ECDC **CORPORATE**

Annual Report of the Director

2013

EUROPEAN CENTRE FOR
DISEASE PREVENTION
AND CONTROL

ECDC CORPORATE

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Contents

Abbreviations

ABAC	Accrual-Based Accounting, the EC integrated budgetary and accounting system
AMR	Antimicrobial resistance
ARHAI	Antimicrobial resistance and healthcare-associated infections
CAF	Common Assessment Framework
CCB	Coordinating Competent Body
CDC	Centers for Disease Control and Prevention, USA
CPCG	Committee on procurement, contracts and grants
CRM	Customer Relationship Management
DPO	Data protection officer
EAAD	European Antibiotic Awareness Day
EARS-Net	European Antimicrobial Resistance Surveillance System network
EEA/EFTA	European Economic Area/European Free Trade Association
ELiTE	European Listeria Typing Exercise
EFSA	European Food Safety Authority
EMA	European Medicines Agency
ENIVD	European Network for Diagnostics of Imported Viral Diseases
ENP	European Neighbourhood Policy
ENPI	European Neighbourhood and Partnerships Instrument (or ENI – European Neighbourhood Instrument)
EOC	Emergency Operations Centre
EPIET	European Programme for Intervention Epidemiology Training
EPIS	Epidemic Intelligence Information System
EpiNorth	Co-operation Project for Communicable Disease Control in Northern Europe
EQA	External Quality Assessment
ESAC-Net	European Surveillance of Antimicrobial Consumption network
ESCAIDE	European Scientific Conference on Applied Infectious Disease Epidemiology
EU	European Union
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EUPHEM	The European Programme for Public Health Microbiology Training
EuroCJD	European and allied countries collaborative study group of Creutzfeldt-Jakob disease
EuSCAPE	European survey on carbapenemase-producing *Enterobacteriaceae*
EVD	Emerging and vector-borne diseases
EWRS	Early Warning and Response System
FWD	Food- and waterborne diseases and zoonoses
HAI	Healthcare Associated Infections
HAI-Net	Healthcare Associated Infections network
HIV	Human immunodeficiency virus
HSH	HIV, sexually transmitted infections and viral hepatitis
ICT	Information and Communication Technology
IRV	influenza and other respiratory viruses
MediPIET	Mediterranean Programme for Intervention Epidemiology Training
MERS-CoV	Middle East respiratory syndrome coronavirus
MMR	Measles, mumps and rubella
MRSA	Methicillin-resistant *Staphylococcus aureus*
NFP	National Focal Point
NMFPs	National Microbiology Focal Points
OCS	Office of the Chief Scientist
PHC	Public Health Capacity and Communication unit
RMC	Resource Management and Coordination unit
SAS	Scientific Assessment Section
SLA	Service level agreement
SMAP	Strategic multiannual work programme
SMT	Senior management team
SRS	Surveillance and Response Support unit
STEC	Shiga toxin-producing *Escherichia coli*
STI	Sexually transmitted infections
TB	Tuberculosis
TESSy	The European Surveillance System
VBORNET	European Network for Arthropod Vector Surveillance for Human Public Health.
VENICE	Vaccine European New Integrated Collaboration Effort

VPD   Vaccine-preventable diseases
VTEC   Verotoxin-producing *Escherichia coli*
WHO   World Health Organization
WHO/EURO   World Health Organization, Regional Office for Europe

Foreword by the Chair of the Management Board

The year 2013 was the final year of the Centre's first strategic multiannual programme (SMAP), which covered the period 2007 to 2013. It was therefore fitting that the year ended with the launch of the second independent external evaluation of the Centre and with the Board having agreed on the substance of a strategic multiannual programme for 2014–2020[1].

The external evaluation next summer will give an assessment of the level of 'EU added value' ECDC is achieving for the EU and its Member States via the package of core services and programmes conceived in SMAP 2007–2013. Still, looking at the macro-level, it seems to me that ECDC has done what it promised to do between 2007–2013, in as much as the core public health functions and disease specific programmes outlined in this strategy have been put in place. Indeed, they have not just been put in place, they are have also produced substantial results. This is particularly the case over the last few years as the disease programmes became fully operational. To give some figures: in 2010 ECDC produced 86 scientific publications. This rose to 117 publications in 2011 and 203 in 2012. Last year, ECDC produced 211 scientific publications, which you can find listed in Annex 7 of this report. The increase of the impact factor (how often ECDC data or publications are cited in peer reviewed journals) from 3.9 in 2010 to 5.6 in 2013 should also be acknowledged. This shows the increasing scientific influence of the Centre in Europe and beyond. I could also mention the role of ECDC in providing epidemic intelligence to support the response role of Member States and the Commission by producing daily and weekly reports and a total of 24 rapid risk assessments in 2013.

Of course, output is not the same thing as impact: the quality and relevance of ECDC's work also needs to be assessed. This is why the Centre's Founding Regulation mandates us to commission regular external evaluations and why I intend to have the Board scrutinise the results of the current external evaluation very closely when we receive these later this year.

But if I look from my perspective as Head of a Member State Competent Body, I must say that ECDC has become a valued and indispensable partner for our Institute in its work on infectious diseases. As we start implementing EU Decision 1082/2013 on serious cross-border threats to health, and cooperation between Member States and the Commission becomes even closer, I can only see ECDC becoming even more important to national public health institutes such as InVS.

I close the chapter on SMAP 2007–2013 with a feeling of pride and satisfaction at what ECDC and its partners have achieved. But looking towards SMAP 2014–2020 and the challenges that infectious diseases continue to pose for public health, I know we still have much more we need to achieve together.

Dr Françoise Weber
Chair of Management Board

15 February 2014

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[1] Final adoption by the Management Board of ECDC's Strategic Multi-annual Programme for 2014-2020 took place via written procedure on 24 January 2014

Introduction by the Director

As our Chair Dr Françoise Weber notes in her Foreword, 2013 was the final year of the Centre's first strategic multiannual programme (SMAP). The transition towards our next strategic period already started in 2013, as our work plan for 2014 was developed on the basis of the draft SMAP for 2014–2020, which was already at an advanced stage of discussion in the Board early in the year. The fact that our Board agreed to keep the disease programmes and public health function largely the same in SMAP 2014–2020 as in the previous period made this process relatively easy.

As planned under SMAP 2007–2013, our disease programmes were the major priority and focus of the Centre in 2013. A quick glance through this report will show you that the disease programmes produced the majority of ECDC's scientific outputs in 2013. But it is not just the quantity of work produced by the programmes in 2013 that impresses me. They are now making a major contribution to increasing our knowledge and understanding of infectious diseases in Europe, and providing policy makers and health professionals with information they can act on in order to prevent and control these diseases. One excellent example of a major ECDC-led project that added to the disease control knowledge of the EU and its Member States was the first ever point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals, the results of which were published in 2013. More than a thousand hospitals in 30 European countries participated in this survey, giving us the most detailed picture ever of these infections and their treatment. You will find many other examples as you look through this report.

Despite its wide range of activities and EU-wide focus, ECDC remains a relatively small organisation, with fewer than 300 staff. However, over time ECDC's strength as a network organisation has grown and we will continue to foster it. An effective network organisation can achieve a lot through and with its partners, to whom I want to pay tribute.

The Centre has to deliver its core public health functions (defined in 2013 as surveillance, scientific support, preparedness and response, training, and health communication) and its disease programmes with a relatively small pool of experts. We need to be flexible and efficient in the way we use our experts' time, and this has led us to a matrix management system within the Centre. What this means in practice is that most experts contribute both to the programmes and the public health functions. So when we look at the main health threats of EU level concern that the Centre worked on in 2013 either within the EU – hepatitis A outbreaks due to frozen fruits and for visitors in Italy - or beyond, in order to protect the EU citizens – the hundreds of humans cases of infection with the novel avian influenza A(H7N9) in China, the continued emergence of the MERS-CoV virus in the Arabian peninsula and the circulation of wild poliovirus in Israel and Syria – it is difficult to separate the work of the programmes and core functions. It is fairer and more realistic to think of the excellent support provided to Member States and the Commission as coming from one team of dedicated ECDC professionals.

One final key development in 2013 was the adoption by the European Parliament and Council of Decision 1082/2013/EU on serious cross-border threats to health. This was a major achievement for our partners in the European Commission, most notably our Board member Acting Director of Public Health John Ryan, and substantially reinforces the legal basis for cooperation and coordination between the Commission and Member States in combating serious cross-border threats to health. Decision 1082/2013 does not change ECDC's mandate, but providing the Commission and Member States with technical support in implementing this important new legislation will be a key priority for ECDC in 2014 and beyond.

Dr Marc Sprenger
ECDC Director

15 February 2014

Executive summary

The year 2013 was an important milestone in the history of ECDC as it was the last year of the implementation of its multiannual programme 2007–2013 and the adoption of the new strategic multiannual work programme for the period 2014–2020 (SMAP). In 2013, ECDC managed to implement most of its Work Programme. ECDC further increased its output, consolidated its structures and developed its partnerships to address the need for a strengthened response to the threat of communicable diseases in Europe. In addition to presenting the main achievements of the Centre in 2013, this annual report includes tables showing the detailed implementation of the 2013 work programme, as approved by the Management Board in November 2012.

1. 2013 results and achievements at a glance

- The Management Board agreed to the substance of a new multiannual programme covering the period 2014–2020[2] as 2013 was the last year of implementation of ECDC's start-up multiannual programme, which covered 2007–2013.
- The Management Board launched ECDC's second independent external evaluation.
- ECDC further increased its output, consolidated its structures and developed its partnerships to address the need for a strengthened response to the threat of communicable diseases in Europe.
- ECDC monitored and assessed two major ongoing threats; the emergence of human cases and deaths from the novel avian influenza A(H7N9) in China and the continued emergence of the Middle East Respiratory Syndrome *Coronavirus* (MERS-CoV).
- ECDC worked closely with public health microbiologists and laboratories across the EU to ensure that all Member States have access to tests for avian influenza A(H7N9) and MERS-CoV.
- The threat from re-emerging poliovirus transmission in Israel was identified during the summer of 2013. This was further increased by a subsequent outbreak of paralytic poliomyelitis in Syria. ECDC provided rapid risk assessments as this threat developed, working closely with the Commission, the World Health Organization (WHO) and Member States on options to mitigate this risk.
- ECDC provided the EU and Member States with a total of 24 rapid risk assessments, including those on polio, novel avian influenza A(H7N9), and MERS-CoV.
- Seventy percent of ECDC's rapid risk assessments were supplied within 48 hours of a decision being taken to initiate them.
- ECDC's website (www.ecdc.europa.eu) attracted 945 000 unique visits. This exceeded the target ECDC's Management Board set of 800 000 unique visits.
- The ECDC vaccine scheduler, an interactive database displaying the different vaccines and vaccine schedules in EU Member States was one of the most accessed applications on our website. It is particularly helpful for health professionals dealing with a patient who has moved from one Member State to another, as vaccination schedules can vary considerably between countries.
- Four joint rapid outbreak assessments were produced by ECDC in partnership with the European Food Safety Authority (EFSA). These related to two hepatitis A outbreaks (one of which needed two assessments) and one outbreak of *Salmonella* Mikawasima.
- ECDC's molecular surveillance pilot project ran for the entire year with a gradually increasing participation of Members States (19 at the end of the year).
- ECDC published a total of 216 scientific publications: see Annex 7 for full list.
- The impact factor of the Centre, i.e. how often ECDC data or publications are cited in peer reviewed journals - increased to 5.6 in 2013. This compares to 4.55 in 2012 and 3.9 in 2010. This increase in ECDC's impact factor is evidence of the increasing scientific influence of the Centre in Europe and beyond.
- 117 fellows were included in one of ECDC's two-year fellowship training programmes - European Programme for Intervention Epidemiology Training (EPIET) and The European Programme for Public Health Microbiology Training (EUPHEM).
- 112 public health professionals from EU/EEA and enlargement countries were trained in short courses or workshops.
- The Centre initiated development of e-learning activities in order to reach larger target groups.
- The sixth annual European Antibiotic Awareness Day, coordinated by ECDC, took place on 18 November 2013. and more than 40 European countries had activities on the prudent use of antibiotics related to the Day.
- The core budget of the Centre remained the same as for 2012 with EUR 58.3 million.

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[2] Final adoption by the Management Board of ECDC's Strategic Multi-annual Programme for 2014-2020 took place via written procedure on 24 January 2014

2. Resources

In 2013, the core budget of the Centre remained the same as for 2012 with EUR 58.3 million. As of 31 December 2013, ECDC had 290 permanent staff (temporary agents (TA), contract agents (CA) and seconded national experts (SNE)).

3. Disease-related work

ECDC's disease-specific activities are managed in seven Disease Programmes. In 2013, ECDC further streamlined the disease programmes and increased the use of common methods and processes. It also further developed tools for scientific work, surveillance activities, databases, networks, and organised capacity building and training for the diseases covered by its remit. This was in line with the Annual Work Programme and the 'strategies for disease-specific programmes 2010–2013', approved by the Management Board in 2009.

With regard to antimicrobial resistance and healthcare-associated infections (ARHAI programme), the main achievements in 2013 included the publication of the report on the ECDC point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals. In 2013, ECDC also published interim results of the European survey on carbapenemase-producing *Enterobacteriaceae* (EuSCAPE). The sixth annual European Antibiotic Awareness Day, coordinated by ECDC, took place on 18 November 2013 and more than 40 European countries had activities on the prudent use of antibiotics related to the Day.

ECDC deployed the emerging and vector-borne diseases (EVD programme) network of national focal points in Member States and strengthened the network for medical entomologists and public health experts on arthropod vector-borne diseases (VBORNET). The network continued to produce updated distribution maps of invasive mosquitoes, sandflies and tick species. The guidelines for the surveillance of invasive mosquitoes (vectors of major exotic human diseases) were published and a new project to extend them to native mosquitoes was started. With regard to tick-borne diseases, ECDC focused its work on the diagnosis of Lyme borreliosis. Regarding mosquito-borne diseases, assessments for outbreaks of dengue and chikungunya were written, and maps of distribution of human cases of West Nile fever in the EU and neighbouring countries were produced on a weekly basis during the transmission season. Finally, the ECDC network on imported viral diseases concentrated its activities on response to outbreaks, development of diagnostic support (MERS-Coronavirus) and external quality assessment for Member States and other network members.

In the programme of food- and waterborne diseases and zoonoses (FWD programme), the molecular surveillance pilot for the three pilot foodborne pathogens (*Salmonella, Listeria monocytogenes and STEC/VTEC*) have been implemented for the entire year with the participation of 19 Member States. Dedicated standard operating procedures (SOPs) to handle molecular typing clusters have been produced and applied, and preparatory activities for the evaluation phase have started. ECDC took part in a joint trace back investigation coordinated by the European Food Safety Authority (EFSA) following a large multinational outbreak of hepatitis A in Italy, Ireland and the Netherlands, linked to the consumption of frozen berries. Four joint rapid outbreak assessments were produced by ECDC and EFSA, incorporating information from national human, veterinary and food safety sectors in a 'one health' approach on two hepatitis A outbreaks and one outbreak of *Salmonella* Mikawasima. An SOP for rapid foodborne outbreak assessment was drafted in close collaboration with EFSA and the Commission. Finally, ECDC developed in collaboration with Member States and external experts an EU protocol on harmonised monitoring of antimicrobial resistance (AMR) in human *Salmonella* and *Campylobacter* infections.

Major achievements in 2013 for Legionnaires' disease included Germany's full participation in the reporting of travel-associated cases and the course 'Legionnaires' disease: risk assessment, outbreak investigation and control' with 14 participants from one EU Member State (Croatia) and seven candidate countries in December.

In the field of HIV, sexually transmitted infections and viral hepatitis (HSH programme), ECDC published the progress report on monitoring the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia through 11 thematic reports and nine evidence briefs. The first enhanced surveillance report on hepatitis B and C viral infections covering the years 2006–2011 was published, describing basic trends and epidemiological features of both diseases across countries in the European Union (EU)/European Economic Area (EEA). Technical reports were published on a number of topics, including:

- EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey
- Monitoring recently acquired HIV infections in the European context
- Public health benefits of partner notification for sexually transmitted infections and HIV
- Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions
- A comprehensive approach to HIV/STI prevention in the context of sexual health in the EU/EEA
- STI laboratory diagnostics in Europe.

In the area of influenza and other respiratory viruses (IRV programme), ECDC was engaged in initiatives to support Member States in implementing the 2009 EU Council recommendation on seasonal influenza vaccination. This has entailed direct technical support to the Commission and Member States, resulting in the publication of related/relevant documents, guidance and training. In parallel, other areas of work have continued, such as: routine surveillance, reporting through the weekly influenza surveillance overview; publication of risk assessments (seasonal and ad-hoc); organisation of key meetings; vaccine coverage monitoring (through the Vaccine European New Integrated Collaboration Effort (VENICE) project) and communications work; and pandemic preparedness (in close collaboration with the WHO Regional Office for Europe). This work resulted in workshops and meetings targeting Member States and drafting of relevant documents; technical and financial support to work on vaccine effectiveness to support Member States as well as EU-led initiatives; and work on serology and virology (through support to the European Reference Laboratory Network for Human Influenza - ERLI-Net).

