

Annual Report of the Director 2010

Part II

Detailed implementation of the 2010 ECDC Work Programme

Implementation of the 2010 Work Programme: An overview

Table 1. Implementation of the 2010 Work Programme

Target/DSP	Total	Completed	Partially	Delayed	Postponed	Cancelled
Influenza	13	11			1	1
TB	11	11				
Legionellosis	7	7				
HASH	11	9	2			
VPD	11	9	1		1	
ARHAI	21	16		2	3	
FWD	17	11		4		2
EVD	11	9		2		
Surveillance	21	16	3		2	
Scientific advice	13	11	2			
Preparedness/response	14	12	1		1	
Training	5	5				
Health communication	14	13	1			
Partnerships	9	6	2			1
Leadership	7	6	1			
Administration	20	19	1			
TOTALS	205	171	14	8	8	4
%	100.0	83.4	6.8	3.9	3.9	2.0

ACTIVITIES

Implemented

Comments

INFLUENZA

Strategy 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.	YES	The EISN network activities were performed regularly. The SARI surveillance which was first piloted during the pandemic has continued in 2010 although a limited number of countries are contributing data.
Continuing the coordination of the Community Network of Reference Laboratories.	YES	This is a routine activity conducted annually.

Strategy 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.	YES	Report on systematic literature review delivered to ECDC on time. Currently the review is being converted into evidence based advice through expert consultation.
Continuing the Surveillance and Studies in a Pandemic project, producing a summary report which will include recommendations.	YES	This is a routine activity conducted annually.

Strategy 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.	YES	Early estimates of vaccine effectiveness provided in March 2010. Final results provided in June 2010. Various scientific articles are being published or are under peer review in scientific journals. The project is now expanding to include a network of hospitals to measure vaccine effectiveness against severe cases.
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.	CANCELLED	Cancelled because the pandemic shifted attention to other priorities: budget used for the activity "Produce evidence based advice for seasonal influenza vaccination in children and pregnant women in Europe".
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.	YES	The seminar was held at ECDC in January 2011 and had a larger scope than initially expected.

<i>Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States</i>		
Supporting the Commission in its update of the 2005 Communication on pandemic preparedness.	YES	
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	YES	ECDC had several discussions with SANCO and members of the HSC flu section via teleconferences and face-to-face meetings. An action plan for 2011 has been defined and there are resources allocated for this (see WP2011). A training workshop 'Development of public health programmes for prevention and control of seasonal influenza' was held in November 2010. Some countries may replicate the training at national level later.
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.	YES	This has been fulfilled through the VAESCO project. Two studies were initiated on alleged associations between pandemic vaccination and risk of GBS and of narcolepsy respectively. The GBS study did not find an epidemiological association and the results have been submitted for publication in a scientific journal. The narcolepsy study is currently ongoing.
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.	POSTPONED	Some work was done (a VENICE survey) but the intense pandemic evaluation work and additional work on vaccine safety and effectiveness reduced the staff time available. Hence in 2011 there will be dedicated staff (0.5 FTE) and some limited funds (EUR 30 000) for this work.
Monitoring the EU seasonal influenza vaccine policies, practices & coverage.	YES	This is a routine activity conducted annually.
Determining lessons learnt from the pandemic in order to provide recommendations on the future strategy for pandemic preparedness activities in the EU Member States.	YES	This is an ongoing activity. EPIET fellow at ECDC for one month. Trainee at ECDC for four months. Evaluators recruited, interviews and "witness symposium" completed. Report provided to ECDC and currently being inspected by a small group of influenza team members ahead of wider internal dissemination.

