmental Organisations and Foundations

## Target 8: Leadership<sup>14</sup>

### Governance

#### Projected outcomes for the medium-term (2–3 years)

The medium-term projections for the Governance Programme are to strengthen all its components to ensure they function effectively and respond to the needs. The designation of the Competent Bodies will improve the possibilities for the coordination of work.

#### Expected results in 2010

The Governance Programme will further develop in 2010 to ensure high quality support to the Management Board (MB) and the Advisory Forum (AF) through timely preparations for, and efficient conduct of meetings and otherwise to maintain good communication with the Member States. As it is the MB that compiles the list of Competent Bodies in the Member States, the Governance function will need to work closely with the Country Relations and Cooperation function to have the address lists updated and communication lines established.

---

#### **1. To provide effective Governance**

- Quality support to MB and AF provided
- Good communication between ECDC and MB/AF
- Updated list of / established communication channels with the Competent Bodies

### Strategic management

#### Projected outcomes for the medium-term (2–3 years)

ECDC will enhance all aspects of its management: the management system, its information support, and the capacity of staff at all levels to manage the resources at their disposal.

Progress towards the strategic multi-annual programme (SMP) 2007-2013 and its seven Targets will be routinely monitored and the results used for the Management Board's (mid-term and 2013) and ECDC's (annual) evaluations. ECDC's Annual work programmes will be based on the SMP in order to provide a longer term stable programme structure.

ECDC Programme Management Information System for planning, monitoring and evaluation will be further improved. It will ensure that all ECDC Work programmes are directly linked from the SMP down to operational activities. Monitoring and evaluation will be systematic, emphasise programme outcomes and efficiency, include feedback loops and promote self-learning for individuals and management.

---

<sup>14</sup> Not among the seven official Targets in ECDC SMP 2007-2013, but added for internal purposes, to apply the same management principles to this area of work.



## **Expected results in 2010**

The Management Information System will be further developed and improved.

The indicators related to the SMP, which have been adopted by the management Board in 2008 will be reported and adjusted. Specific sets of annual indicators will be developed. This system will allow to better plan and monitor activities, as well as enhance the performance of the organisation and individuals.

---

### ***2. To provide high quality overall management in ECDC's work and use of resources***

- 2009 Annual report of the Director produced
  - Work Programme 2011 prepared
  - Further development and improvement of the Management Information System (MIS)
  - Sets of indicators reviewed and updated
-

## Target 9: Administration<sup>15</sup>

### Strategic Multi-annual Programme 2007-2013 objective

*“ECDC’s administration will foster excellence in service provision, facilitate the operational activities of the Centre, ensure that the human and financial resources are properly and efficiently managed in a good working environment”.*

### Projected outcomes for the medium-term (2–3 years)

The objective is to consolidate the established services and to further develop the capacities required to support the Centre as an organisation growing towards 300 staff. In the medium-term the focus is on further institution building, assuring business continuity while applying best practices in the administrative areas, and specifically to:

- Ensure that the financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner;
- Coordinate meetings and support the travel requirements of experts invited by the Centre and ECDC staff and interviewees in accordance with ECDC rules and regulations in an efficient and cost-effective manner;
- Develop, maintain and manage the premises of ECDC and provide the logistics service to enable the operational functioning of ECDC and to make it a good place for staff to work;
- Plan, support and implement the intended growth for the staffing of the Centre and actively foster the development of the organisation and its staff;
- Operate the ICT platforms and services at a high level of availability and assure integrated business applications;
- Provide legal advice and counselling;
- Ensure that the Internal Control Standards are set up by ECDC and appropriate action plans are drafted and followed to implement them as well as recommendations by Court of Auditors or the Internal Audit Services.

### Expected results in 2010

The priorities of the Administration Services for 2010 will be to enhance the level and quality of support it provides to the operational units and to the Director’s cabinet. This support includes the areas of:

- Human resources, with the recruitment of an additional 45 staff in addition to replacements related to staff turnover and in-take of seconded national experts and trainees;
- Finance and accounting;
- Information and Communication Technology;
- Missions, Meetings and building and Logistics, where a main challenge will be to define technical specifications and monitor the study for the future building / new construction;
- Procurement and legal;
- Internal Control and Quality Management.

Further development of business continuity planning will also be a major objective in 2010.

---

<sup>15</sup> Since 2008, as for Leadership, a specific Target has been added in the Annual Work Plan for internal management purposes regarding the administrative area.

**List of activities in 2010 -  
Administrative services**

***1. To plan, support and implement the intended growth for the staffing of the Centre, ensure an effective human resource administration, and actively foster the development of the organisation and its staff***

- Implementation of the recruitment plan for 2010
- Further development of learning and development activities
- Integration of new staff
- Further development and implementation of HR policies and procedures

***2. To ensure that the financial resources of the Centre are properly and well managed, and reported on in a clear, comprehensive and transparent manner***

- Ensure a correct budget execution for 2010; accounts and assets well managed and reported in a clear and comprehensive manner
- Develop 2011 budget proposal

***3. To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications***

- Maintain, operate and administer the ICT network and communication infrastructure
- Consolidate and operate the back office and provide the technical platforms for operational and administrative applications
- Operate and administer the front office equipment and user support
- Supervise the ICT project office, to coordinate and support application developments

***4. To coordinate meetings and support travel in an efficient and cost-effective manner***

- Support the Units in the preparation, carrying out and reimbursement of meetings
- Make travel arrangements for ECDC staff/interviewees and process travel claims