The mission of the tuberculosis programme (TB) is to support Member States in TB prevention and control to achieve the long-term goal of reducing and ultimately eliminating TB in the EU/EEA. In 2013, the Programme further strengthened its function as a reference point for EU/EEA countries to obtain relevant expertise and information on TB epidemiology, scientific advances in the field and coordination of joint European efforts against TB. As a key service to Member States, the coordination of TB networks dedicated to TB surveillance and laboratory functions was continued. The TB programme together with partners organised the first joint meeting of these networks. In addition, the TB programme continued to provide tailored support to the Member States facing challenges in different phases of TB elimination and published scientific advice on investigation and control of TB incidents affecting children in congregate settings and new diagnostic tools.

The Vaccine-Preventable Diseases (VPD) programme has broadened and deepened its work in support of Member States' efforts to eliminate measles and rubella from Europe, including interactive graphics displaying cases over time, a training package on communication for vaccine providers, and a dedicated surveillance report. The ECDC Vaccine Scheduler, an interactive database displaying the different vaccines and vaccine schedules in the EU Member States has become one of the most accessed applications on our website. SpidNet, the sentinel site surveillance system set up by ECDC for measuring impact of vaccination with pneumococcal conjugate vaccine on the incidence of invasive pneumococcal disease has entered its second year, and is generating important results that will guide countries in the decision-making around the control of this high-burden disease. VENICE III, a network dedicated to measuring vaccine effectiveness and safety, was also launched.

4. Public health functions

The public health functions of ECDC (surveillance, scientific advice, preparedness, epidemic intelligence, response, training and health communication), are at the very core of its mission as defined in its Founding Regulation[3]. All these public health functions are now firmly established, but continued to develop by improving processes, strengthening infrastructures and fine-tuning modes of operation. This was done by working closely with the Disease Programmes to provide high-quality deliverables to the citizens of Europe and our stakeholders.

Surveillance

In 2013, ECDC developed a new long-term surveillance strategy, tools for easy online access to and mapping of surveillance data, started developing surveillance standards and data quality indicators for a number of diseases and provided training and guidance to ECDC staff to harmonise and increase the methodological and scientific quality of surveillance output.

Scientific support

ECDC supported capacity building activities in public health microbiology laboratories through its disease networks. Harmonisation of antimicrobial resistance detection across the EU has progressed by the adoption of European Committee on Antimicrobial Susceptibility Testing (EUCAST) standards by laboratories. The integration of molecular typing data into surveillance activities was pilot tested and new genomic based methods were evaluated. ECDC continued the training and development of methods in the field of evidence-based public health. To ensure the quality of ECDCs scientific advice outcomes, some internal procedures and supporting IT tools were developed and introduced.

A new Scientific Assessment Section (SAS) has been created with the scope to improve the quality and efficiency of scientific advice production. Experts in the SAS provide support to the Disease Programmes and produce scientific advice on cross-cutting topics not covered by the Disease Programme.

Preparedness and response

In light of the proposed decision on cross-border health threats, ECDC has re-organised its structure to plan the support to the Commission and Member States for the implementation of the decision on serious cross border threats to health (1082/2013/EU)[4] after it comes into force. An update of the current Early Warning Response System (EWRS) to adapt it to the new legislation was prepared for final approval in January 2014. A new dedicated section (Country Preparedness Support) was created in July 2013 in the Public Health Communication Unit (PHC). In addition a tender was launched to support the procurement of activities in this area, covering technical assistance and capacity building of Member States in the area of public health emergency preparedness.

Training

ECDC is responsible for supporting and coordinating training programmes to assist Member States and the Commission to have sufficient numbers of trained specialists in the core functions of disease prevention and control. In 2013, 117 fellows were included in one of ECDC's two-year fellowship training programmes - European Programme for Intervention Epidemiology Training (EPIET) and The European Programme for Public Health Microbiology Training (EUPHEM), and 112 public health professionals from EU/EEA and enlargement countries were trained in short courses or workshops. The Centre initiated development of e-learning activities in order to reach larger target groups and continued to strengthen the network of training partners in the EU and beyond. A consultation with Member States of a Public Health Strategy was held: the National Focal Points for Public Health training met at ECDC to share and discuss the training priorities at the EU and Member State level.

An initial curriculum for a two-year training programme was drafted by country representatives in the Mediterranean Region under the leadership of ECDC as a basis to start the first cohort of fellows in 2014.

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[3] Regulation (EC) No 851/2004 Of The European Parliament And Of The Council of 21 April 2004 establishing a European Centre for Disease Prevention and Control.
http://ecdc.europa.eu/en/aboutus/Key%20Documents/0404_KD_Regulation_establishing_ECDC.pdf

[4] Decision No 1082/2013/EU Of The European Parliament And Of The Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:293:0001:0015:EN:PDF

Health communication

Communicating ECDC content and providing resources to support Member States is a significant part of the Centre's role. In order to reach its target audiences and support EU Member States in their health communication activities, ECDC has developed a number of communication channels and tools. The ECDC website, which was enhanced during 2013, continues to act as the main vehicle for communication. ECDC has also consolidated its activities in the area of health communication research, and practice and partnerships were further established with the launch of an EU/EAA network of national focal points on communication. ECDC continued to facilitate the exchange of promising practices and provided practical support to Member States through capacity building workshops on risk communication, pilot interventions and field studies, fostering the adaptation and dissemination of ECDC communication toolkits and guides.

5. Partnerships

The Member States' Competent Bodies play a central role in ensuring efficient collaboration between ECDC and the Member States. In 2013, ECDC continued its efforts to strengthen and simplify its way of working with the EU/EEA Member States by further developing the one Coordinating Competent Body (CCB) structure introduced in 2011. A guide was developed to clarify the implementation of the CCB structure which also emphasised the need for simplicity, a step-wise approach, and the aim of reducing the burden for Member States. Important progress was achieved in the development of the ECDC Customer Relationship Management (CRM) system supporting the communication between ECDC and its main stakeholders. In 2013, the system was made available to the CCBs for contact management and nominations. Two training sessions on CRM were organised for the National Coordination of CCBs.

In 2013, ECDC continued to streamline its activities with an international dimension, in particular its cooperation with the EU enlargement countries, European Neighbourhood Policy (ENP) partners, other non-EU countries and key stakeholders at European level. Cooperation with EU candidate countries and potential candidate countries were shaped around a two-faceted approach: the EU assessments of countries' capacities in the field of communicable diseases and the ECDC pre-accession technical assistance programme.

Regarding ECDC relations with ENP countries, in 2013, the Centre reaped the benefits from successful multi-country partnerships and coordinated the cooperation with the European Commission which resulted in the signature of the contribution agreement in 2013 between ECDC and EuropeAid Development and Cooperation Directorate-General to implement a project aimed at preparing ENP countries for participation in ECDC activities.

Inter-institutional relations were further strengthened with the European Commission, the European Parliament, ECDC peer institutes in Israel, the US, China and Canada, and several international NGOs working in the same or similar fields. A special focus on relations with WHO/Euro continued to be a resource for coordination at technical level to increase synergies and avoid overlaps as regards work with EU/EEA Member States.

ECDC also organised country visits at the request of Member States, according to their needs and proposed topics.

6. Leadership

ECDC continued to work according to the set of values adopted in 2010 for the organisation: to be quality driven, service oriented, and collaborate as one unified ECDC team. A total of three Management Board meetings and four Advisory Forum meetings were organised.

The comprehensive independence policy agreed by the Management Board in December 2012 was applied to the ECDC Senior Management Team, members and alternates of the Board, the Advisory Forum, ad hoc Panels and external experts from January onwards with increasing response rates, and a compliance officer was appointed.

In the area of quality management, the five priority actions of the 2012 Common Assessment Framework (CAF) exercise to improve ECDC organisational performance, have mostly been implemented. An external evaluation of the CAF process at ECDC by the European Institute of Public Administration awarded ECDC the certificate of "Effective CAF User" which makes ECDC the first EU agency to receive this recognition. An internal working group started to develop a methodology to unify and make project management more efficient across the Centre. The Management Information System has been further developed and includes a tool to facilitate the planning and implementation of procurement.

7. Administration

The Resource Management and Coordination Unit continued to support ECDC's operational activities throughout the year. The core budget of the Centre remained constant at EUR 58.3 million in 2013. In June 2013, the Management Board issued a positive opinion on the annual accounts of the Centre for 2012.

A number of new staff were recruited, reaching a total of 290 employees by the year's end (TA, CA, SNE). The Centre's management development programme was continued and further developed for managers at all levels.

In 2013, 874 missions were organised for ECDC staff, 202 meetings and almost 3 609 external participants attended ECDC meetings or interviews. There was a significant increase in deliverables from the procurement office which supported 28 open calls for tender and three calls for proposals, as well as 54 negotiated procedures, among which nine procedures had a value above 25 000 EUR. Fifty-six reopening procedures within ICT framework contracts were undertaken. Internal communication was continued, with the support of various tools (regular newsletter, rapid feedback from Senior Management Team meetings) to improve the internal flow of information and increase the efficiency of the Centre.

2013 was the first complete year of the newly created ICT Unit that kept providing innovative solutions in support to the ECDC mission. The Unit was reorganised internally in order to fill competency gaps and to pool capabilities, and it notably revised its governance practicalities.

8. Implementation of the Work Programme 2013: Overview

ECDC was able to implement almost 90% of the actions in its work programme (87% completed + 3% partly). Budget execution at year-end 2012 reached 94% for commitments and 76% for payments.

Implementation of the Work Programme 2013 by target – see details in Annex 1

Implementation of the Work Programme 2013
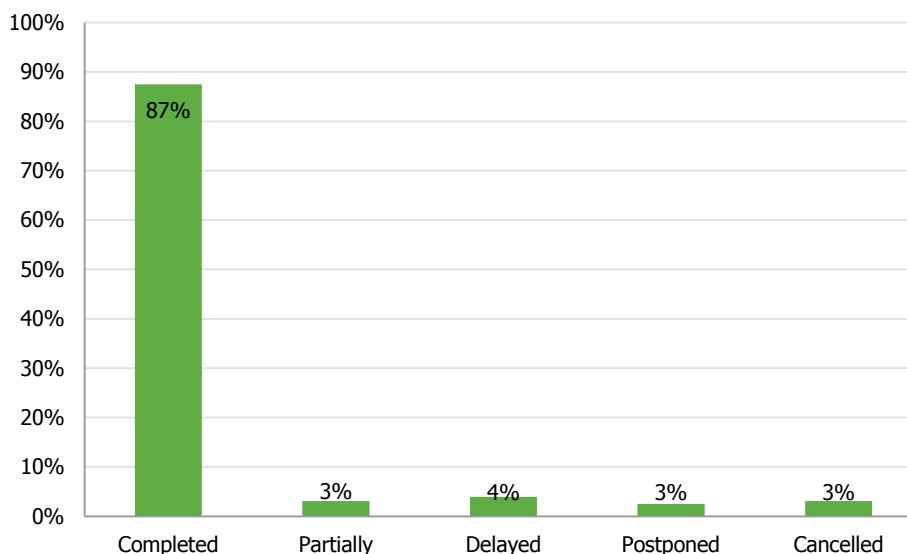
The ECDC vision

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

ECDC will consolidate its organisational achievements and focus on increasing its impact on public health, as well as improving its performance in order to strengthen Europe's capacity to tackle communicable diseases and their determinants.

ECDC works according to a set of values adopted in 2010: be quality-driven, service-oriented, and collaborate as one unified ECDC team.

The ECDC mission and mandate

The Centre's mission is laid down in Article 3 of the Founding Regulation[5] which states that

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

The Centre's mandate can be derived from Article 168 of the Treaty on the Functioning of the European Union (EU), with an overarching principle of ensuring a high level of human health protection in the definition and implementation of all Union policies and activities. ECDC's role is to provide necessary scientific support for EU actions defined in Article 168: encourage collaboration between Member States and coordination of their actions; support the European Commission in its initiatives aiming at the establishment of guidelines and indicators; exchange of best practices; and the preparation of the necessary elements for periodic monitoring and evaluation.

Key tasks

Key tasks of ECDC include:
- operating dedicated surveillance networks
- providing scientific opinions and promoting and initiating studies
- operating the Early Warning and Response System (EWRS)
- providing scientific and technical assistance and training
- identifying emerging health threats
- collecting and analysing data
- communicating on its activities to key audiences.

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

Structure of the Work Programme

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

The Work Programme outlines the major priorities through nine target areas:
- disease specific programmes
- communicable diseases surveillance
- scientific support
- detection, assessment, investigation and response to emerging threats from communicable diseases
- training for the prevention and control of communicable diseases
- health communication
- partnerships and international activities
- leadership
- administration.

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

Disease related work

Target 1. Disease-specific programmes

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

The Disease Programmes represent the cornerstone of the Centre's disease-specific scientific output and cover all diseases under EU-wide coverage. All Disease Programmes are grouped under a dedicated section within the Office of the Chief Scientist. This coordination helped ECDC to streamline common methods and processes across the programmes in 2013. The Disease Programmes also further developed tools for scientific work, surveillance activities, databases and networks and organised capacity building and training for the diseases in their remit.

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

Antimicrobial resistance and healthcare-associated infections

Main objectives for 2013
- To improve the country participation and the quality of the surveillance data on antimicrobial resistance (AMR), antimicrobial use and healthcare associated infections (HAI) to guide the prevention efforts
- To strengthen the European Antibiotic Awareness Day by providing training on how to develop, implement and evaluate the national campaigns to encourage prudent use of antibiotics, based on materials developed by ECDC
- To support Member States efforts to increase compliance with hand hygiene in healthcare by performing preparatory work for a new, specific ECDC surveillance module.

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

Main achievements in 2013

European survey on carbapenemase-producing *Enterobacteriaceae*
The EuSCAPE project started at the end of 2012 and its first results, based on the reporting from experts of 38 European countries (all EU Member States, Iceland, Norway, all EU enlargement countries, and Israel) were published in 2013.

ECDC point prevalence survey of HAI and antimicrobial use in European acute care hospitals
In 2013, ECDC published the report of the first point prevalence survey of HAI and antimicrobial use in European acute care hospitals – a survey that took place in 30 EU/EEA countries in 2011–2012. The report also includes information on selected indicators such as the consumption of alcohol hand rub (for hand hygiene) in the participating hospitals. ECDC also released an interactive database accessible from its website.

Systematic review and evidence-based guidance on perioperative antibiotic prophylaxis
This report includes guidance on key modalities and indicators for monitoring perioperative prophylaxis in hospitals, as potential barriers for EU-wide implementation of these modalities.

Core competencies for infection control and hospital hygiene professionals in the European Union
This is a guidance document that can be used by Member States as a reference for the standardisation of professional competencies; the assessment of training needs and the design of training courses; as well as the evaluation of performance of infection control and hospital hygiene professionals.

Sixth European Antibiotic Awareness Day

The European Antibiotic Awareness Day is a European health initiative coordinated by ECDC to raise awareness about the prudent use of antibiotics. In July 2013, a two and a half-day training course on the development, implementation and evaluation of prudent antibiotic use campaigns was provided to 29 participants from 20 EU Member States and Norway. WHO/Euro participated in the European Antibiotic Awareness Day for the second time in 2013 and this resulted, as for 2012, in a total of more than 40 European countries having activities on the prudent use of antibiotics related to the Day. The 6th European Antibiotic Awareness Day was officially launched on 15 November 2013 in Brussels during the Commissioners' midday press briefing, which was followed by a stakeholder event by ECDC in Brussels. The date of 18 November is increasingly being recognised and is becoming a landmark for raising awareness about the prudent use of antibiotics not only in Europe, but also in the United States, Canada and Australia, and on other continents.

Indicator	Target 2013	Result	Comment
Number of reports published: a) Surveillance b) Guidance	a) Three reports published - EARS-Net (antimicrobial resistance), - ESAC-Net (antimicrobial consumption), - HAI-Net (healthcare-associated infections) b) Two guidance documents available: - systematic review and evidence-based guidance on effectiveness of perioperative prophylaxis -systematic review (update) on organisation of hospital antimicrobial stewardship	a) Four reports published: - EARS-Net 2012, - ESAC-Net 2010, - HAI-Net surgical site infections 2010–2011, - ECDC point prevalence survey of HAI and antimicrobial use in acute care hospitals 2011–2012. b) Two guidance document available: - Systematic review and evidence-based guidance on perioperative antibiotic prophylaxis - Core competencies for infection control and hospital hygiene professionals in the European Union	b) The systematic review (update) on organisation of hospital antimicrobial stewardship was cancelled to avoid duplication with an ongoing update of a Cochrane review (not performed by ECDC).
Proportion (number) of Member States participating in specific ECDC initiatives: a) Proportion of MS having participated in the European survey on carbapenemase-producing bacteria b) Number of countries organising activities on the prudent use of antibiotics in connection with European Antibiotic Awareness Day (EAAD 2013)	a) At least 20 Member States b) At least 25 Member States	a) All 28 EU Member States participated in the European survey on carbapenemase-producing bacteria b) All 28 EU Member States organised activities for EAAD	a) In addition to Member States, 2 EEA countries, 7 EU enlargement countries and Israel participated in the survey. b) In addition to the 28 Member States, 2 EEA countries organised activities for EAAD. WHO/Europe will provide information on participation of other European countries in EAAD.