ACTIVITIES	Implemented	Comments
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TUBERCULOSIS

Strategy 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.	YES	
Analysis and forecast of impact of social and economical developments on TB epidemiology and control in the EU.	YES	Project ongoing

Strategy 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.	YES	Project ongoing
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Strategy 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).	YES	
Launching and coordination of MDR/XDR-TB EU scientific consultation group.	YES	Project ongoing
Establishment of basis for start-up of molecular surveillance of TB in the EU.	YES	

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

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

ACTIVITIES	Implemented	Comments
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LEGIONELLOSIS

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

EWGLINET transition completed.	YES	
Surveillance through TESSy operational.	YES	

Strategy 2: To improve the scientific understanding of communicable disease determinants

National reference laboratory capacity surveyed and reported back to ECDC by contracted laboratory/consortium.	YES	
Development started of technical support tools for outbreak investigation.	YES	

Strategy 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).	YES	
Cluster response monitoring through EPIS operational.	YES	

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

First training course on surveillance and outbreak prevention/control held.	YES	
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ACTIVITIES	Implemented	Comments
SEXUALLY-TRANSMITTED INFECTIONS INCLUDING HIV/AIDS AND BLOOD-BORNE VIRUSES		
<i>Strategy 1: To enhance the knowledge of the health, economic and social impact of communicable diseases in the EU</i>		
Maintain and improve HIV and AIDS surveillance in Europe.	YES	
Implement enhanced surveillance for STI.	YES	
Develop and implement enhanced surveillance for hepatitis B and C.	PARTIALLY	Preparatory work conducted; implementation is planned for 2011–12.
Forecasting and modelling of the HIV/AIDS epidemic (including national HIV prevalence estimates, undiagnosed fraction of HIV and life expectancy and burden of disease).	YES	Multi-annual project started.
<i>Strategy 2: To improve the scientific understanding of communicable disease determinants</i>		
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).	YES	
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.	YES	
<i>Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control</i>		
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.	PARTIALLY	Part of hepatitis control postponed to 2011 Work Programme for budget reasons.
<i>Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States</i>		
Assess and evaluate national prevention and control programmes for HIV and STI by country missions.	YES	Country visits to Estonia in 2010; Finland, Romania and Latvia in 2011.
Develop a flexible monitoring and evaluation (M&E) system to monitor political commitments at (inter)national level with respect to the HIV/AIDS epidemics.	YES	
Coordinate support laboratory activities with respect to STI (resistance surveillance in gonococci and STI diagnostics) and HIV (incidence and resistance).	YES	
Develop the means to support the communication of key public health messages.	YES	

ACTIVITIES	Implemented	Comments
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VACCINE-PREVENTABLE DISEASES

Strategy 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).	YES	Country visits have been postponed because of unexpected lack of staff
Coordination of the European Diphtheria Surveillance network, including coordination of outsourced laboratory activities.	YES	
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).	YES	The contract was prolonged and the actual transition of EUVACNET is planned for the second half of 2011.

Strategy 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.	POSTPONED	Rescheduled for 2011 because of unexpected lack of staff.
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.	YES	A project on laboratory passive surveillance for invasive pneumococcal disease started in September 2010 as the first phase of a feasibility study. Hospital active surveillance will follow with the voluntary participation of selected countries.

Strategy 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.	YES	
Conduct the second edition of the Eurovaccine Conference.	YES	
Expand the range of technical and scientific guidance to cover all childhood vaccination (including new vaccination like rotavirus, varicella-zoster, HPV, etc.)	YES	

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

Conduct training activities on epidemiological aspects of vaccination.	PARTIALLY	The planned course for the MS was cancelled due to the volcano eruption. A new plan (train-the-trainers approach) has been developed instead.
Produce a toolkit on how to communicate with public and health care workers to improve vaccination coverage.	YES	
Set up a pilot for post-marketing vaccine safety assessment using data linkage.	YES	