***5. To effectively develop, maintain and manage ECDC premises, equipment and logistic services***

- Extend, manage and maintain the ECDC premises
- Provide logistics services to staff and maintain physical inventory

***6. To provide legal advice and counselling***

- Advise and counsel on legal, internal control and organisational issues
- Coordinate procurement and grant activities
- Further develop and maintain business continuity plan
- Operate the ECDC data protection function

***7. To ensure that the Internal Control Standards are set up and implemented as well as recommendations by Court of Auditors or the Internal Audit Services***

- Support the development and assessment of the Internal Control System, including the Internal Control Standards
- Ensure liaison with the Internal Audit Service and the ECDC Audit Committee, and ensure a proper follow-up of audit recommendations

## **Annex I: Budget Allocation for 2010 by Activities and Budget Lines**

Annex I: Budget Allocation for 2010 by Activities and Budget Lines

Description	Core SUN	Core HCU	Core PRU	Core SAU	EVD	Respiratory Tract Infections			FWD	HASH	ARHAI	VPD	DIR	ADMIN	TOTAL
						FLU	TB	Legionella							
3000 - Surveillance	582.000	0	0	0	0	210.000	210.000	242.500	505.000	695.000	1.209.500	1.290.000	0	0	<b>4.944.000</b>
3001- Preparedness and Response	0	0	420.000	0	948.500	100.000	0	120.000	90.000	0	0	0	0	0	<b>1.678.500</b>
3002 - Scientific Advice	0	0	0	1.176.000	0	670.000	565.000	0	0	415.000	510.000	500.000	0	0	<b>3.836.000</b>
3003 - Training	0	10.000	2.320.000	0	0	100.000	0	100.000	50.000	0	285.000	55.000	0	0	<b>2.920.000</b>
3004 - Communication	0	1.520.000	0	0	0	25.000	0	0	60.000	0	230.000	60.000	80.000	0	<b>1.975.000</b>
3005 - ICT	1.507.000	555.000	600.000	680.000	0	0	0	0	0	0	0	0	0	1.700.000	<b>5.042.000</b>
3006 - EOC	0	0	200.000	0	0	0	0	0	0	0	0	0	0	0	<b>200.000</b>
3007 - Translations	0	520.000	0	0	0	0	0	0	0	0	160.000	0	0	0	<b>680.000</b>
3008 - Meetings	154.309	154.309	154.309	155.000	70.000	200.705	116.533	44.800	98.964	122.892	439.597	181.166	112.416	0	<b>2.005.000</b>
3009 - Country Cooperation	0	0	0	0	0	0	0	0	0	0	0	0	294.500	0	<b>294.500</b>
3010 - Library	0	0	0	160.000	0	0	0	0	0	0	0	0	0	0	<b>160.000</b>
<b>Total</b>	<b>2.243.309</b>	<b>2.759.309</b>	<b>3.694.309</b>	<b>2.171.000</b>	<b>1.018.500</b>	<b>1.305.705</b>	<b>891.533</b>	<b>507.300</b>	<b>803.964</b>	<b>1.232.892</b>	<b>2.834.097</b>	<b>2.086.166</b>	<b>486.916</b>	<b>1.700.000</b>	<b>23.735.000</b>

## **Annex II: 2010 Budget by Target and by Main Areas of Work/Activities**

**Annex II: 2010 Budget by Target and by Main Areas of Work/Activities**

<i>Programme</i>		<i>K€</i>	
<i>Name</i>	<i>K€</i>	<i>Subtotals</i>	<i>%[1]</i>
<i>Influenza</i>	1,306		5.5%
<i>Tuberculosis</i>	892		3.8%
<i>Legionella</i>	507		2.1%
<i>HIV, STI and blood-borne viruses</i>	1,233		5.2%
<i>Food- and water-borne diseases</i>	804		3.4%
<i>Emerging and vector-borne diseases</i>	1,019		4.3%
<i>Vaccine preventable diseases and invasive bacterial infections</i>	2,086		8.8%
<i>Antimicrobial resistance and healthcare-associated infections</i>	2,834		11.9%
<b>Subtotal DISEASES - Target 1</b>		<b>10,681</b>	<b>45.0%</b>
<i>Surveillance (core) - Target 2</i>	2,243		9.5%
<i>Scientific Advice (core) - Target 3</i>	2,171		9.1%
<i>Preparedness &amp; Response (core) - Target 4</i>	1,374		5.8%
<i>Training (core) - Target 5</i>	2,320		9.8%
<i>Health Communication (core) - Target 6</i>	2,759		11.6%
<i>Country Relations / External Relations (core) - Target 7</i>	487		2.1%
<b>Subtotal HEALTH FUNCTIONS</b>		<b>11,354</b>	<b>47.8%</b>
<i>Subtotal ICT not assigned to programmes</i>		1,700	7.2%
<b>TOTAL OPERATIONAL UNITS</b>		<b>23,735</b>	<b>100.0%</b>
<i>Governance</i>	-		
<i>Strategic Management</i>	-		
<i>Subtotal LEADERSHIP - Target 8 - [2]</i>		-	
<b>OVERALL</b>		<b>23,735</b>	
<a href="#">[1] % of Title 3 budget</a>			
<a href="#">[2] Target Leadership is not part of the SMP 2007-2013 7 Targets; it is for internal purposes.</a>			