Emerging and vector-borne diseases

Main objective for 2013

- to strengthen and standardise the reporting on the vector distribution and on vector-borne diseases, and to develop a strategy for the prevention and control of these diseases
- to provide external laboratory support, expertise and early response to emerging threats, and further strengthen the links between the veterinary and human public health fields
- to strengthen the internal collaboration within ECDC for health impact studies and to reinforce links with veterinary public health in the field of non-food related emerging and vector-borne zoonoses.

General background

West Nile fever cases were identified again in 2013 (226 cases reported from four Member States and 557 in neighbouring countries) including new areas and highlighting the risk of transmission by blood donations.

The spread of the invasive *Aedes albopictus* mosquito has increased in Europe since the 1990s. Hundreds of cases of dengue are imported each year by tourists and travellers from endemic countries or recently infected areas (Madeira, 2012), showing an increasing trend. The risk for local disease transmission is thus also increasing.

In Greece, preventive measures against transmission of malaria due to *Plasmodium vivax* prevented the reoccurrence of locally acquired cases in Laconia (the main focus), which is in favour of the hypothesis that there is no sustained local persistence of the parasite yet.

Main achievements in 2013

- EVD Network meeting: The first meeting of the national focal points for EVDs was held in December 2013, back to back with a joint meeting of EFSA and ECDC networks on non-food-borne zoonotic diseases.
- Vector surveillance: Maps of current known vector distribution (invasive mosquitoes, ticks, sandflies) were updated quarterly on the ECDC website, and practical guidelines for the surveillance of invasive mosquitoes in EU countries were also published on the website. A systematic review of the West Nile fever model and of the data related to vector characteristics was completed.
- Tick-borne diseases: The first year of data on Tick-borne encephalitis have been analysed and the results will be published. A systematic review to appraise the reliability of the available laboratory serological tests for Lyme borreliosis in the EU has been carried out.
- West Nile fever: Spatial distribution maps of human cases in the EU and neighbouring countries were produced on a weekly basis from the end of June until mid-November. Maps are primarily used by blood banks for blood safety measures. An automated tool for real-time reporting is currently being developed. A West Nile risk assessment tool has been published.
- Dengue: A second mission to Madeira was conducted in March, to do a SWOT[6] analysis of the surveillance in place. A new case definition has been developed as well as for chikungunya, taking into account possible local outbreaks in the EU.
- Laboratory capacity: External quality assessments (EQAs) were conducted in 2013 on dengue serology and Lassa RT-PCR. The European Network for Diagnostics of Imported Viral Diseases (ENIVD) network partners were involved in the development of the MERS-CoV diagnostic tool.

Indicator	Target 2013	Result	Comment
Number of reports published: a) Guidance	a) One: guidance on surveillance of native mosquitoes	On going	Expert review done in January 2014, finalisation in March 2014.
Others: a) Number of Vector distribution maps available and updated on the website b) Number of EVD new case definitions and report available c) Number of External Quality Assessments (EQA) accomplished and results published d) Number of updated EVD fact sheets and new edited fact sheets	a) At least 10 b) One c) Two d) 6	a) 17 b) 1 c) 2 d) 6: one on Chagas' disease, 5 on vectors	

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[6] SWOT: Strengths, Weaknesses, Opportunities, and Threats

Food- and waterborne diseases and zoonoses

Main objectives for 2013

1. To prevent multinational foodborne and Legionnaires' disease outbreaks at the EU level by strengthening the early detection and response to clusters/outbreaks within and between the Member States and EEA countries.

2. To foster the linkage of cases with the sources of animal, food, water or environmental origin by strengthening multi-sectoral laboratory and epidemiological surveillance of diseases, to better understand the origin and sources, and to prevent future occurrences of infections.

3. To strengthen public health microbiology for FWD and Legionnaires' diseases as a service to Member States.

General background

Food- and waterborne diseases and zoonoses (FWD): The two most commonly reported enteric diseases in the EU, affecting mainly young children under five years of age in 2012 were campylobacteriosis with a slight decrease and salmonellosis with a continuing decreasing trend. Cryptosporidiosis, VTEC/STEC and tularaemia showed an increasing trend, which was limited to the Nordic countries for the latter. Listeriosis has remained stable. Alveolar echinococcosis caused by *Echinococcus multilocularis* has increased steadily in the past five years.

Legionnaires' disease: Travel-associated Legionnaires' disease has annually accounted for almost 900 cases and approximately 100 clusters are identified yearly by the network. The case-fatality rate has been around 5%. A large majority of cases and clusters have occurred in France, Italy and Spain.

Main achievements in 2013:

*   Outbreak early detection and response: An updated epidemic intelligence information system (EPIS) FWD platform was launched in 2013. A total of 42 Urgent Inquiries (UI) were launched by fourteen different countries plus ECDC. Multinational outbreaks were detected and investigated with the support of ECDC. Of these one was due to *S.* Mikawasima and three were HAV outbreaks linked to the consumption of berries. In 2013, ECDC produced eight risk assessments, four of which were Joint Rapid Outbreak Assessments prepared with EFSA.
*   Strengthening multi-sectorial collaboration: In 2013, the FWD programme coordinated three network meetings: European and allied countries collaborative study group of Creutzfeldt-Jakob disease (EuroCJD) network meeting, Legionnaires' disease surveillance network meeting and, the 5th FWD-Net meeting, held jointly with the EFSA Task Force for the second time. Two multi-sectorial events were organised in the frame of the ELiTE project in close collaboration between ECDC, EFSA and the European Union reference laboratory (EURL) for Listeria monocytogenes; a pilot Listeria training workshop and a first meeting of Listeria expert study group on joint molecular epidemiological analysis of Listeria monocytogenes isolates from food and human samples. ECDC participated in several EFSA working groups, including the HAV Trace work group to trace back frozen berries in the largest multinational HAV outbreak in the EU/EA.
*   Molecular surveillance and surveillance outputs: The molecular surveillance pilot ran for the entire year with a gradually increasing participation of Members States (19 at the end of the year). Dedicated SOPs for the collection and analysis of the molecular typing data were produced and applied. One mid-pilot meeting was organised with Members States and representative of PulseNet[7] US to assess the pilot implementation and prepare for the evaluation phase.
*   External Quality Assessment (EQA) schemes for *Salmonella*, *VTEC* and *Listeria* have been successfully implemented and reported. An EU protocol on harmonised monitoring of AMR in human *Salmonella* and *Campylobacter* infections has been developed and circulated among Member States.
*   The following surveillance reports were published: The European Union Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents in 2011; The European Union Summary Report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2011; Legionnaires' disease in Europe 2013; and Surveillance of six priority food- and waterborne diseases in the EU/EEA (2006–2009).

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[7] Molecular surveillance network for food-borne infections

Indicator	Target 2013	Result	Comment
Surveillance: a) EU protocol on harmonised monitoring of AMR in human *Salmonella* and *Campylobacter* infections b) Agreed surveillance statistics published on ECDC web site c) Daily surveillance of travel-associated cases of Legionnaires' disease and the annual surveillance of all cases of Legionnaires' disease reported in Member states and EEA countries.	a) Report finalised and distribute to the MSs b) Tables and graphs based on analysed surveillance data for six priority diseases are published on ECDC web site c) Combined report finalised and distributed to the Member States	a) The EU protocol has been circulated to Member States in December 2013; b) The surveillance report of six priority food- and waterborne diseases (2006-2009) was published in September 2013; c) Surveillance report on Legionnaires' disease 2011 was published in April 2013.	a) The implementation of the protocol will be tackled in 2014; b) The surveillance report of six priority food- and waterborne diseases (2009-2012) is currently in preparation; c) The surveillance report on Legionnaires disease in Europe 2012 is currently (Jan 2014) in the final preparation stage.
Outbreak detection: Number of detected multi-country clusters/outbreaks	Number of verified multi-country clusters and outbreaks increased by 30% compared to verified cluster/outbreaks in 2012 through EPIS	In 2013, 12 out of 42 Urgent Inquiries (29%) were multi-country outbreaks compared to 8 out of 32 UI (25%) in 2012. ECDC prepared the following outputs: Joint Rapid Outbreak Assessment (with EFSA): 3 + 1 update Rapid Risk Assessment (RRA): 3	In addition, a follow up of the 2012 multi-country outbreaks of *S. Stanley* was conducted in 2013 and a joint ECDC/EFSA/MS article was drafted. In 2013, several large HAV outbreak investigations were supported by ECDC.

HIV, sexually transmitted infections and viral hepatitis

Main objectives for 2013

- to monitor the trends and response to HIV/AIDS (tighten the link between epidemiological and behavioural surveillance and monitoring of the response to HIV; strengthen monitoring and evaluation activities)
- to promote public health prevention and control programmes that reduce health inequalities (provide evidence-based scientific advice to support (inter) national prevention activities; focus on key populations; support the public health decision-making)
- to support enhanced surveillance of HIV, sexually transmitted infections (STI), hepatitis B and C (strengthen epidemiological surveillance; enforce the surveillance of antimicrobial resistance in gonorrhoea in the context of emerging multi-drug resistant gonorrhoea).

General background

In the EU, several populations are more severely affected by HIV, STI and viral hepatitis (HBV/HCV). HIV/AIDS is a significant public health problem in the EU and EEA/EFTA countries with most recent trends showing a steady increase in new HIV cases reported, e.g. in many western EU countries among men having sex with men (MSM) and, among heterosexually acquired HIV cases, in migrants from countries with generalised epidemics. Trends in STI show a similar picture with outbreaks of syphilis and lymphogranuloma venereum (LGV) in MSM in several European countries. There is a distinct geographical variation in HBV and HCV incidence and prevalence in EU/EFTA countries with both diseases being concentrated in sub-populations, such as people who inject drugs (PWID) and in some migrant and minority populations.

Political commitments have been made to combat HIV/AIDS in the EU and neighbouring countries. ECDC is carrying out significant work on monitoring the response to the Dublin Declaration on the fight against HIV and AIDS in Europe and Central Asia whilst reducing the reporting burden for countries.

Main achievements in 2013

- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: A series of 11 thematic reports and nine evidence briefs were produced and published based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS. In addition, the final report 'Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries' was published.
- The report on hepatitis B and C surveillance, 2006–2011, was the first report from ECDC on the enhanced surveillance of hepatitis B and C viral infections. It describes basic trends and epidemiological features of both diseases across countries in the EU/EEA for the years 2006–2011, despite many difficulties with the data.

- The HIV surveillance report 2012 showed no clear indication of a decline in the number of diagnoses; hence HIV continues to be a major public health concern for Europe. In 2012, over 29 000 new cases were diagnosed in the EU and EEA Member States; a rate of 5.8 cases in every 100 000 people. This report, prepared jointly with the WHO Regional Office for Europe, presented data on HIV and AIDS for the whole European Region. Analyses were provided for the EU and EEA region, and also by geographical/epidemiological division of the WHO European Region.
- Scientific advice was provided and technical reports were published on a large variety topics, including:

  - EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey
  - Monitoring recently acquired HIV infections in the European context
  - Public health benefits of partner notification for sexually transmitted infections and HIV
  - Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions
  - A comprehensive approach to HIV/STI prevention in the context of sexual health in the EU/EEA
  - STI laboratory diagnostics in Europe.

Indicator	Target 2013	Result	Comment
Number of reports published: a) Surveillance b) Technical Reports	a) 3 annual reports: HIV/AIDS, STI, (hepatitis B/C) and EURO-GASP b) Four reports: - Chlamydia control in Europe; - Response to the HIV epidemic in Europe; - HIV prevalence estimates modelling; - Guidance for disease prevention among MSM	a) 4 reports published - HIV/AIDS surveillance report, - STI surveillance report published - hepatitis B/C surveillance - Euro-GASP report b) Response to the HIV epidemic in Europe published as 11 topical reports and 9 evidence briefs between May and October	b) Reports on Chlamydia control in Europe, HIV prevalence estimates modelling and Guidance for disease prevention among MSM postponed to 2014;
Proportion (number) of Member States participating in specific ECDC initiatives a) Number of countries participating in the behavioural regional workshops b) Expand the Euro-GASP to include new Member States and support Member States in controlling the emerging multidrug resistant gonorrhoea	a) 8 Member States (achieved in 2012/2013) b) 20 Member States	a) In 2012/2013 11 countries participated in regional workshops for behavioural surveillance. Further, additional technical support was requested and provided to Greece b) 20 Member States participated	b) Extensive technical support was provided to Greek colleagues and resulted in a rapid and effective response to the outbreak of HIV among PWID.

Tuberculosis

Main objectives in 2013
- to strengthen tuberculosis (TB) prevention and control
- to strengthen and enhance the EU-wide TB surveillance and laboratory capacity
- to provide guidance on TB control among vulnerable populations
- to provide guidance on the introduction of new tools for TB control.

General background
The challenges posed by TB vary considerably between the Member States. For high-incidence countries, drug-resistant forms of TB cause serious problems, whereas low-incidence countries are dealing with issues of TB in migrants and other vulnerable groups. ECDC aims to support all Member States in strengthening their surveillance and laboratory capacity and providing evidence-based guidance on TB prevention and control as well as implementation of new tools.

Main achievements in 2013
- First joint TB network meeting. In 2013, the TB programme, WHO Europe, and KNCV Tuberculosis Foundation organised the first joint TB network meeting with the participation of representatives from the TB surveillance network, the European Reference Laboratory Network for TB (ERLN-TB), and the Wolfheze movement. The meeting provided a valuable opportunity for surveillance and laboratory experts as well as national TB programme managers to exchange lessons learned and discuss the next steps in joint efforts.
- Guidance on investigation and control of tuberculosis incidents affecting children in congregate settings. This guidance document compiles aspects of generic outbreak management practices and TB-specific guidelines to define the best approach to manage TB outbreaks in an important and vulnerable risk group, children.

- ERLN-TB expert opinion on the use of rapid molecular assays for the diagnosis of TB and detection of drug resistance. This document gives insight and advice on new tools that have become available for TB diagnosis and are developing and gaining importance in a fast pace.
- World TB Day 2013. As a theme in 2013, the TB programme focused on increasing awareness and sharing facts on extrapulmonary TB. Various activities, including a video documentary and the publication of the annual TB surveillance and monitoring report heightened the messages.
- Country visit to the Netherlands. As part of the continuous support provided by ECDC to strengthen tuberculosis prevention and control in the Member States, ECDC and WHO Europe jointly conducted a country visit to the Netherlands.

Indicator	Target 2013	Result	Comment
Number of reports published: a) Surveillance b) Guidance	a) TB Surveillance and Monitoring Report b) Childhood TB outbreak management guidance document; consensus paper on the introduction of programmatic Latent TB Infection (LTBI) control to eliminate TB	a) Report published 19 March 2013 b) Published 13 December 2013; complete draft LTBI consensus paper available	
Number of EQAs accomplished and results published	One	2 EQAs completed in 2013: - EQA round on molecular genotyping - EQA round on TB diagnostic tests	

Influenza and other respiratory viruses

Main objectives in 2013
- to reduce the burden of disease in Europe through the better prevention of individuals at higher risk with emphasis on immunisation and provision of scientific advice
- to improve the quality of EU Member States pandemic plans, and expand the lessons learnt from the 2009 pandemic to improve general preparedness
- to build on the current influenza surveillance in Europe, extending it to severe disease, seroepidemiology and molecular work and delivering high quality scientific advice.

General background
During 2013, a key focus area has pertained to efforts related to the implementation of the 2009 EU Council recommendation on seasonal influenza vaccination. In this context a major concern has, and continues to be, the declining vaccination rates in many EU countries. Efforts have also focused on events such as the emergence of MERS-CoV. Simultaneously, ongoing routine work has continued, covering areas such as surveillance, monitoring of vaccine uptake, communications, pandemic preparedness, and serology and virology. Given the unpredictable nature of influenza and other respiratory viruses, which can sometimes dramatically differ from one season or year to another, it is difficult to identify a certain epidemiological trajectory.

Main achievements in 2013
During 2013, ECDC has been engaged in initiatives to support Member States in implementing the 2009 EU Council recommendation on seasonal Influenza vaccination. This has entailed direct technical support to the Commission and Member States, resulting in the publication of related/relevant documents, guidance and training.

In parallel, other areas of work have continued:

- Routine surveillance, though publication of risk assessments (seasonal and ad-hoc) and the Weekly Influenza Surveillance Outputs, and organisation of key meetings for the network (jointly with WHO Euro).
- Monitoring of vaccination uptake and effectiveness (through, the VENICE project and support to a specific workshop on vaccine effectiveness and relevant EU-led initiatives and meetings).
- Communication work focusing on all publication and media aspects including the production of info-graphics and engagement in social media.
- Pandemic preparedness (in close collaboration with the WHO Regional Office for Europe) in the form of a workshop for Member States and drafting of relevant documents.
- Technical and financial support to work on vaccine effectiveness to support Member States.
- Work on serology and virology (through support to the European Reference Laboratory Network for Human Influenza - ERLI-Net).