ACTIVITIES	Implemented	Comments
ANTIMICROBIAL RESISTANCE AND HEALTHCARE-ASSOCIATED INFECTIONS		
<i>Strategy 1: To enhance the knowledge of the health, economic and social impact of communicable diseases in the EU</i>		
Integration of EARSS (European surveillance network for AMR)	YES	
Preparation of transfer of ESAC (European surveillance network for antimicrobial consumption).	YES	
Outsourcing of standardisation of European antimicrobial susceptibility breakpoints.	YES	
Outsourcing of study on the role of molecular typing in surveillance and control of MRSA in hospitals and in the community.	YES	
Pilot studies and launch of EU-wide point prevalence survey on HAI.	YES	
Report and database on HAI (surgical site infections and HAI in intensive care) and on infection control structures and processes in the EU.	DELAYED	Summary report published. Complete report and database will be available in 2011. Indicators on infection control structures and processes await input from corresponding systematic reviews.
Outsourcing of European surveillance of HAI and infection control indicators in long-term care facilities (HALT).	YES	
Surveillance of <i>Clostridium difficile</i> infections in the EU: protocol, feasibility study and capacity building for laboratory detection.	YES	Started in 2010. Will continue in 2011.
Address AMR issues related to food animals and food, in collaboration with other EU agencies (EFSA, EMA).	YES	
<i>Strategy 2: To improve the scientific understanding of communicable disease determinants</i>		
Report on over-the-counter use of antibiotics, i.e. without a prescription, and self-medication with antibiotics in the EU.	POSTPONED	Additional data are needed before the ECDC report can be produced.
Background document on laboratory capacity for AMR and HAI in the EU.	POSTPONED	Data on laboratory capacity for AMR and HAI in Member States are already available in part from a previous ECDC survey. The budget has been re-directed to more urgent activities.
Report (background document) and design for study to evaluate the potential adverse effects of decreasing outpatient antibiotic consumption in the EU.	POSTPONED	The activity was postponed in order to focus on priorities. The budget has been re-directed to more urgent activities.
<i>Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control</i>		
Guidance on the prevention and control of HA-MRSA (hospital-acquired) and CA-MRSA (community-acquired).	YES	Will be published in 2011.
Background document and guidance for prevention and control of extensively drug-resistant (XDR) and pandrug-resistant (PDR) bacteria in hospitals.	YES	Started in 2010. Will continue in 2011. Activity focuses on carbapenemase-producing <i>Enterobacteriaceae</i> as an example of XDR bacteria.
Guidance on HAI prevention and control.	YES	Started in 2010. Will continue in 2011.

ACTIVITIES	Implemented	Comments
<i>Strategy 4: To contribute to the strengthening of programmes for communicable disease prevention and control at EU level and, upon request, in individual Member States</i>		
Coordination of activities: meetings of National AMR and HAI Focal Points.	YES	
3rd Annual European Antibiotic Awareness Day.	YES	
Country support on hand hygiene campaigns, including WHO Hand Hygiene Day	YES	
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.	YES	
Reports on country achievements on AMR and HAI (10 visits).	DELAYED	Only two reports in 2010 in the absence of additional invitations. Will continue in 2011.
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 hospital settings.	YES	Started in 2010. Will continue in 2011. Curriculum for course on HAI epidemiology and data analysis replaced by additional short courses on HAI point prevalence studies (priority).

ACTIVITIES	Implemented	Comments
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FOOD- AND WATERBORNE DISEASES AND ZOOONOSIS

Strategy 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.	DELAYED	It was decided that the report should cover the years 2006-2009 to be in line with AER 2010 (for 2009 data). Therefore, the analysis could not be finalised in 2009.
Annual report 2006-2007 on surveillance of salmonellosis, campylobacteriosis and STEC/VTEC in Europe.	CANCELLED	Merged into the previous activity
Summary of laboratory survey regarding 6 priority FWD.	DELAYED	There were insufficient resources to finalise the report in 2009 but all analysis work is now complete and the report will be published in 2010.
2010 Quarterly reports for salmonellosis and STEC/VTEC.	YES	
Contribution to the Zoonoses report 2009 with EFSA.	YES	Covered 12 diseases.
External Quality Assurance scheme for Salmonella and STEC/VTEC.	YES	
Implementation of molecular surveillance for Salmonella and/or STEC/VTEC.	YES	