Indicator	Target 2013	Result	Comment
Number of reports published: a) Surveillance b) Guidance	a) At least 20 fortnightly Influenza Digest issues and 40 weekly influenza surveillance overviews, one annual influenza surveillance report and 10 scientific publications. b) Four guidance documents related to influenza and immunisation updated	a) Influenza Digest: 14; weekly influenza surveillance overview: 41 b) 4 Documents updated and published	A number of other important publications have been developed such as (but not limited to): 1) Meeting reports: 1 2) Seasonal risk assessment: 1 3) Technical documents: 1 4) Technical report: 1 5) Scientific opinion: 1 6) Influenza characterisation reports: 10 7) As hoc risk assessments: 9
Proportion (number) of Member States participating in specific ECDC initiatives: a) Proportion of MS participating in Pandemic Preparedness and Immunisation Training workshops	a) At least 70% of Members States participating in both workshops	All Member States (100%) participated in in the annual influenza surveillance meeting. Most Member States (at least 20 – 71%) participated in the workshop on pandemic preparedness. 12 countries (43%) participated in an immunization training workshop (ESCAIDE satellite event)	

Vaccine-preventable diseases

Main objectives for 2013

- to support the Council Conclusions, setting up a shared repository of evidence for vaccine-preventable diseases (VPD) control and prevention (assess the effectiveness of measures for outbreak response, develop guidance for improving VPD surveillance and communication activities)
- to support the Member States to improve the vaccination coverage for priority diseases and to assess the impact of vaccination programmes (providing support for VPD control, vaccination campaigns and improving the monitoring of immunisation activities)
- to step up the quality of VPD surveillance (harmonising diagnostic methods, surveillance quality, implementing new methods).

General background

During 2013, the threat from re-emerging poliovirus transmission in Israel was identified, which was further increased by the outbreak of paralytic poliomyelitis in Syria. The transmission of measles in EU/EEA Member States has continued and there has been a large outbreak of rubella in Poland.

Main achievements in 2013

The VPD programme continued its efforts to support Member States in the control of vaccine preventable diseases through the provision of evidence-based guidance, risk assessments, surveillance and laboratory activities, and collaboration and communication to Member States stakeholders. In addition to implementing its work plan, the programme responded resolutely to the threat from re-emerging poliovirus transmission in Israel and the outbreak of paralytic poliomyelitis in Syria. Key achievements include:

- ECDC guidance on poliomyelitis prevention and control: ECDC provided risk assessments to EU-Member States, held expert consultations and ensured liaison with external partners.
- The vaccine scheduler was launched on the ECDC website during the European Immunisation Week in April 2013. This interactive database, which allows vaccine providers to review and compare vaccine schedules in all EU/EEA countries, has quickly become the most accessed application on ECDC's homepage.
- Eurovaccine 2013: This year's web-streamed conference focused on the control of meningococcal B disease and the potential role of a new vaccine against the disease, and vaccination during pregnancy. The conference was held in conjunction with the ESCAIDE conference in Stockholm.
- SpidNet, the sentinel site surveillance system set up by ECDC for measuring impact of vaccination with pneumococcal conjugate vaccine on the incidence of invasive pneumococcal disease has entered its second year.
- VENICE III, a network dedicated to measuring vaccine effectiveness and safety, was launched through the support of an ECDC contract.

- Achievement directed to supporting Member States towards the elimination of measles and rubella by 2015:
    - workshop 'Measles elimination – every step matters' with the aim to discuss and share experience on different approaches to achieve measles and rubella elimination; held on 5th November, 2013 in Stockholm
    - communication guidance 'Let's talk about protection - enhancing childhood vaccination uptake'
    - review of outbreaks and barriers to the measles, mumps and rubella (MMR) vaccination coverage among hard-to-reach populations in European countries
    - survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries
- Surveillance and laboratory: five EQA reports were published as well as two surveillance report on Invasive Bacterial Diseases in the EU.

Indicator	Target 2013	Result	Comment
Number of reports published: a) Surveillance b) Guidance	a) One report covering all VPD, with the exception of measles (monthly reporting) and rubella (quarterly) b)One Scientific Guidance published, risk assessment provided on-demand	a) Two annual surveillance reports published on invasive bacterial diseases in the EU. b) Multiple risk assessments provided, including: two on the risk of poliovirus importation and spread in the EU; one on invasive meningococcal disease among men who have sex with men.	Two evidence-based guidance documents were prepared in 2013 and are currently being prepared for publication.
Proportion (number) of Member States participating in specific ECDC initiatives a) Number of Member States participating in the active surveillance of pneumococcal infections and in the ECDC vaccine coverage project	a) At least 10 Member States	All Member States are participation to the ECDC vaccine coverage project under the umbrella of the VENICE III.	

Public health functions

The public health functions of ECDC (surveillance, scientific advice, preparedness, epidemic intelligence, response, training and health communication) are at the very core of its mission as defined in its Founding Regulation: All these public health functions are now firmly established, but continued to develop by improving processes, strengthening infrastructures and fine-tuning their modes of operation, working closely with the disease programmes to provide high-quality outputs to the citizens of Europe and our stakeholders.

Target 2. Communicable disease surveillance

Main objectives for 2013
- to develop a new long-term surveillance strategy for surveillance in the EU/EEA Member States
- to ensure that all experts in ECDC and in the Member States have a user-friendly access to the appropriate surveillance data and basic analysis
- to support the Member States in consolidating or further developing their surveillance activities
- to harmonise and strengthen the methods used in the production of ECDC scientific outputs.

Main achievements in 2013:
- A new long-term surveillance strategy covering the years 2014–2020 was published on the ECDC website.
- A prototype surveillance dashboard giving access to disease data and relevant analyses was developed. It is now being converted into a final version that will be online in May 2014 for three diseases (tuberculosis, *Haemophilus influenzae* infection and invasive meningococcal disease). In addition, online data access through an interactive interface has been made available for antimicrobial consumption and healthcare-associated infections.
- Surveillance standards have been developed for tuberculosis, hepatitis B and C and invasive meningococcal disease. These should lead to a simplification of surveillance processes with a stronger focus on data that adds EU value. ECDC has also developed indicators of data quality that will be used to provide regular feedback to data providers and tailored support as needed.
- ECDC developed internal guidelines for the presentation of epidemiological data, including standards for mapping which would support high-quality outputs in the reports of the Centre. An intuitive online mapping tool (EMMA) was developed which is available for EPIS and the European Surveillance System (TESSy) users and allows Member States to produce high-quality maps without any software requirement. The majority of ECDC surveillance staff attended several days of time-series analysis training and a subset had very intense scientific writing training.

Some statistics on TESSy usage in 2013

- 1 492 active users from 57 countries* (845 in 2011, 1 324 in 2012)
- 11.4 million unique records in the database (6.7 million in 2011, 8.1 million in 2012)
- 3.9 million existing records updated (0.4 million in 2011, 0.4 million in 2012)
- 52 diseases/health conditions covered
- Enhanced surveillance covering 33 topics

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

Data collection in 2012

The following surveillance reports were published in 2013 (continued from 2012):

- Annual Epidemiological Report for 2011 surveillance data and 2012 epidemic intelligence data
- The EU Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents - 2011
- Zoonoses quarterly reports for 2012 and 2013
- HIV/AIDS surveillance in Europe - 2012
- Sexually transmitted infections (STIs) - 2011
- Gonococcal antimicrobial susceptibility - 2011
- Tuberculosis surveillance and monitoring in Europe- 2011
- Haemophilus influenza and meningococcal disease - 2011
- Measles and rubella, monthly reports during 2013
- Surgical site infections - 2010-2011
- Antimicrobial resistance - 2012
- Influenza, weekly reports during - 2013
- Legionnaires' disease - 2011
- Continuous collection of data on travel-associated Legionnaires' disease - 2013

The following surveillance reports were new in 2013:

- Healthcare-associated infections and antimicrobial use in European acute care hospitals 2011-2012
- Hepatitis B and C, 2006-2011
- Antimicrobial consumption 2010

Indicator	Target 2013	Result	Comment
Number of queries on TESSy data through the new online query tool	1500 external hits on the query tool	1 637	
Percent of data call processed according to time agreed with the Member States	95%	100%	

Target 3. Scientific support

ECDC's 'strategic multiannual programme 2007–2013' defines the vision for the Centre in the area of scientific support as follows:

> By the year 2013, ECDC's reputation for scientific excellence and leadership is firmly established among its partners in public health, and ECDC is a major source for scientific information and advice on communicable diseases for the European Commission, the European Parliament, the Member States and their citizens.

One of the key tasks of ECDC is to provide the European Parliament, the European Commission and the Member States with the best possible scientific advice on questions related to public health. In 2013, the Office of the Chief Scientist (OCS) initiated and coordinated the delivery of high-quality scientific advice on a number of topics in the remit of its mandate.

Main objectives for 2013

- to enhance the visibility of ECDC through increasing scientific presence
- to continue to influence the EU research in public health
- to conduct scientific studies of added European value to fill important gaps in the area of public health knowledge
- to produce scientific advice, guidance, and risk assessments in response to requests or on Centre's own initiative
- to work with Member States to implement evidence-based prevention and intervention
- to firmly embed information sharing and Knowledge Management activities into the respective European activities in the domain of public health
- to foster sufficient capacity of public health microbiology system in the Member States and at EU network level for timely and reliable detection and characterisation of human pathogens causing communicable diseases.

Main achievements in 2013:

ESCAIDE:
In 2013, the 11th ESCAIDE conference was successfully held in Stockholm with more than 500 participants.

Scientific advice:
A new group was established to foster cooperation between European Agencies in the field of scientific advice. The new expert database of ECDC was launched. A document management service (DMS)-integrated version of the internal monitoring system for scientific advice was launched (SARMS 2.0), providing guidance through all steps of the workflow for scientific advice. Scientific advice outcomes of ECDC were redefined to a list of three possible outcomes, according to their level of evidence: expert opinion, systematic review, and guidance. The IRIS prioritisation exercise for scientific advice was piloted successfully.

Microbiology:
In 2013, advances in public health microbiology included the implementation of EUCAST standards for antimicrobial susceptibility testing by two-thirds of microbiology laboratories across Europe. This improved the consistency of reporting and quality of surveillance of antimicrobial resistance. The performance of laboratory testing was attested by results of external quality assessment surveys for 12 diseases and supported by technical guidance and training courses. The integration of molecular typing data into enhanced European disease surveillance was piloted and new opportunities for genome sequence based pathogen identification and epidemic control were evaluated with experts. A new tool was developed for monitoring the core capabilities of public health laboratories at national and EU network levels to support surveillance and preparedness for priority diseases.

Indicator	Target 2013	Result	Comment
Number of external participants attending ESCAIDE	At least 300 participants	More than 550 participants attended ESCAIDE 2013	
Number of scientific studies published in 2012	At least 40	84	
Impact of ECDC scientific work: expected impact factor of scientific papers published by ECDC authors in peer-reviewed journals and as ECDC reports	At least 2.5	The 5 years impact factor reaches 5.6	
Proportion of requests for scientific advice answered within the time agreed with the requesting party	80%	>80% of scientific advice requests were answered in time (out of a total of 89 requests, incl. risk assessments and rapid risk assessments)	
Proportion of sampled scientific advice documents used by Member States	Target not available - will be fixed after one year	n.a.	
Development, piloting and validation of laboratory capability appraisal tools for priority diseases	Appraisal tools for generic and specific capabilities for three diseases	Appraisal tools for generic and specific capabilities for 20 diseases delivered (EU_LabCap V2.3)	

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

The detection and assessment of emerging threats is essential to ensure the safest possible environment for European citizens. To fulfil its mission, ECDC has set up an emergency operation centre (EOC) and has put in place the appropriate plans and procedures to ensure efficient operation. ECDC focuses on threats affecting European citizens, and supports EU countries in responding to outbreaks.

Main objectives for 2013
- to ensure that emerging threats are detected and assessed in a timely manner, and that the Member States are supported for response
- to ensure an optimal preparedness for public health emergencies
- to support Member States in their response activities.

Main achievements in 2013:

Epidemic intelligence:
ECDC maintained the Epidemic Intelligence duty 24 hours a day/7 days a week/356 days a year (including holidays) and produced daily and weekly reports - roundtable report and the communicable disease threats report consistently to stakeholders throughout the year. Since 2012 the communicable disease threats report has been available weekly on the ECDC website and is one of the most visited pages. The main page of the communicable disease threats report got more than 8 000 visits in 2013.

One annual meeting with threat detection focal points was organised to better coordinate and exchange needs and experiences in this field.

ECDC enhanced one of the event-based web surveillance tools, Medical information system (MedIsys), in collaboration with the Joint Research Centre (JRC).

Preparedness:
A general framework for preparedness exists and the EOC is fully functional.

A meeting involving the national focal points (NFP) for preparedness and pandemic influenza was co-organised with WHO/EURO to address the specific area of preparedness covered by the new Decision and to review the status of development of revised national pandemic influenza preparedness plans. A revised Public Health Emergency (PHE) plan was prepared and a PHE tutorial was produced.

A simulation exercise was conducted during 2013 to test the revised public health emergency plan of ECDC.

Preparatory work already started to support the implementation of the decision on serious cross border threats to health[8].

Response:
ECDC provided the Member States with 24 rapid risk assessments.

Two missions to support the response of Member States confronted with outbreaks have been organised.

During 2013 two major ongoing threats were monitored and assessed; influenza A(H7N9) in China and MERS-CoV. For those outbreaks as well as for other significant ones detected during the year, different rapid risk assessments and epidemiological updates were prepared.

Indicator	Target 2013	Result	Comment
Percentage of daily and weekly threat bulletins produced and disseminated in due time* (*before 14.00 on weekdays for the daily bulletin; before 12.00 on Fridays for the weekly bulletin)	100%	100%	Daily Round Table reports have been produced. Weekly communicable disease threats reports have been issued along the year. The Round Table reports have been issued during working days and during the end of the year holiday period. The communicable disease threats reports are also produced during holidays.
Percentage of rapid risk assessment produced within 48 hours of initial decision	75%	70%	The delay in the production of some risk assessments rely usually on the time needed to receive inputs from external experts.

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

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

Main objectives for 2013
- to develop a workforce for disease prevention and control in Member States and at the EU community level
- to strengthen the network for public health training with partners within and beyond the EU
- to develop a Public Health Training Centre Function at the EU Level
- to set up a regional EPIET-like training programme in the Mediterranean Region (MediPIET) with external funding.

Main achievements in 2013

Workforce Development:
- four short courses for public health professionals in EU/EEA and enlargement countries (112 experts trained):
    – two editions of Legionnaire's disease risk assessment and outbreak investigation (19 MS experts in February, Hungary
    – 17 experts of EU enlargement and Croatia in December, Croatia, ECDC Summer School in June, Stockholm (61 experts)
    – Principles of and Computer Tools for Outbreak Investigations, in February, France (25 MS experts).
- EUPHEM & EPIET Fellowships (117 fellows in training): Cohort 2011 (40), Cohort 2012 (38), Cohort 2013 (39)

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[8] Decision No 1082/2013/EU Of The European Parliament And Of The Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC

http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:293:0001:0015:EN:PDF

Training Network Strengthening:
- Training support to networks:
    – pilot workshop on risk communication
    – better Training for Safer Food (Directorate-General for Health and Consumers), Ship Sanitation Project (SHIPSAN) ACT
- Member State consultation on public health strategy National Focal Points for Public Health training, WHO, EC and ASPHER representatives met at ECDC to share and discuss training priorities at the EU and Member State level.
- Partnership Network Building: WHO Global Foodborne Network (Steering Committee), Food and Waterborne Diseases Network (Annual Meeting), Public Health Agency Canada – applied epidemiology training programme (visit of director), WHO-EURO Human Resources for Health Programme (visit to division), CDC Center for Global Health (visit by field epidemiology training programme branch chief), first consultation National Focal Points for Training (ECDC).
- Country Cooperation: EPIET presented at Scientific Conference Field Epidemiology Training Programme (FETP) Turkey, pre-assessment visits to Montenegro and Serbia.

Contribute to Training Centre Function
- E-learning: Strategy established and implementation started
- Accreditation: ECDC short courses accredited (EACME) and contributed to the Training Programs in Epidemiology and Public Health Interventions Network working group on programme accreditation
- Field epidemiology manual (FEM)-WIKI expanded with 'Communities of Practice'
- Core competencies developed:
    – for Infection Control and hospital hygiene professionals in the EU, published in March (ECDC ARHAI network)
    – for public health professionals in the area of Vaccine Preventable Diseases, under development
    – for public health epidemiologists working in the area of communicable disease surveillance and response in the EU, translated into the EU languages
- ECDC Internal 'Public Health 101-course' implemented.

The Mediterranean Programme for Intervention Epidemiology Training (MediPIET)
- The work plan of the first year of the project was successfully implemented
- Two MediPIET working groups were established and coordinated to draft curriculum and programme process guides.
- MediPIET Steering Committee meetings (February/Brussels, May/Zagreb, October/VC), MediPIET Consortium Meeting (Stockholm), MediPIET Technical Preparatory Meeting/project "kick-off" meeting (Zagreb) were organised.