Strategy 2: To improve the scientific understanding of communicable disease determinants

Finalise the literature review on comparability of FWD data.	CANCELLED	A contract could not be prepared in time due to strict, incompatible administrative rules in the EU and in US.
Development of a seroepidemiological tool to assess true incidence of Salmonella and Campylobacter infections.	YES	
Planning for a joint Listeria molecular typing study with EFSA and the European Commission.	YES	A study group has been established and the first meeting was held at ECDC in December 2010.
Special Eurosurveillance issue on vCJD.	DELAYED	This is part of the third contract, which will end in May 2011

Strategy 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.	YES	
Guidance on prevention and control of norovirus outbreaks in community settings.	DELAYED	The second call for tender led to only one application which was not accepted. The third round was launched in late 2010.
Guidance on prevention of Creutzfeldt Jacob Disease (CJD) in health care settings.	YES	Final report to be delivered in 2011.

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

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

ACTIVITIES	Implemented	Comments
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EMERGING AND VECTOR-BORNE DISEASES

Strategy 1: 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.	YES	Visibility of the deliverables from the laboratory network needs improvement.
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Strategy 2: 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 - 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.	DELAYED	Some delays in initiating the project.
Description of epidemiological situation of tick-borne diseases in EU (will cover tick borne encephalitis and Crimean-Congo hemorrhagic fever).	YES	The common questionnaire on Lyme disease/tick-borne diseases will be sent to the Member States in February 2011.

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

Risk assessment tool for West Nile.	YES	
Development of information for travellers within EU/EFTA about the vector borne diseases and their geographic distribution.	YES	Spotlight on tick borne diseases (summer 2010).

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

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, sand flies), 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.	YES	Maps of distribution and surveillance of main invasive mosquito vector available on the website. Overview of the activities and resources in the Member States related to vector borne diseases (ongoing study).
Network of outbreak assistance laboratories: coordination & quality assurance, to strengthen European capacities to detect EVD with support such as external quality assurance.	YES	Network involved in the West Nile 2010 response. Several external quality assurance studies conducted (Yellow fever, hantavirus, West Nile).
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.	YES	Report being published.
Veterinary Public Health for EVD meeting, in order to reinforce links with veterinary medicine.	YES	Links with EFSA established. Meeting in March 2011 (PRU/EVD)
Liaison activities with scientific societies, research projects (environmental and behavioural changes, modelling...)	YES	Links to several FP7 projects on EVD.
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.	DELAYED	Ongoing discussion with DG SANCO on how to address these issues

ACTIVITIES	Implemented	Comments
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COMMUNICABLE DISEASE SURVEILLANCE

<i>Strategy 1: To establish EU-wide reporting standards and an integrated data collection network for surveillance including all Member States and covering all communicable diseases with the detail necessary according to their priority</i>		
Continue to develop TESSy modules incorporating more enhanced surveillance and integrating Diseases Specific Networks (DSN) databases.	YES	
Development of on-line query tool and basic maps.	YES	
Collection of agreed common dataset for all diseases.	YES	
Collection of enhanced data for TB, HIV, STI, FWD, influenza, meningococcal disease, invasive H. influenzae, diphtheria, AMR, <i>Legionella</i> and healthcare-associated infections.	YES	
Continue to provide support of TESSy users in Member States.	YES	
Further development of facilitating TESSy use by surveillance and IT coordinators.	YES	Annual meeting held in October.
TESSy training.	YES	One training workshop for antimicrobial resistance, one for Legionnaires' disease.
Completion of the priority list of diseases for surveillance.	POSTONED	This activity depends on the Network Committee which did not meet in 2010.
Evaluation of the procedure for data exchange.	YES	Procedure approved after the one-year pilot phase in November by the MB.
Develop further the integration of molecular sub typing into surveillance.	YES	
Evaluation of the implementation of EU case definitions.	POSTONED	As a revision of all Decisions based on Decision 2119/98/EC is foreseen by the Commission, this activity has been postponed until after the revision.