Indicator	Target 2013	Result	Comment
Number of professional participating in ECDC workshops, courses and long-programmes	200 professionals trained	229 professionals trained	117 Fellows in training programmes + 112 experts in short courses & workshops
Number of contributions to training efforts of Member States and ECDC partners, after their request or on ECDC's initiative	35 contributions from ECDC	48 contributions performed	Including accreditation working groups, consultations, Network meetings, conference contributions, country assessments, training site appraisals, Training of Trainers and technical support to networks
Number of training resources developed: training materials and curriculum	26	43+	Train the trainers and senior training programme Summer School 2013: New curricula for 13 workshops. Over 30 new presentations and hand-outs. Principles and computer tools in outbreak investigation: The five-day curriculum was transformed into blended learning. New materials for e-learning were developed. Fellowships Project Review module: 1 guide to module developed, abstract booklet compiled, 4 new lectures on scientific Introductory course: 18 new presentations, 2 new case studies and 5 new protocol writing workshops Initial management EUPHEM: 1 curriculum, 12 presentations, 7 scenarios, one simulation exercise BQM: 1 curriculum, 20 presentations, 10 case studies 23 exercises
Proportion of satisfied participants to training activities	80%	>80%	Achieved for all activities (range 81% to 95%)

Target 6. Health communication

Main objectives for 2013

- to continue to develop the most appropriate strategies to disseminate ECDC content to professional and technical audiences
- to ensure that ECDC delivers all its relevant content through the ECDC website (including social media) a professional press office, info stands, and audiovisuals for target audiences
- to increase the quality and impact of Eurosurveillance through further optimisation of the new website with more modern features
- to facilitate the dissemination of effective practices and innovation in health communication and behaviour change for communicable disease prevention among professional audiences.
- to build capacities in Member States on the implementation of risk communication and behaviour change, with a special focus on vaccine preventable diseases (measles, rubella and influenza).

Main achievements in 2013:

ECDC external communication

- the number of edited scientific publications increased from 204 in 2012 to 216 in 2013
- achieved a 26% increase in the number of media clipping for the year (2013) compared with 2012
- the web portal continued to see a significant increase in the number of unique visitors
- ECDC developed its social media presence by opening new channels, such as niche Twitter accounts for specific diseases and disease groups
- integrated new data visualisation outputs were integrated into regular ECDC communication activities (info graphics).

Risk communication

- ECDC completed the 'Translating health communication' programme, launched the series of publications of synthesis of evidence 'Insights into health communication'.
- A concept and a syllabus were developed for risk communication capacity building in the countries. The training modules were piloted among ECDC experts and during a regional workshop in the Baltic countries.
- A communication strategy and key messages were developed for the prevention of HIV, STIs and viral hepatitis among men who have sex with men in Europe.
- New communication tools and guidance were launched:
  - an updated seasonal influenza communication toolkit
  - a "gastro" toolkit to support countries in the prevention of gastrointestinal diseases in school settings
  - a practical guidance to support health care providers in enhancing childhood vaccination uptake
  - pilot studies to adapt and field test the toolkits have been carried out in selected countries engaging the priority audiences.

Indicator	Target 2013	Result	Comment
Number of Eurosurveillance issues	50 weekly issues	50 weekly issues	
Number of unique visitors on ECDC website	800 000	945 000	Due to upgrading the web portal platform, web statistics for the last 4 months of the year is a conservative estimate based on performance during the first 8 months of the year, to ensure consistency in reporting.
Number of Member States that have used and adapted the communication tools and toolkits.	5	8	Gastro toolkit field tested and piloted in Estonia, Iceland Croatia; Adaptation and formative studies of the *Let's Talk about Protection* in Hungary, Czech, Romania, Bulgaria; Filed study among Roma communities in Bulgaria.
Number of published technical reports in the series of "Insights into health communication"	4	3	Literature Review on Effective Risk Communication; SLR on Health Communication for Behavioural Change; Evidence Review on Health Advocacy (ready Dec 2013, on website January 2014); LR on evaluation draft ready in 2013, publishing postponed to early 2014

Target 7. Partnerships and international activities

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

Effective international cooperation with all relevant stakeholders, including organisations within civil society is imperative. In 2013, the main focus in this area continued to be the consolidation of the working relations with Member States through one national Coordinating Competent Body. On the international dimension, ECDC's focus was to further facilitate cooperation work with EU enlargement countries and in particular, upon the request of the European Commission to conduct country capacity assessments and to further invite national experts to participate in ECDC technical discussions.

Main objectives for 2013
- to further enhance relations between ECDC and Member States through one Coordinating Competent Body
- to develop and make available the ECDC Customer Relationship Management (CRM) system to Member States for contact management and nominations
- to mainstream ECDC activities with 'third' countries through implementation of ECDC's policy approved by the Management Board and complemented by guidance from the Commission
- to enhance cooperation with EU enlargement countries and develop relations with countries covered by the European Neighbourhood Policy
- to enhance relations with key European and global public health actors, in particular with WHO/EURO through the implementation of the Administrative Agreement.

Main achievements in 2013:

Relations with Member States
In 2013, the new structure for ECDC relations with Member States through one Coordinating Competent Body (CCB) was further developed. Based on the terms of reference for NFPs for Disease Groups and Public Health functions, developed in close collaboration with the CCBs, a nomination process of NFPs was initiated in 2013. By the end of 2013, the majority of Member States had nominated Focal Points for Disease Groups and Public health functions. The following main achievements can be identified:

- In 2013, the working relationship and communication with the Coordinating Competent Bodies was further enhanced. The Third Annual Meeting of the Coordinating Competent Bodies provided an opportunity to gather together CCB Directors and their delegates to jointly discuss key strategic issues.
- Important progress was achieved in the development of the ECDC Customer Relationship Management (CRM) system supporting the communication between ECDC and its main stakeholders. In 2013, the system was made available to the CCBs for contact management and nominations. Two training sessions on CRM were organised for the National Coordination of CCBs.
- In 2013, ECDC organised country visits at the request of the Member States, according to their needs and proposed topics.

Relations with EU institutions
In May, a delegation from the European Parliament's Committee for Environment, Public Health and Food Safety of the European Parliament visited ECDC. The delegation subsequently circulated a positive feedback note about the visit to the Committee.

Collaboration with WHO
ECDC continued working with the WHO Regional Office for Europe in the framework of the Administrative Arrangement. Based on the monitoring of the implementation of technical level action plans for all the disease specific areas, the Joint Coordination Group steered the development of further action plans and the evaluation of the collaboration.

International relations
As defined in the ECDC policy for working with non-EU countries ECDC activities were carried out taking into account:

- the objectives of relevant EU policies
- the current status of relations between the EU and a given country
- the public health/communicable disease impact of the country to the EU/global health
- ECDC legal mandate.

Enlargement countries

The year 2013 marked important milestones for ECDC work with EU enlargement countries:

- As part of the ECDC activities aimed to prepare Croatia's participation in ECDC work, the newly nominated Croatian TESSy users were trained for reporting surveillance data on all 52 communicable diseases/health issues under EU surveillance. This training, conducted in Zagreb, Croatia ensured a smooth transition of Croatia to a fully-fledged EU Member State as of 1 July 2013.
- ECDC regional meeting on perspectives for participation in the European networks for communicable disease surveillance and control was instrumental to familiarise senior national experts with knowledge and practical aspects of the participation in ECDC activities in this field. This important meeting will further lead the way for future technical cooperation with the EU enlargement countries.
- As part of the ECDC pre-accession programme and as a follow-up of the agreement with National Correspondents in EU enlargement countries, ECDC established the pilot function of Observer to the ECDC National Microbiology Focal Points (NMFP) forum. All seven pre-accession countries nominated Observers and their Alternates to NMFP. The initiative aims to strengthen national public health microbiology capacity in enlargement countries. Final evaluation and review of this initiative is due at the end of 2014.
- ECDC support to the EU enlargement countries' assessment 2013 marks the start of the new phase in the full application of the assessment toolbox developed by ECDC. Montenegro and Serbia assessments were finalised during the course of the year and preparations were supported by TAIEX pre-assessment seminar for experts from these countries.

European Neighbourhood Policy

Additionally, in 2013 ECDC pursued further collaboration with partners under the ENP[9]. ECDC continued its capacity building activities with Southern European Neighbourhood Policy countries, through the development of a training programme based on the EPIET-model and also implemented mutually agreed activities with the Israeli CDC in line with the Administrative Arrangement.

Furthermore, 2013 reaped the benefits from successful initiation of ECDC relations with ENP countries. The TAIEX Multi-country Workshop with European Neighbourhood Policy countries on the EU acquis in the area of communicable diseases gathered public health specialists from ENP countries for the first time and provided them with an overview of the EU system for prevention and control of communicable diseases, referring to the related EU acquis. The productive start of coordinated cooperation resulted in the signature of the contribution agreement in 2013 between ECDC and the European Commission/EuropeAid Development and Cooperation Directorate-General to implement the project aimed at preparing ENP countries for the participation in ECDC activities (planned for 2014–2015, financed through the European Neighbourhood and Partnership Instrument, ENPI).

Indicator	Target 2013	Result	Comment
Number of assessments visits to the EU enlargement countries	2 visits	2 visits	Serbia and Montenegro
Number of workshops with ENP countries	2 workshops	1 Multi-country workshop	2 regional workshop sessions for ENP South and ENP East countries
Number of experts from EU enlargement countries participating in ECDC meetings/activities	45 experts	110 experts	Includes total for 2013 from ECDC-IPA3 project (and excludes 10 experts from Montenegro and Serbia attended in TAIEX pre-assessment workshop)
Development of ECDC strategy on its role in the international outbreak response	Strategy approved		Will be part of the updated ECDC policy on International relations, to be submitted to the ECDC MB in March 2014

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[9] Countries covered by European Neighbourhood Policy (ENP):

The ENP-East countries: Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine.

The ENP-South countries: Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine, Syria* and Tunisia (*cooperation with Syria is currently suspended and the possibility to include Syrian participants in the ECDC-ENPI activities will be re-assessed periodically throughout the course of the project with EuropeAID Development and Cooperation Directorate-General).

Target 8. Leadership

Main objectives for 2013

- to enhance support to the Management Board, Audit Committee, Advisory Forum and Senior Management Team
- to ensure accountability and transparency to the entire membership, partners, and other stakeholders
- to build credibility and confidence in ECDC as the primary convener of dialogue and partnership building in the field of public health
- to continue to give a high level of priority to the prevention of conflict of interest/independence policy of the Centre
- to further implement the quality management system encompassing all areas of work in the Centre and implement a common project management methodology and assistance to project managers across the organisation
- to provide guidelines and technical tools to all Units to plan and monitor the implementation of their activities more efficiently.

Main achievements in 2013:

Independence policy

The comprehensive independence policy agreed by the Management Board in December 2012 was applied to the ECDC Senior Management Team, members and alternates of the Board, the Advisory Forum, ad hoc Panels and external experts from January onwards with increasing response rates and a compliance officer was appointed.

Planning and monitoring

The implementation of the Work Programme 2013 moved forward as planned for the majority of activities. First steps have been taken to develop the activity-based budget into activity-based costing. The Management Information System (MIS) was further developed and now has a tool to facilitate the planning and implementation of procurement.

Quality management

The implementation of the five priority actions and the 20 quick wins resulting from the first Common Assessment Framework (CAF) exercise in 2012 was monitored by the Quality Management Steering Committee. All priority actions and the majority of the quick wins were implemented by the end of the year. The mapping of ECDC internal processes is almost completed with 70 processes identified and 40 already mapped. In October 2013, ECDC started mapping its administrative processes. All mapped processes are already available for all staff on the ECDC intranet. In addition ECDC started reviewing some of its key processes (already mapped) with the objective of simplifying them, and ensuring empowerment of middle management. In order to get input from staff where they encounter inefficiencies in their work, a tool called "3i", which stands for "inefficiencies, ideas, and innovation" was introduced. Staff members can report, on the intranet, daily work's inefficiencies, as well as suggest innovative ideas to improve the organisation. The follow-up is ensured by a dedicated Committee.

Outcome of the external evaluation of the CAF self-assessment in ECDC:

An external evaluation of the CAF implementation at ECDC was conducted at the beginning of December 2013, in order to get a feedback on the first self-assessment. As a result, ECDC has been awarded the label of "Effective CAF User" for a period of two years.

The report from the external assessors was very positive about ECDC engagement in developing CAF, noting in particular "a strong commitment from the director and the SMT, […] strong engagement and professionalism of the CAF-project coordinator and […] the awareness amongst staff about quality assurance and the knowledge of the CAF". The report also made suggestions to further improve the process.

Project management

An internal working group started to develop a methodology to unify and make project management more efficient across the Centre.

Indicator	Target 2013	Result	Comment
Proportion of Declarations of Interest (DoI) filled in by the Members and Alternates of the ECDC Advisory Forum and Management Board on 31 December 2013	100%	96 % of the MB members had submitted the required declarations, all had been screened by the Chair and mitigating measures were taken when needed. For the AF, 93 % submitted the required documents and upon evaluation the appropriate mitigating measured were taken.	The process of submission was originally slow. However, during the last MB and AF meeting in 2013, no one participated that had not submitted an Annual declaration of Interest or Declaration of Commitment. For the AF, out of 64 ECDC received: 56 completed DoI's, 3 incomplete DoI's and 5 members/alternates did not submit their DOI, despite repeated reminders.
Timeliness of the documents dispatched to the Management Board, Audit Committee and Advisory Forum	10 working days before the meeting	Overall, 97% of documents were submitted to the Governing Bodies at least 10 working days before the meeting.	In the majority of cases, the bulk of Management Board documents were submitted at least 15 working days in advance of the meetings. For the first time, the fourth Advisory Forum meeting of 2013 convened via audio conference, thereby incurring a cost savings of approximately 30,000 €.
Development of internal business processes	At least 75 internal processes drafted	63	
Implementation of the Work Programme 2013	85% of the planned activities implemented	87% completed; 3% partly completed	

Target 9. Administration

Main objectives for 2013

- ensure that the financial resources of the Centre are properly and well managed, and reported in a clear and comprehensive manner
- support the staffing of the Centre and actively foster the development of the organisation and its staff
- 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
- 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;
- provide legal advice and counselling
- ensure that the Internal Control Standards are fully implemented, and that the recommendations by the Court of Auditors and the Internal Audit Service are implemented
- establish a coherent transparent stream of information and quick access to relevant information for all staff and facilitate the free flow of knowledge and information across the Centre.

Main achievements in 2013:

Finance and accounting

The core budget of the Centre remained constant compared to 2012, at EUR 58.3 million in 2013.

The budget execution at year-end 2013 reached 92.26% for commitments and 74.14%% for payments. Following the general advice of the European Commission to Agencies, and the specific advice received from the Court of Auditors, ECDC prepared for the scenario to be able to pay for the outstanding rappel for the salaries 2011 in December 2013, pending the decision of the Court of Justice (ECJ). The EC and ECDC simulated the total budgetary impact of the rappel for 2011 for ECDC which was estimated at €3.4 million. Following the negative ruling of the ECJ on the rappel for 2011, the transfers had not been carried out and a total of €3.28 million, strictly foreseen for this purpose, remained unused and/or had to be cancelled at the end of 2013, accounting for the lower budget execution.

In June 2013, the Management Board issued a positive opinion on the annual accounts of the Centre for 2012 taking note of the preliminary observations of the Court of Auditors.

The European Court of Auditors conducted two visits in 2013: the first one in April focused on the certification of the annual accounts for 2012. The second visit in November focused on specific transactions of 2013 and included a review of recruitment and procurement files. Also in 2013, their specific attention was given to the verification of grants given by the Centre.

Human resources

The Human Resources (HR) section is supporting the Centre's management and staff by providing continuous HR services in areas such as recruitment, working conditions, pay and entitlements as well as learning and development, and staff well-being (in-house doctor, counseling, annual influenza vaccinations, provision of relocation services). The objective of the Centre's learning and development activities is to offer professional growth for the individual as well as to maintain and further strengthen the Centre's organisational performance. In 2013, the Centre's management development programme continued and was further developed for managers on all levels. With the aim of further strengthening the managerial competence in the organisation, the 360-degree feedback programme was continued in 2013. In preparation of the new Staff Regulations (in force from 1 January 2014), information meetings were held with all sections in the Centre to inform all staff directly about the new rules and conditions. ECDC provides opportunities for its staff to reconcile work and private life, e.g. through its flexi-time system with the possibility to reduce flexi credit by taking half or full days off. The total number of flexi days taken by staff in ECDC in 2013 was 2 652, on average 0.78 days per staff member per month.

Table 3. Number of staff and selection procedures

	2010	2011	2012	2013
Total staff (TA, CA, SNE) on 31 December	254	270	282	290
Selection procedures[10]	133	56	49	32

Missions and meetings

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

Table 4. Missions, meetings and ECDC meeting participants, 2009–2012

	2009	2010	2011	2012	2013
Missions	1 230	1 181	1 021	962	874
Number of meetings	352	311	238	149	202
Number of external participants attending ECDC meetings or interviews.	2 624	2 960	3 259	2 783	3609

ECDC premises, equipment and logistics

In 2013, ECDC continued to provide logistic services to all staff. Logistical support was provided to the Centre. Contracts were signed to ensure the proper maintenance of the premises, the maintenance of the equipment and the provision of goods and services. In June, an internal removal to optimise the seating was carried out.

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[10] The number of recruitment procedures includes those that led to an actual start of employment in the specified year, i.e. it includes procedures already launched in the previous year, but finalised in the specified year and not those procedures still ongoing at the end of that year. It also includes unsuccessful selection procedures that did not lead to an appointment.

Legal services

After the visit of the European Data Protection Supervisor (EDPS) in June 2012, the actions on the agreed roadmap were continued to ensure the continuing compliance with the EU regulation on personal data protection. The position of the data protection officer (DPO) was strengthened and a significant increase in reports both to the DPO and EDPS was achieved. Data protection training was continued for internal data controllers who all completed training to enhance their expertise.

Additionally, the training on ethics and integrity was continued throughout the year in the 'Professional Ethics' course. The Legal team was involved in a number of cases before the European Court of Justice, predominantly the Civil Service Tribunal, providing timely advice and support to the relevant Units and defending actions brought. Legal advice and support was also provided to the Management Board and specifically the External Evaluation Working Group throughout 2013.

Procurement

In 2013, there was a significant increase in deliverables from the procurement office which supported 28 open call for tenders and three calls for proposals, as well as 54 negotiated procedures, among which there were nine procedures with a value above 25 000 EUR. Fifty-six reopening procedures within ICT framework contracts were undertaken and regular committee on procurement, contracts and grants (CPCG) meetings were held resulting in the issue of 32 CPCG Opinions. Additionally, the procurement office continued to liaise with external stakeholders and accordingly updated procedural guidance at the Centre to enhance compliance with the EU Public Procurement legislation. In addition, the Centre decided to strengthen the area of procurement without compromising on the legal tasks to be done. The Procurement Section and the Legal Services Section were established. A full restructuring of ECDC Procurement and Finance activities is envisaged to take place at the beginning of 2014.

Internal control coordination

Internal Control Coordination includes working with designing, promoting, facilitating and monitoring the implementation of internal control, and risk assessment systems. In 2013, it focused on the core tasks of coordinating the work with the Internal Control Standards, the Internal Procedures, the Declaration of Assurance, the contacts with the Audit Committee and the Internal Audit Service, and to ensuring a proper follow-up of all audit recommendations. However, in addition Ex-Post Verifications of Financial Transactions were continued, in accordance with the new Policy for Ex-Post Verifications of Financial Transactions, and improvements were made to ECDC's risk assessment of activities, in accordance with the Risk Management Guidelines and Risk Management Plan for 2012.

Internal Communication and Knowledge Services

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

In 2013, the work of the Internal Communication and Knowledge Services was further consolidated through continued roll-out and continuous improvement of the Document Management System (DMS) and making knowledge management tools i.e. the talent map and enterprise search available. The information offering through the intranet was increased and the intranet continued to be an important feature of the internal communication activities at ECDC. The preparations for a new Intranet platform advanced to allow for a launch in early 2014. In 2013, ECDC's internal newsletter 'ECDC on the spot' was published regularly every second week. The so-called 'senior management notes' were continued to provide rapid feedback to staff about important decisions taken at each of the senior management team meetings. An internal communication strategy was adopted and its implementation started.

Indicator	Target 2013	Result	Comment
Average of recruitment process - from expiry date of vacancy notice to appointment decision	Max. 12 weeks	10.8 weeks	
Vacancy rate	Max. 8%	3.1 %	Based on 194 TA posts and 100 CA posts (as of 1.1.2014)
Proportion of women in the new appointments to Management posts (Heads of Units/Deputy Heads of Units/Heads of Sections)	50%	25 %	4 appointments (including 1 woman)
Budget execution 2013	80% implemented	Commitments: 92.26% % Payments: 74.14%	
Travel claims (staff) and external experts reimbursements processed	6 weeks on average	9 weeks	For the period July—Dec. 2013 From the submission to the execution of payment.
Regular mailing of internal newsletters	24 newsletters sent every other week	24	
Use of the intranet by staff (viewed pages, visits compared to 2012)	10% increase	Page views: 2012: 863,886 2013: 786,380 (-9%) Page visits: 2012: 2.0 2013: 3.7 (+85%)	The decrease of pages viewed can be interpreted as people know better the intranet and don't need to wonder around to find what they need The increase of number of pages consulted per visit is a quality indicator

Information and Communication Technologies (ICT)

Main objectives for 2013

- to operate and provide high level support and maintenance for the operational and administrative applications, IT networks and infrastructure of ECDC, complying with budget cuts
- to define further cost-efficient ICT strategies
- to carry out progressive definition and implementation of ICT project best practices.

Main achievements in 2013:

Annual service level uptime for hosting services:

- from 19 business applications under service level agreements (SLA), 15 had an uptime of 100%, amongst these was also the EWRS
- the lowest uptime for a business applications under SLA was 99.95%
- from the 30 backend enterprise informatics system 27 out of 30 had an uptime of 100%
- the lowest uptime for a backend enterprise informatics system was 99.92%

In 2013 ICT implemented 180 change requests that were handled in the change process; 28 of these changes were new releases or new applications.

For the external experts, a self-nomination function enabling external experts to create their own accounts and access specific ECDC applications has been launched.

Cost-efficiency:

- ICT has downsized the budget in comparison to 2012 budget for telecommunication (from 248 to 208K), the budget for printers and prints (from 131 to 89k) and software (from 853 to 810k) and AV equipment and services (from 77 to 54k).
- A study for a further IT centralisation step has been launched.

Best practices:

- The ICT Unit conceived and implemented a new General IT Governance policy applicable to all IT assets in ECDC, derived from COBIT governance standard, meant to improve the alignment of IT strategy with business strategies, to better overview and manage and for improved strategic decision making on IT-assets.
- The ICT Unit adopted a framework for continuous improvement of ICT processes called Capability Maturity Model Integration (CMMI), used worldwide in the public sector and notably in the US Centers for Disease Control and Prevention (CDC Atlanta) that aims for improved services and improved global efficiency.

Indicator	Target 2013	Result	Comment
Process time to handle users IT requests	100% compliance with Service Level Agreements (SLAs)	99,6% compliance with Service Level Agreements (SLAs)	8 826 requests were handled

Annex 1. Implementation of the Work Programme 2013: facts and figures

Implementation of the Work Programme 2013: Overview

Most of the activities of the Work Programme for 2013 have been implemented. The following tables provide more detail on the implementation by activity, of the Work Programme as adopted by the Management Board in November 2012.

Target/Disease Programme	Total	Completed	Partly	Delayed	Postponed	Cancelled
ARHAI	**22**	20	1			1
EVD	**14**	12				2
FWD	**22**	20		2		
HSH	**13**	11	1			1
IRV	**30**	30				
TB	**11**	11				
VPD	**34**	30		1	1	2
Surveillance	**24**	20		2	1	1
Scientific advice	**28**	26				2
Preparedness / response	**26**	21	2	2		1
Training	**10**	10				
Health communication	**21**	18		1	2	
Partnerships	**14**	14				
Leadership	**14**	12	1	1		
ICT	**22**	17	1	1	3	
Administration	**54**	42	5	4	2	1

	TOTALS	359	314	11	14	9	11
	%	100%	87%	3%	4%	3%	3%

Activities	Implemented	Comments
TARGET 1: ANTIMICROBIAL RESISTANCE AND HEALTHCARE- ASSOCIATED INFECTIONS		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
European Antimicrobial Resistance Surveillance Network (EARS-Net)	YES	
European Surveillance of Antimicrobial Consumption Network (ESAC-Net)	YES	
Healthcare Associated Infections surveillance Network (HAI-Net)	YES	
Surveillance of HAI and antimicrobial use in long-term care facilities	YES	
Surveillance of *Clostridium difficile* infections	YES	
Epidemic Intelligence Information System for AMR and HAI (EPIS AMR-HAI)	YES	
European survey on carbapenemase-producing bacteria	YES	
Hand hygiene compliance: preparatory work for a new surveillance module	YES	
External quality assessment (EQA) of performance of laboratories participating in EARS-Net	YES	
Contribution to joint inter-agency report on AMR and antimicrobial consumption (inter-sectoral, with EMA and EFSA)	YES	This work will continue in 2014
ARHAI contribution to Annual Epidemiological Report	YES	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Reviews and guidance on prevention and control of AMR and HAI	YES	
Unexpected requests for scientific advice (including risk assessment)	YES	Request from EMA to contribute to the Commission's request for advice on the impact on public health and animal health of the use of antibiotics in animals. ECDC participated in one meeting and contributed to two documents providing scientific advice on the use of colistin and of glycylcyclines in animals, and participated in two meetings of the EMA Antimicrobial advice ad hoc expert group (AMEG) . This work will continue in 2014.
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		
Country visits to discuss AMR and HAI issues (2 visits)	YES	Only one country visit (Portugal) in 2013 since ECDC only received one invitation.
Technical support to Greece	Cancelled	ECDC did not receive a specific invitation letter to agree about country visits to Greece in 2013. This was therefore cancelled.
Support to the Commission	YES	
Contribution to the Transatlantic Task Force on Antimicrobial Resistance (TATFAR)	Partly	Work on the implementation of the eight TATFAR recommendations that apply jointly to ECDC and CDC is ongoing. Differences in the organisation and regulation of healthcare systems means that there is no common ground for developing indicators and that reaching a consensus on indicators will be difficult (TATFAR rec. 1: antimicrobial stewardship programmes), if not impossible (TATFAR rec. 10: infection control programmes). For TATFAR rec. no. 1, work will only effectively start once the expected Cochrane systematic review on this topic becomes available (in 2014).
Cooperation with WHO/Europe in implementing the regional strategy on AMR	YES	
Disease programme coordination (incl. meetings and missions)	YES	
Open source publication costs	YES	
Support to infection control training in Member States	YES	This work will continue in 2014.
6th European Antibiotic Awareness Day	YES	

Activities	Implemented	Comments
TARGET 1: EMERGING AND VECTOR-BORNE DISEASES		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
EVD regular surveillance reports: weekly publication of West Nile disease case maps and annual reporting on other emerging and vector-borne disease cases	YES	
Surveillance of vector-borne diseases: Lyme borreliosis standards for reporting and meeting	YES	
Surveillance of vector-borne diseases: network and data: EVD Disease Network meeting and TESSy requirement definition	YES	
Surveillance of vector-borne diseases: West Nile: development of web-based interactive mapping tool and real-time data collection	YES	
Surveillance of vectors of emerging diseases: data collection: common database with EFSA on vectors	YES	Joint ECDC/EFSA call for tender issued by the end of 2013 (WP 201)
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Provision of scientific expertise in the field of EVD:	YES	
Environmental and climatic determinants: map of susceptible and vulnerable area for malaria	Cancelled	No sufficient human resources allocation to perform the activity
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
ENIVD-CLRN+: European Network for Viral Imported diseases - Collaborative Laboratory Network for Response: outbreak response, microbiology coordination, training, EQA, fact sheets	YES	
Surveillance of vectors of emerging diseases: development of guidance for surveillance of native mosquitoes and meeting	YES	
VBORNET: Network of Public Health and entomologist experts on Vector Borne diseases: vector distribution maps, fact sheets, scientific advice, expertise and training capacity mapping, surveillance an control strategy support	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		
Diagnosis: EQA standards for malaria and Lyme	Cancelled	This was changed in follow up of the meeting on laboratory capacity for malaria (February 2013), where it was decided to organise a specific training for Greek experts on phylogenetic studies
EVD contribution to external communication: reports, factsheets, web-information and open source publications	YES	
EVD coordination/ general administration	YES	
Expertise enhancement on EVD, coordination with FP7 projects: attendance to conferences, steering committees, advisory bodies	YES	

Activities	Implemented	Comments
TARGET 1: FOOD AND WATERBORNE DISEASES AND ZOONOSIS (incl. Legionella)		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Annual EFSA-ECDC AMR surveillance report: EUSR AMR 2012	YES	
Annual EFSA-ECDC Zoonoses Report: EUSR Zoonoses 2012	YES	
FWD contribution to Annual Epidemiological Report	YES	
FWD pilot: Curation and validation of PFGE data for *Salmonella*, *Listeria* and *VTEC*	YES	
FWD study: Seroepidemiology for Salmonella and Campylobacter infections	YES	
FWD-Net Management and coordination of FWD network	YES	
LEG: ELDSNet Coordination, annual meeting, coordination group meetings	YES	
LEG: Routine surveillance of Legionnaire's disease (all cases)	YES	
Regular review of quarterly reports for *Salmonella* and *VTEC*	YES	
Routine surveillance of six priority FWD	YES	
Routine surveillance of vCJD	YES	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
FWD EliTE study: Joint Listeria typing study - human and food strains	Delayed	No sufficient human resources allocation to perform the activity
Strategy 3: To produce guidelines, risk assessments and scientific answers, and work with Member States to implement evidence-based prevention and intervention		
FWD Molecular surveillance: cluster management	YES	
FWD pilot: External Quality Assessment (EQA) and typing support	YES	
Health Promotion and Behaviour Change - support to FWD: Evaluation of communication tools for gastrointestinal disease prevention in schools	YES	
LEG: Legionella microbiology and diagnostic support project to MS	YES	
Protocol for harmonised monitoring of AMR in human Salmonella and Campylobacter infections	YES	
PulseNet International meeting	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		
FWD coordination and management of the programme	YES	
FWD Training support	Delayed	The course takes place in ECDC on 12-14 March 2014.
LEG: ELDSNet laboratory support through twinning	YES	
LEG: ELDSNet Training support	YES	

Activities	Implemented	Comments
TARGET 1: INFLUENZA and OTHER RESPIRATORY VIRUSES		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Surveillance - Routine influenza surveillance - Weekly Influenza Surveillance Overview coordination and production	YES	
Surveillance - Annual Seasonal Influenza risk assessment	YES	
Surveillance - Annual Seasonal Report	YES	
Surveillance - Developing work with intensive care networks at EU level including surveillance for severe influenza disease	YES	
Surveillance - Routine European Influenza Surveillance Network (EISN) coordination	YES	
Surveillance - Two Influenza coordination Group meetings	YES	
Surveillance of hospitalised severe influenza cases	YES	
Surveillance Plus Annual Influenza Meeting	YES	
Surveillance Plus Flu DP contrib. to the Annual Epidemiological Report	YES	
Surveillance - Routine Community Network of Ref. Laboratories (CNRL) for Human - Influenza coordination and influenza virology coordination	YES	
Surveillance - Routine Community Network of Reference Laboratories (CNRL) for Human Influenza task group	YES	
Surveillance & Studies in a Pandemic - Protocol Development & Seroepidemiology and Options Meeting	YES	
Surveillance & Studies in a Pandemic & Seroepidemiology	YES	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Science - Open Source influenza publications	YES	
Science – Unexpected requests for scientific advice (incl. risk assessments)	YES	
Science Routine Production, Review and Development of 'Ad Hoc' Reports and Peer Review Publications	YES	
Science Routine Science-watch and Influenza Digest	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		
Cross-cutting activities - Enlargement of EU	YES	
Cross-cutting activities - Round Table	YES	
Health Promotion & Behavioural Change support to IRV	YES	
Routine influenza programme administration and coordination	YES	
$SIIP_{15}$ - Communication	YES	
SIIP - Project Liaison work with EU Influenza Bodies - EU Vaccine Task force - Influenza Group	YES	Quarterly task force meetings organised
SIIP Project Annual EU Seasonal Influenza Event	YES	
SIIP Project - Annual Training in Influenza Immunisation	YES	
SIIP Project - Development of a Communication Plan for MS on Influenza Immunisation	YES	
SIIP Project - Monitoring of the implementation of Council Recommendation on Seasonal Influenza Vaccination VENICE	YES	Annual VENICE report prepared
SIIP Project - Vaccine Effectiveness (Influenza)	YES	Imove meeting held
SIIP Project Monitoring of the implementation of Council Recommendation on Seasonal Influenza Vaccination	YES	
SIIP Project - Piloting of materials for health professionals on influenza immunisation	YES	

Activities	Implemented	Comments
TARGET 1: TUBERCULOSIS		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Strengthening TB surveillance & monitoring	YES	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Implementation of new tools and approaches to eliminate tuberculosis	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		
Administrative support to the tuberculosis programme	YES	
Awareness and evidence-based action on tuberculosis burden and tuberculosis control among HIV-co-infected tuberculosis patients	YES	
World TB day	YES	
Awareness and evidence-based action on tuberculosis burden and tuberculosis control among vulnerable populations	YES	
Liaison with partners and scientific initiatives within the field of tuberculosis prevention and control	YES	
Strengthening tuberculosis laboratory capacity	YES	
Strengthening tuberculosis prevention and control in countries	YES	
Strengthening tuberculosis prevention and control in the five tuberculosis high priority countries	YES	
Tuberculosis programme coordination	YES	