<i>Strategy 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</i>		
Continue to develop standard analysis for the Annual Epidemiological Report (AER), for zoonoses report, and for certain disease-specific reports (see under Target 1).	YES	Two more data collections were added in 2010, data for the AER were collected in January 2010 (2008 data) and October 2010 (2009 data).

<i>Strategy 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</i>		
Further improvement of the on-line TESSy reports	YES	
Further improvement of the content of the Annual Epidemiological Report.	YES	
Further development of the ECDC surveillance web information in the portal.	YES	
Produce more regular updates and feedback of surveillance data.	YES	
Preparation of interactive on-line interface with TESSy.	PARTIALLY	The activity will be completed in the first quarter of 2011.

ACTIVITIES	Implemented	Comments
<i>Strategy 4: To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States</i>		
Improvement of validation rules within TESSy for automatic quality checks.	YES	
Mapping on quality assurance in Member States surveillance systems.	YES	
Assessment of the needs of the surveillance systems in Member States.	PARTIALLY	The report will be available early 2011.
Assessment of under-ascertainment/under-reporting, including completeness of reporting.	PARTIALLY	Completeness of reporting is now included in the surveillance reports. Following recruitment of dedicated staff in mid-2010, the activity was started and will be carried on in 2011.

ACTIVITIES	Implemented	Comments
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SCIENTIFIC EXCELLENCE AND INFORMATION

<i>Strategy 1: To function as a public health research catalyst</i>		
Organisation of the next ESCAIDE annual conference.	YES	
Mathematical modelling of communicable diseases in MS will encompass the first modelling advisory group meeting and the second ECDC National Modelling Contact Points meeting.	PARTIALLY	Modelling advisory group planned for early 2011. National Contact Point meeting focussed instead on H1N1 modelling and the effects of a school closure.

<i>Strategy 2: To promote, initiate and coordinate research for evidence-based public health and to identify future threats</i>		
“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.	YES	
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.	YES	
Integration of the EDEN (Emerging Diseases in a changing European eNvironment) project with maintenance and support funding for EDEN activities.	YES	
“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.	YES	
For social determinants of communicable diseases two projects are planned to study: <ul style="list-style-type: none"> Impact of economic crisis on communicable diseases Association between chronic and communicable diseases. 	PARTIALLY	Study on association between chronic and communicable diseases is ongoing.

<i>Strategy 3: Produce guidelines, risk assessments and scientific advice</i>		
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.	YES	
Answer to scientific questions, risks assessments and guidelines.	YES	

Strategy 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.	YES	
ECDC library operations and knowledge management coordination maintained / further developed.	YES	The Library continued its operations and experienced an increasing demand for its services from the experts, especially those services which required more technical expertise and the retrieval of information for systematic reviews.
Development of tools to assist program monitoring and evaluation of communicable diseases control programmes will continue.	YES	

Strategy 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: <ul style="list-style-type: none"> • The 6th and 7th meeting of the ECDC National Microbiology Focal Points (NMFPs) • Continued work on defining the core competencies of public health microbiology labs • Biosafety/biorisk issues • Laboratory quality assurance issues. 	YES	

ACTIVITIES	Implemented	Comments
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DETECTION, ASSESSMENT, INVESTIGATION AND RESPONSE TO EMERGING THREATS FROM COMMUNICABLE DISEASES

Strategy 1: To develop an efficient integrated early warning system about emerging threats in Europe

Further strengthen epidemic intelligence activities by actively engaging Member States.	YES	
Implement integrated platform for risk assessment for food and water borne diseases and for travel-associated legionnaire disease cases.	YES	Development complete, training course designed, in final testing on ECDC servers before launch.
Open to Member States the data repository for emerging threats (Threat Tracking Tool).	POSTPONED	The upgrading of the TTT application could not be completed in 2010 because of a problem with the ICT consultant resulting in the termination of the contract. A new consultant has been identified and development has now recommenced.
Further adapt the Early Warning and Response System (EWRS) according to Member States and European Commission needs.	YES	The upgrade of the EWRS was completed in 2010, including compliance with the EU data protection directive.