Activities	Implemented	Comments
TARGET 1: SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV/AIDS AND BLOOD- BORNE VIRUSES		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Hepatitis B/C surveillance	YES	
HIV/AIDS surveillance	YES	
STI surveillance including the European Gonococcal Antimicrobial Surveillance Programme	YES	
Improving prevalence estimates for HIV and hepatitis	YES	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Prevention and control programmes for HIV, STI and hepatitis (evidence-based guidance for disease prevention among MSM)	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		
Estimating cost effectiveness for screening strategies for HIV and Hepatitis B and C (toolkit)	YES	
Migrant health and HIV (health in equalities)	YES	
Monitoring and evaluation of the Dublin Declaration	YES	
Monitoring and evaluation of the EU Communication and Action Plan on HIV/AIDS	YES	
Prevention and control programmes for HIV, STI and hepatitis: 1. strengthen antenatal screening programmes for HIV, HBV and syphilis; 2. updated guidance for chlamydia control; 3. 3. framework for prevention and control of hepatitis B/C)	Partly	Reports on Chlamydia control in Europe, HIV prevalence estimates modelling and Guidance for disease prevention among MSM postponed to 2014;
Scientific advice on HIV prevention	Cancelled	This was used for: 1) manuscript on migrant health 2) Greek study visit to Finland 3) Epidemiological assessment of hepatitis B and C among migrants in the EU/
Disease programme coordination HASH	YES	
EPIS STI	YES	

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Activities	Implemented	Comments
TARGET 1: VACCINE PREVENTABLE DISEASES		
Strategy 1: To enhance the knowledge of the health, economic, and social impact of communicable diseases in the EU		
Coordination of activities for laboratory surveillance of diphtheria	YES	
Coordination of activities for laboratory surveillance of IBD (N. meningitidis, H. influenzae) in EU/EEA countries	YES	
Coordination of activities for laboratory surveillance of whooping cough	YES	
Coordination to produce one Annual report for IBD, (N. meningitidis, H. influenzae, S. pneumoniae)	YES	
Enhanced IBD surveillance	YES	
Setting up and coordination of European Invasive Pneumococcal active surveillance (IPD) network	YES	
The measles action plan summary report	Delayed	Activity has started but the final deliverable /report has been delayed to Q1/2 2014 due to readjustment of workplan in light of the unexpected work on poliomyelitis and responding to the recent events.
EUVAC-NET	Postponed to 2014	Due to unexpected work in the area of poliomyelitis this activity is delayed/postponed to 2014. The specific deliverable (reporting of congenital rubella syndrome cases to TESSy) for this activity is delayed; a new strategic plan for this activity will be presented in 2014.
Revisions and amendment of EU case definitions (varicella and pertussis)	Cancelled	Due to unexpected work in the area of polio and need to amend the WP and re-prioritise time of staff, this activity was cancelled.
Analysis of historical surveillance data on VPD	YES	
Diphtheria enhanced surveillance	YES	
Implementation of the vaccination status variables	YES	
Production of European Measles and Rubella reports (EMMO and RUMO)	YES	
Production of the ECDC VPD Annual Report	YES	
VPD team contribution to the Annual Epidemiological Report (AER)	YES	
VPD network management	YES	
Supervision of VPD surveillance activities	YES	
Strategy 2: To improve the scientific understanding of communicable disease determinants		
Produce scientific content for updating VPD related web pages	YES	
Health Promotion and Behavioural Change support to VPD	YES	
Unexpected scientific advice activities	YES	
Scientific advice on VPD issues	YES	
Support EC for implementing Council Conclusions on childhood immunisation	YES	
Vaccine Task Force vaccination	YES	
Strategy 3: To improve the range of the evidence base for methods and technologies for communicable disease prevention and control		
Eurovaccine 2013	YES	
Public Health Program Evaluation	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		
Impact of rotavirus vaccination	YES	

Activities	Implemented	Comments
Participation of IPA B in routine meetings of ECDC disease networks	YES	
Progress Review: Measles and rubella elimination in the EU	YES	
Vaccine safety (including VAESCO)	YES	
VENICE	YES	
Annual meetings of the VPD Programme (mainly related to EPIS VPD)	Cancelled	Due to unexpected work in the area of polio, this activity was cancelled to accommodate the work plan and respond to the event.
EPIS - VPD development and management	YES	
VPD programme coordination	YES	
VPD Liaison with external partners	YES	

Activities	Implemented	Comments
TARGET 2: COMMUNICABLE DISEASES SURVEILLANCE		
Strategy 1: To establish EU wide reporting standards and an integrated data collection network for surveillance including all Member States and covering all communicable diseases with the detail necessary according to their priority		
TESSy data collection	YES	
TESSy and EPIS data management	YES	
Molecular surveillance: Finalise the pilot for food and water borne and tuberculosis	YES	
TESSy training molecular surveillance	YES	
Routine provision of statistical tools and services for ECDC experts	YES	
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		
Statistical tools and services, including review of indicators and formats used for tables, charts and maps (geospatial support and analysis).	YES	Intuitive online mapping tool (EMMA) developed and available for EPIS and TESSy. Member States can produce high-quality maps without software requirement.
Strategy 3: To ensure that the reports on trends of public health importance for EU and the Member States regarding Communicable Diseases are produced and disseminated to reach all stakeholders in an appropriate manner to ensure that appropriate public health action is taken		
Production of the annual epidemiological report (AER)	YES	
TESSy: enhancement of the query tool to produce online surveillance reports	YES	
TESSy: development of a dashboard for critical surveillance indicators in the EU/EEA	YES	Prototype surveillance dashboard giving access to disease data and relevant analyses. The final version will be online in May 2014 for three diseases (tuberculosis, Haemophilus influenzae infection and invasive meningococcal disease).
Implementation of the new strategy for surveillance reporting	YES	
Implementation of the surveillance analysis communication strategy	YES	
Strategy 4: To maintain a system for quality assurance of the surveillance data that will also enable progress towards improving comparability of data between all Member States		
Surveillance systems evaluation: support to MS and candidate countries for the evaluation of their surveillance systems	YES	
Defining EU surveillance systems standards	YES	
Application of a standardised TESSy data quality validation and assessment protocol	Delayed	The protocol has been agreed for one disease out of three planned. It was partially implemented for one disease out of three planned.
Pilot the e-manual for monitoring data quality and evaluation of surveillance systems in some EU Member States	Delayed	The review process has identified improvements that are being implemented with a resulting delay to the original plan.
Monitoring and evaluating data quality: support to Member States for implementation of activity aiming at improving data quality in surveillance.	Postponed to 2014	This will take place in 2014 as result of the completion of the activity *Application of a standardised TESSy data quality validation and assessment protocol*

ACTIVITIES	Implemented	Comments
TARGET 3: SCIENTIFIC EXCELLENCE AND INFORMATION		
Strategy 1: To function as a public health research catalyst		
Research Coordination	YES	
ESCAIDE	YES	
Public consultation	YES	
ILSA – Interagency Liaison-Group for Scientific Advice	YES	Now called EU-ANSA
ECDC's priority setting exercise and survey tool	YES	
Strategy 2: To promote, initiate and coordinate research for evidence-based public health and to identify future threats		
Climate Change (CC) Adaptation	YES	
European Environment and Epidemiology network	YES	
Future Infectious Diseases threat to Europe	YES	
Evidence Based Medicine (EBM) Training EBM Methods development, internal support and internal cooperation	YES	
Comparative Impact of (Infectious) Disease (CID)	YES	
Public Health programme evaluation and health economics: exploring best practices of economic evaluation	YES	Due to the long-term sick leave of the key responsible person, the project has been cancelled and money transferred to another activity.
Health inequalities: migrant health	YES	
Health inequalities: Social determinants of IDs	YES	
Impact of Social Determinants (SD)	YES	
Health economics networks	Cancelled	Due to the long-term sick leave of the key responsible person, the project has been cancelled and money transferred to another activity.
Health economics – health expenditures	Cancelled	
Open access publications	YES	
Strategy 3: Produce guidelines, risk assessments and scientific advice		
Answer to scientific questions, risks assessments and guidelines	YES	
Strategy 4: Be a major repository for scientific advice on communicable diseases		
Maintain SARMS	YES	
Maintain ECED	YES	
Further consolidation of the library services to support the preparation of scientific advices and risk assessments and systematically support of the scientific reviews done in ECDC	YES	
Update the review of ECDC peer reviewed impact indicators	YES	
Operate and further develop the Knowledge Management services based on evaluation of tools, support all ECDC Knowledge Management related activities and offer services to external partners	YES	
Firmly embed information sharing and Knowledge Management activities into the respective European activities in the domain of public health	YES	
Strategy 5: To promote and support the strengthening of microbiology for CD prevention, control, and scientific studies in the EU region		
Guidance for EU molecular surveillance	YES	
Laboratory Capacity Appraisal and Monitoring	YES	
Microbiology Coordination and technical support for strengthening laboratory capacity	YES	
Microbiology Liaison and communication	YES	

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Activities	Implemented	Comments
TARGET 4: DETECTION, ASSESSMENT, INVESTIGATION AND RESPONSE TO EMERGING THREATS FROM COMMUNICABLE DISEASES		
Strategy 1: To develop an efficient integrated early warning system about emerging threats in Europe		
Epidemic intelligence	YES	
Epidemic Intelligence Information System (EPIS)	YES	
24/7 threat detection	YES	
Risk analysis	YES	
EI platform giving Member States access to Threat Tracking Tool and communicable disease threats report	Partly	Development of platform delayed, but access given to CDTR to Member States
EPIS management and coordination	YES	
Development and implementation of GIS at ECDC including establishment of ECDC Geoportal	YES	
Strategy 2: To develop mechanism for support/ coordination of investigation/response to health threats		
General response	YES	
Development of response tools (checklists, communication platform)	YES	
Rapid risk assessment and mobilisation of outbreak assistance teams	YES	
International outbreaks response activities	YES	
Shipment of laboratory samples	Cancelled	This was a provision of money in case of need to ship samples to a reference laboratory while supporting a multi-state outbreak. No such a need arose during the year and the money was reallocated before the end of the year.
Member States support	YES	
Substances of Human origin and Vigilance and traceability of Tissues and Cells (SOHO-VTTC)	YES	
Strategy 3: To strengthen the Member States and EU preparedness to Communicable Diseases threats, pandemic preparedness		
Further develop the guidance on risk assessment for communicable diseases on board aircrafts	YES	
Support to member States and candidate countries in Epidemic Intelligence	YES	
Biopreparedness	YES	
Threat detection training	Delayed	Delayed and carried-over, taking place on 6 and 7 March 2014.
Threat Tracking tool v.3	Delayed	Postponed to 2014 because of unanticipated need for funding for upgrading EPIS food and water borne platform.
Internal and Member States training on rapid risk assessment methodology	Partly	Internal training took place in 2013. MS training scheduled in 2014
Pandemic preparedness – influenza component of general preparedness activity	YES	
Preparedness support to Member States: new cross border health threat legislation	YES	
Support EPIET training programme and internal ECDC training, organisation of experts and EPIET placement/missions	YES	
Strategy 4: Strengthening the Emergency operation centre		
Emergency operations centre	YES	
Simulation exercise	YES	
Finalisation of the Public Health Emergency (PHE) management intranet system	YES	

Activities	Implemented	Comments
TARGET 5: TRAINING FOR THE PREVENTION AND CONTROL OF COMMUNICABLE DISEASES		
Strategy 1: To develop EU capacity on prevention and control of Communicable Diseases through training		
Fellowship scientific Coordination activities	YES	
EPIET/EUPHEM Fellowships Grants (this includes 8 EPIET fellows for the EU track, 12 EPIET fellows for the Member States track and 4 EUPHEM fellows)	YES	
EPIET/EUPHEM training Modules	YES	
EPIET Member States track support	YES	
Specific EUPHEM Modules	YES	
MediPIET	YES	
Strategy 2: To develop network of training programmes		
Training of Trainers in EPIET Member States track	YES	
Strategy 3: To create a training centre function within ECDC		
Package of services in learning methodology	YES	
Accreditation for ECDC training events	YES	
E- learning	YES	

Activities	Implemented	Comments
TARGET 6: HEALTH COMMUNICATION		
Strategy 1: Communication to professional audiences		
Communication support to disease programmes and units	YES	
Design support	YES	
Publications	YES	
Translations	YES	
Eurosurveillance annual Board meeting	YES	
Print and distribution of Eurosurveillance (50 weekly issues) – cost for 5 topical issues	YES	
Operation of electronic submission system and plagiarism detection system for Eurosurveillance	YES	Both systems are used every day.
Increase the scientific impact of Eurosurveillance	YES	
Promotion of the journal to attract new readers and contributors including through presence at international conferences and meetings	YES	Eurosurveillance was present, among others, at the 2013 ECCMID and the International Congress on Peer Review and Biomedical Publication, and organised a scientific seminar session at ESCAIDE
Website and database maintenance	YES	
Develop and implement reader-friendly new website with more modern interactive features	Delayed	
Strategy 2: Communication to the media and to the European public		
Press, media and information services	YES	
Audiovisual work	YES	
Web and social media	YES	
Multilingual website development	Postponed	Given the rapid development of new web technologies, we will, as part of the 2014 work plan, review and decide what will be the best technical platform for the new generation of ECDC web services (portal 2.0). Multilingualism will be addressed in this context.

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Activities	Implemented	Comments
Web Portal 2.0 development	Postponed	Project scope and procurement to be developed in the first part of 2014 with work on delivery web starting late 2014 and continuing 2015.
Strategy 3: To support the Member States health communication capacities		
Health Promotion and Behavioural Change	YES	
Health Promotion and Behavioural Change CORE- Risk Communication Capacity	YES	
Health Promotion and Stakeholder Partnership	YES	
Research to support communicable disease prevention initiatives	YES	
Public Health Program Evaluation- risk communication initiatives in EU	YES	

Activities	Implemented	Comments
TARGET 7: PARTNERSHIPS AND INTERNATIONAL RELATIONS		
Strategy 1: To develop programmes of ECDC cooperation and support on Communicable Diseases with each Member State		
Relations with Member States and EEA/EFTA countries: annual meeting of the Coordinating Competent Body (CCB)	YES	
Strengthening of the work with countries by providing expertise and support to the Member States and other ECDC stakeholders based on a solid understanding of the public health structures in the countries.	YES	
Development of the ECDC Partnerships Management System which provides ECDC staff and external sources with user friendly access to high quality information regarding stakeholders, activities, processes, etc.; collect the information on countries in the System; use of the system to support interactions between ECDC and Member States (and EEA/EFTA countries)	YES	
ECDC country visits	YES	
Strategy 2: To ensure a close and productive cooperation with all EU structures whose activities can contribute to Communicable Diseases prevention and control		
Coordination of the network of EU agencies	YES	
Assessment of EU enlargement countries' communicable disease surveillance and prevention systems	YES	
Collaboration with the EU enlargement countries (candidates/potential candidates)	YES	
ECDC external strategy	YES	Strategy implemented. Update will be performed in 2014.
Support to ENP countries	YES	
Relations with EU structures	YES	
Support to the EpiNorth network	YES	
Relations with NGOs and other stakeholders	YES	
Strategy 3: To maintain effective working relationships with WHO and other IGOs, NGOs, scientific institutions and Foundations of key importance to ECDC's work		
Follow up of implementation of Memorandum of Understanding (MoUs) with CDCs – US, China, Canada...	YES	
Relations with WHO	YES	

Activities	Implemented	Comments
TARGET 8: LEADERSHIP		
Strategy 1: To provide effective Governance		
Leadership (advice and support to Director)	YES	
External communication	YES	
Organisation and support of the annual meetings of the Management Board (MB) and the Advisory Forum (AF), including weekly meetings of the Senior Management Team (SMT)	YES	
Updated lists / Communication with the Competent bodies	YES	
Strategy 2: To provide high quality overall management in ECDC's work and use of resources		
Meetings of the Director	YES	
Planning (Work programme 2014), monitoring (Work Programme 2013) and reporting (Work Programme 2012)	YES	
Review of the ECDC key business processes	YES	
Launch of the second self-assessment for the quality management system (CAF)	YES	
Evaluation and update of the Management Information System	YES	
Fine tuning of the Activity Based Budget	YES	
Implementation of common project management methodologies across the centre	Partly	The general planning for the development of the methodology was approved. A working group met to ensure users ownership. Definition of projects and a list of pilot projects agreed. The methodology will start to be applied in 2014 (identification of projects for the preparation of the work programme 2015). The general governance is still under discussion.
Internal process for the evaluation of scientific operations	Delayed	Discussions have started and an ad hoc working group was set up. It will present proposals for the establishment of the process on internal evaluations in 2014
Quality Management System	YES	
SMAP preparation (strategic multiannual work programme 2014—2020)	YES	

Activities	Implemented	Comments
TARGET 9: ICT		
Strategy 3: To operate the ICT platforms and services at a high level of availability and ensure integrated and functional business applications		
ICT Epidemiological applications		
Critical surveillance dashboard	Delayed	Preparation activities achieved. Contract signed. Release 1.0 forecast for delivery: March 2014.
Molecular surveillance (roadmap implementation)	YES	
TESSy maintenance	YES	
TESSy outputs development	YES	
TESSy outputs maintenance	YES	
TESSy Query Data - second generation	YES	
Epidemic Intelligence Platform	Postponed to 2014	TTT v2.5 in production. SRS Portfolio Manager decided to postpone v3 developments to 2014 under 2014 budget. The decision was taken on 24/07/2013.
EPIS ELDSNet	Partly	EPIS FWD v2 (1st release) went live (July) EPIS ELDSNet: regular maintenance and support achieved and delivered. EPIS ELDSNet v2: Business Analysis achieved and delivered.
EPIS Maintenance	YES	
EWRS maintenance and implementation of Health Threat Package	YES	
ICT- Infrastructure		
ICT support for internal and external ECDC users	YES	
Manage the ICT resources and services	YES	
Operation of the ECDC applications	YES	
Testing and deployment of IT applications	YES	
ICT- Applications		
Project and application development support: Corrective maintenance		
CRM: Corrective maintenance	YES	
ECDC Common applications: Corrective maintenance	YES	
Extranets: Corrective maintenance	YES	
Identity Management: Corrective maintenance	YES	
Portal: Corrective maintenance	YES	
Project and application development support: Evolutionary maintenance		
Portal: Multilingualism	Postponed to 2014	Linked to Portal release 2.0 (below)
Portal: release 2.0	Postponed to 2014	First Study (including market study) for Portal 2.0 done. Project manager procured. Planned call for tender could not be executed according to initial plan. Feasibility Study will be done Jan.-Feb. 2014. It will allow decisions to be taken end of Feb. 2014 on the way go forward for the project Portal 2.0.
Portal: vaccine web-site development (measles)		Linked to Portal release 2.0 (above)
Project and application development support: Research		
Pre-studies	YES	