Strategy 2: To develop mechanisms for the 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.	YES	Both tenders issued and successful. Being reviewed by ECDC before public release.
Further risk assessment guidance for diseases transmitted on airplanes.	YES	A new disease guidance document was issued, including measles, rubella and haemorrhagic fevers.

Strategy 3: To strengthen the Member States and EU preparedness for communicable disease threats, pandemic preparedness

Development of information on risk for travellers within EU/EFTA for EVD.	PARTIALLY	Delays have been experienced due to unavailability of staff.
Continue the coordination of the network of outbreak assistance laboratories.	YES	
Review with Member States lessons learnt from preparedness activities and further strengthen preparedness in post-pandemic.	YES	
Provision of technical support to countries preparing for mass gatherings.	YES	Including direct support for the FIFA World Cup in South Africa, the Shanghai World Expo 2010 and various festivals in the EU.
Develop a risk assessment tool for impact of infectious disease outbreaks on blood safety.	YES	Successful tender issued. Tool under being reviewed by ECDC before public release.

Strategy 4: Strengthening the Emergency Operation Centre

Conduct a simulation exercise for public health crisis.	YES	Exercise successfully conducted.
Further develop Crisis Management applications.	YES	Intranet for on-duty officers completed.
Continued visits to Member States emergency operation centres to develop and strengthen links.	YES	Four visits were undertaken in 2010.

ACTIVITIES	Implemented	Comments
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TRAINING FOR THE PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

Strategy 1: To develop EU capacity on the prevention and control of communicable diseases through training

Enrol a new cohort of 20 fellows in 2010 in the EPIET programme.	YES	New cohort of 18 EPIET and 2 EUPHEM fellows recruited.
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.	YES	12 weeks of short courses organised in 2010.

Strategy 2: To develop a 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).	YES	
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Strategy 3: To create a training centre function within ECDC

Further develop the ECDC field epidemiology training manual.	YES	Internet version released in 2010.
Host experts from Member States in ECDC for one week briefing sessions.	YES	

ACTIVITIES	Implemented	Comments
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HEALTH COMMUNICATION

Strategy 1: Communication to professional audiences

Further developed integrated and targeted communication approach to all ECDC scientific/technical work.	YES	New communication framework developed to guide all ECDC external communication activities.
Continued positioning of Eurosurveillance as the leading journal on infectious disease epidemiology, prevention and control in Europe.	YES	Work ongoing.
High quality editing, layout, publication and dissemination of ECDC's scientific outputs.	YES	Work ongoing.
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).	YES	Work ongoing.
Further development of the ECDC intranet, offering easy access to ECDC knowledge services and being linked to an ECDC document management system.	YES	Work ongoing.
Executive summaries for key publications provided in all 23 EU languages (plus Icelandic and Norwegian).	YES	Work ongoing.

Strategy 2: Communication to the media and the European public

Highly professional services to the media, in concert with other key public health actors in Europe.	YES	Work ongoing.
ECDC's capacity and systems in the area of outbreak/emergency risk communication further strengthened.	YES	Work ongoing.
Further development of the ECDC audiovisual offerings.	YES	Work ongoing.
Further developed multilingual offerings to the extent available resources allow.	PARTIALLY	Problems with translation quality control being addressed through network of translation checkers in the MS.

Strategy 3: To support the MS health communication capacities

Coordination, support and further developed activities for the European Antibiotic Awareness Day 2009.	YES	In liaison with AMR and communication experts in MS.
Country support in the broad area of health communication further developed, in particular by development of training modules.	YES	Curriculum for scientific writing course developed.
Establishing a knowledge base on health communication through evidence surveys and setting up a health communication evidence network.	YES	Work carried out in partnership with consortium of health communication researchers.
Communication activities in the Member States mapped.	YES	Work carried out in partnership with consortium of health communication researchers.

ACTIVITIES	Implemented	Comments
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PARTNERSHIPS

<i>Strategy 1: To develop programmes of ECDC cooperation and support on communicable diseases with each Member State</i>		
Detailed country assessments (review on Communicable Disease Prevention and Control) in nine countries.	YES	
New internal procedures to ensure better coordination of country visits.	PARTIALLY	The procedure is now in preparation; the delay is linked to the revision of the structure of ECDC Competent Bodies, approved by the Management Board on 9–10 November 2010.
Annual competent bodies meeting.	CANCELLED	Working procedures with the Member States are too complicated and need to be improved. A revision of the structure of ECDC Competent Bodies was approved by the Management Board on 9–10 November 2010. The Director decided to cancel the annual Competent Bodies meeting in 2010 and to rearrange it in 2011 when the new structures will be in place. The budget allocated was used by the units/programmes for meetings with their relevant Competent Bodies.

<i>Strategy 2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to communicable diseases prevention and control</i>		
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.	YES	
Development of partnerships with relevant countries under the EC Neighbourhood policy to enhance the further collaboration.	YES	
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.	PARTIALLY	ECDC will take over the coordination of the EU Agencies network in 2012, instead of 2011 as initially foreseen.

<i>Strategy 3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and foundations of key importance to ECDC's work</i>		
Update and further development of ECDC external relations strategy and development of ECDC stakeholder management strategy to guide the relationships with stakeholders.	YES	
Maintain fruitful co-operation and collaboration with WHO.	YES	
Collaboration with selected inter-governmental organisations, scientific institutions, non-governmental organisations and foundations.	YES	

ACTIVITIES	Implemented	Comments
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LEADERSHIP

<i>Strategy 1: To provide effective governance</i>		
Quality support to MB and AF provided.	YES	
Good communication between ECDC and MB/AF.	YES	
Updated list of / established communication channels with the Competent Bodies.	YES	Extranet collaborative workspace in place.

<i>Strategy 2: To provide high quality overall management in ECDC's work and use of resources</i>		
2009 Annual Report of the Director produced.	YES	
Work Programme 2011 prepared.	YES	
Further development and improvement of the Management Information System (MIS).	YES	Version 2.0 in place in July.
Sets of indicators reviewed and updated.	PARTIALLY	The set of operational indicators needs further fine tuning and monitoring in 2011, including development of Member State surveys and alignment of indicators with those of other agencies working with DG SANCO (work to be led by the Commission).

ADMINISTRATIVE SERVICES

Strategy 1: To plan, support and implement the intended growth for the staffing of the Centre, ensure effective administration of human resources and actively foster the development of the organisation and its staff

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

Strategy 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.	YES	
Develop 2011 budget proposal.	YES	

Strategy 3: To strengthen the Member States and EU preparedness to communicable diseases threats, pandemic preparedness

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

Strategy 4: Strengthening the Emergency Operation Centre

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

ACTIVITIES	Implemented	Comments
<i>Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistics services</i>		
Extend, manage and maintain the ECDC premises.	YES	ECDC has taken on one additional building of 420 m ² . as an extension to the premises. All the necessary maintenance was carried out to ensure that facilities were appropriate for ECDC staff.
Provide logistics services to staff and maintain physical inventory.	YES	Logistical services are provided for all staff every day during ECDC core hours.
<i>Strategy 6: To provide legal advice and counselling</i>		
Advice and counsel on legal, internal control and organisational issues.	YES	
Coordinate procurement and grant activities.	YES	
Further develop and maintain business continuity plan.	PARTIALLY	The document needs further discussions and adjustments.
Operate the ECDC data protection function.	YES	
<i>Strategy 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</i>		
Support the development and assessment of the Internal Control System, including the internal control standards.	YES	
Ensure liaison with the Internal Audit Service and the ECDC Audit Committee, and ensure a proper follow-up of audit recommendations.	YES	