Activities	Implemented	Comments
TARGET 9: ADMINISTRATIVE SERVICES		
Strategy 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		
Provision of Human Resources services such as recruitment and staffing, pay and staff entitlements, working conditions	YES	
Provision of services for learning and development with particular focus on management training, expert development and e-learning	YES	
Provision of services for the integration and wellbeing of staff, such as a support for settling into Sweden, medical services, the prevention of harassment and equal opportunities.	YES	
Interaction with Staff Committee	YES	
Implementation of the changes related to the amendment of the Staff Regulations		
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		
Delivery of the annual provisional and final accounts and the annual reports on budget implementation	YES	
Treasury management	YES	
Overall management of the annual budget, the inter-institutional Budget Cycle and Draft Budget, budget amendments and budget transfers, the publication of the budget and its amendments and contact point for the Court of Auditors	YES	
Monitoring and reporting on the Centre's payment and commitment execution	YES	
Timely initiation and execution of payments and the ex-ante financial verification of all commitments, payments, recovery orders and credit operations of the Centre	YES	
Drafting and revising of the financial and accounting documentation, delegations, internal procedures and policies	YES	
Provision of support and advice to the authorising officers, the financial and operational actors on Financial and Budgetary matters, in line with the budgetary and accounting principles	YES	
Implementation of ABAC Assets in the Centre	Postponed to 2014	Due to pending ICT disposal and pending reorganisation of Finance, the application could not be implemented in 2013. Following the carried out disposal of ICT equipment and implementation of the Finance reorganisation starting 01/03/2014, ABAC Assets can start its implementation from April 2014
Ensure the legality and regularity of the procurements as well as the contractual and financial implementation of commitments;	YES	
Monitor and report on the centre's procurement plan;	YES	
Consolidate financial and procurement internal workflows;	YES	
Implementation of homogeneous and compatible procedures, norms and methods to process and access financial information and documentations.	YES	
Evaluate the monitoring and reporting systems, including the financial and procurement workflows across the Centre	YES	
Strategy 4: To coordinate meetings and support travels in an efficient and cost effective manner		
Support the units in the different phases of the organisation of the missions and meetings and implement the systems needed to increase the quality of support given	YES	
Partial automation of the missions and meetings workflow as much as possible	Delayed	Delay due to ICT reorganization and lack of Business Analyst

Activities	Implemented	Comments
Exploration of the possibilities of green policies that can be applied in the fields of missions and meetings	Partial	As part of the new Guide to Missions, ECDC strongly suggested the use of public transport. Moreover the number of Missions was reduced from 964 in 2012 to 875 in 2013.
Provision of a systematic procedure to evaluate the organisation of meetings	Delayed	Meeting process currently updated. Available Q2 2014
Strategy 5: To effectively develop, maintain and manage ECDC premises, equipment and logistic services		
Provision of logistic services for all staff	YES	
Maintenance of the facility	YES	
Inventory management	YES	
Upkeep and further improvement of the security and safety of the ECDC staff and premises.	YES	
Exploration and development of "green" policies	Partly	Despite the fact that a specific document was not produced, several initiatives were developed: battery recycling bins, differentiated recycling bins in every kitchen, buy more office products (stationery) green or eco compatible, push for the use of "re-usable" items in the canteens (cutlery and glasses)
Development of a building manual	Cancelled	Time was invested in the Final ECDC Premises project instead.
Development of a security policy for the Centre	Partly	Despite the fact that a specific document was not produced, several initiatives were developed: battery recycling bins, differentiated recycling bins in every kitchen, buy more office products (stationery) green or eco compatible, push for the use of "re-usable" items in the canteens (cutlery and glasses)
Strategy 6: To provide legal advice and counselling		
Provision of legal advice, and drafting of policies	YES	
Identification and notification of remaining personal data processing operations	YES	
Legal support to the development and review of internal procedures	YES	
Monitoring of open calls for tender and reopening of competitions within the ICT framework contract	YES	
Maintenance of the database for all contracts in the Centre	YES	
Organisation and chairing of the CPCG	YES	
Provision of legal advice, and drafting of policies	YES	
Development of tools to support the procurement process and the contract database	YES	
Support Human Resources in drafting the implementing rules in relation to the Staff Regulations	YES	
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		
Support of the development and assessment of the Internal Control system (incl. internal procedures)	YES	
Promotion, facilitation and monitoring of the implementation of the Internal Control Standards (incl. risk management and Internal Control self-assessment exercise)	YES	
Performance of the ex-post controls of the grant contracts and the ex-post controls of the financial transactions	Postponed to 2014	Implementation of Grant Verification Plan 2013 moved to Q1 2014, in accordance with revised Grant Verification Policy.
Liaison with the Internal Audit Service, the Audit Committee and ensuring of the proper follow-up of the audit observations	YES	
Perform "compliance testing" of internal control systems and procedures, as determined in the yearly plan	YES	

Activities	Implemented	Comments
Strategy 8: Develop a coherent and transparent internal communication system		
Organisation of internal events (5 staff events, including 2 major events) and campaigns	YES	
Branding and layout and printing of materials supporting internal communication	YES	
Evaluate the effectiveness of internal communication	YES	
Functional integration of intranet and Document Management system	Partly	New intranet launched in 2014. Preparatory work done in 2013.
Editorial content (special reports, bi-weekly newsletter, articles, statistical reports...)	YES	
Document Management coordination and implementation	YES	
Incoming and outgoing mail correspondence registration and management; administration of Centre's paper based archive	YES	
New version of chrono application	Partly	New version launched Feb. 2014. Most of the preparatory work done in 2013.
Further development of PHE intranet page	YES	
Operate an internal content steering committee	Delayed	Terms of reference ready. Implementation in 2014.
Use of the collaboration and social tools, such as wikis, blogs, ratings ("I like this") for internal communication		Developed for the new intranet to be launched in March.

Annex 2. Highlights of the Management Board and the Advisory Forum in 2013

In 2013, the Management Board discussed and agreed on a number of topics, among which:

–   approved the Annual Report of the Director on the Centre's Activities in 2012 and proposed the development of a summary version (Highlights);
–   organised a *tour de table* session to provide ECDC with the views of Member States and EU Institutions on the strategic multiannual programme (SMAP 2014–2020), approved its general orientation and finally approved via electronic consultation the SMAP, including a revised set of indicators;
–   took note of the Update on implementation of the Position statement of the Commission and ECDC on human pathogen laboratories: a joint vision and strategy for the future;
–   adopted the Final Annual Accounts 2012, including the Report on Budget and Financial Management
–   took note of the Update on implementation of Independence policy and implementing rules on Declarations of Interests;
–   approved ECDC's participation in the ADVANCE project as leader of the Work Package (WP) and discussed the revised Terms of Reference of the Management Board Working Group;
–   took note of information presented in a roundtable discussion on analysis of the survey on evaluation of the reorganisation, including staff issues; listened to a presentation from the Staff Committee on results of a study on career development;
–   unanimously appointed the representatives of Denmark, and of the European Commission, as reporting officers for the appraisal of the ECDC Director;
–   took note of the ECDC assessment toolbox on the evaluation of the capacity of EU enlargement countries in communicable disease prevention and control;
–   agreed to the initial composition of the Working Group on New Business Models and Financing on Large-scale EU Level Activities (Germany, Finland, France, the Netherlands and Spain); the European Commission will look into the most efficient way to support the Working Group;
–   took note of the update on the roadmap on the follow up of the inter-institutional Common Approach for decentralised agencies;
–   took note of the updates on recent threats in the EU and abroad and on the Long-term Surveillance Strategy (2014–2020);
–   agreed that the ECDC Director will prepare a document on the future venue of the ESCAIDE conference, which includes the pros and cons of organising such meetings outside Stockholm;
–   decided that the mandate of the working group on external evaluation (MEES) will not be extended beyond ensuring the final delivery of a good quality evaluation report on 8 October 2014 and that a separate Drafting Group will be created in the June 2014 meeting in order to draft the recommendations; The Board also agreed on the schedule for the evaluation process;
–   approved via electronic consultation the Work Programme 2014;
–   endorsed the IAS Strategic Internal Audit Plan 2014–2016;
–   took note of the Budget and Establishment Table 2014;
–   took note of the Second Supplementary and Amending Budget for 2013;
–   agreed to initiate a Working Group on the revised Rules of Procedure and the Code of Conduct;
–   took note of the European Commission's presentation on the new Multiannual Financial Framework for 2014–2020;
–   agreed to follow the recommendation of the Audit Committee on the ECDC Financial Regulation;
–   Discussed a proposal on the future of EPIET.

In 2013, the Advisory Forum:

•   Discussed the following topics:
    –   Advisory Forum priorities on scientific advice for 2014 Work Programme
    –   ECDC strategic multiannual programme (2014–2020)
    –   ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (2013 vision)
    –   Long-term Surveillance Strategy 2014–2020
    –   ECDC Annual Work programme 2014
    –   Progress on implementing a surveillance dashboard
    –   Evaluation of the rapid risk assessment outputs and procedures
    –   EPIET and EUPHEM Fellowship programmes: principles and programme objectives for the short-, mid- and long term

- Toward a consistent micro-organism coding and labelling: on what level should a unique ECDC identifier be ensured for pathogen organisms across systems?
  - Results of EUPHEM evaluation

- Was regularly updated on the implementation of the ECDC Independence policy and the second External Evaluation of the ECDC

- Was regularly updated and discussed Scientific advice and risk assessments: update on assessments, reviews and guidance:
  - ECDC initiative to apply to the IMI call on vaccines
  - EU Agencies Network on Scientific Advice (EU ANSA)
  - Process of delivery of scientific advice at ECDC
  - Clearance procedure for scientific guidance
  - Developing a microbiology capability monitoring system for the European Union, revised version: EULabCap V2.0
  - Implementation of the Position statement of the Commission and ECDC on human pathogen laboratories: a joint vision and strategy for the future
  - ECDC strategy and roadmap for integration of molecular typing into European level surveillance and epidemic preparedness (2013 version)
  - Immunological findings associated with Pandemrix and narcolepsy
  - Results of the first ever ECDC public consultation of scientific guidance on norovirus
  - Carbapenemase-producing Enterobacteriaceae in Europe – results from the EuSCAPE (European Survey on Carbapenemase-producing Enterobacteriaceae) project
  - Documentary on extrapulmonary tuberculosis

- Was regularly updated and discussed recent Epidemic intelligence threats in the EU:
  - Congenital Rubella Syndrome – reporting to TESSy
  - Appearance of Novel Coronaviruses in Patients in European Hospitals – origin the Middle East
  - H7N9 outbreak in China
  - Appearance of novel coronaviruses originating from the Middle East in patients at European hospitals
  - MERS CoV
  - Plenary discussion on polio

- Participated in the first ever audio conference in December, which included the following topics:
  - Which should be the next steps for ECDC's work on polio?
  - Molecular surveillance pilot – evaluations plan and process
  - Proposed new Euro legislation on protection of personal data – implications for public health?

- Were regularly updated by the European Commission on the following matters:
  - Joint Procurement Agreement (progress update)
  - Public Health programme 2014–2020
  - Interim report on the state of implementation of the Council recommendation on seasonal Influenza Immunisation 2009 in the member States and at EU level
  - Serious cross border threats to health
  - Public health Programme 2014–2020
  - Directorate F – Health, Directorate-General for Research and Innovation

- Convened various Working Group Sessions, covering the following timely topics:
  - Principles for distribution of EPIET/EUPHEM fellows between the countries
  - Rationale, EU added value and challenges of using additional data sources for EU surveillance (e.g. electronic health records)
  - Communication of ECDC point prevalence survey results
  - What are the public health aspects of detection/eradication of Helicobacter pylori infection to prevent gastric cancer? Is there a role for ECDC?
  - Challenges and opportunities for science based health communication in disease prevention strategies
  - How do we ensure the excellence of Scientific Advice?
  - Public health Training: EPIET Fellowship programme objectives and scope
  - Identification and assessment of horizon scanning activities for new emerging threats
  - Goals and tools for flu surveillance – going beyond sentinel reporting

Annex 3. ECDC budget summary 2013

Title 1. Staff

Title Chapter	Heading	Appropriations 2014	Appropriations 2013	Outturn 2012
1 1	Staff in active employment	29 045 000	28 998 000	26 422 497,89
1 3	Missions and travel	1 000 000	1 000 000	988 509,93
1 4	Socio-medical infrastructure	115 000	150 000	105 435,13
1 5	Exchanges of civil servants and experts	450 000	450 000	316 327,72
1 7	Representation expenses	25 000	9 000	10 000,00
1 8	Insurance against sickness, accidents and occupational disease, unemployment insurance and maintenance of pension rights	900 000	928 000	857 396,50
	Title 1 — Total	**31 535 000**	**31 535 000**	**28 700 167,17**

Title 2. Buildings, equipment and miscellaneous operating expenditure

Title Chapter	Heading	Appropriations 2014	Appropriations 2013	Outturn 2012
2 0	Investments in immovable property, renting of buildings and associated costs	3 183 000	2 911 000	2 892 820,16
2 1	Data processing	2 778 000	2 979 000	2 213 267,94
2 2	Movable property and associated costs	169 000	104 000	57 215,79
2 3	Current administrative expenditure	350 000	335 000	198 246,84
2 4	Postage and telecommunications	250 000	228 000	236 000,00
2 5	Expenditure on meetings and management consulting	330 000	530 000	273 216,58
	Title 2 — Total	**7 060 000**	**7 087 000**	**5 870 767,31**

Title 3. Operations

Title Chapter	Heading	Appropriations 2014	Appropriations 2013	Outturn 2012
3000	Surveillance and data collection on communicable diseases	(**)	2 603 000	2 476 094,29
3001	Preparedness, response and emerging health threats	(**)	200 000	61 915,00
3002	Scientific opinions and studies	(**)	3 839 000	3 835 833,77
3003	Technical assistance and training	(**)	3 823 000	4 095 276,90
3004	Publications and Communications	(**)	1 089 000	1 078 882,18
3005	ICT to support operational projects	(**)	5 042 000	5 844 767,95
3006	Build up and maintenance of the Crisis Centre	(**)	94 000	93 122,00
3007	Translations of scientific and technical reports and documents	(**)	50 000	188 342,00
				2 129 961,44
3008	Meetings to implement the work programme	(**)	2 235 000	93 889,00
3009	Country cooperation and partnership	(**)	452 000	189 443,73
3010	Scientific Library and Knowledge services	(**)	266 000	
	Title 3 — Total	**19 720 000**	**19 693 000**	**20 087 578,26**

(**) The amounts for Title III 2014 correspond to the changed Budget Line Descriptions for the period 2014-2020 and therefore cannot be reflected in this table

Figure 1. Budget expenditures 2013
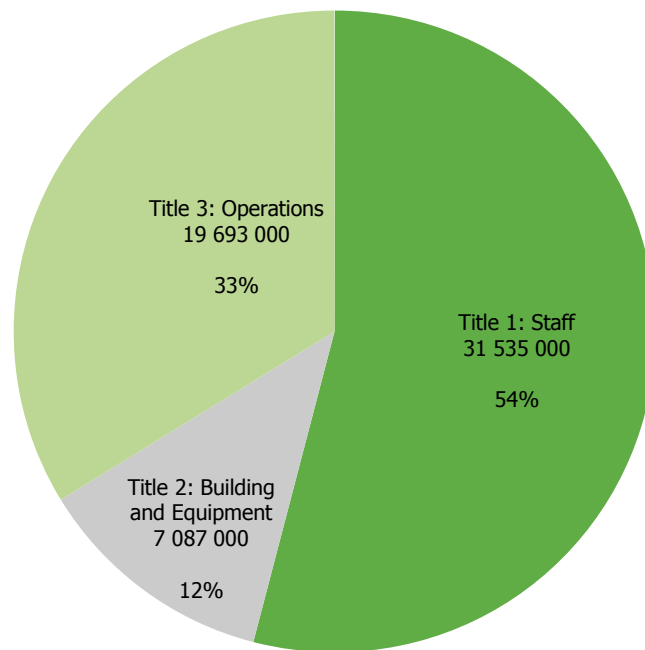
Externally assigned revenues in parallel to the core budget to implement the Work Programme

Budget line	Description	Appropriation	Executed commitment
B3-011	MediPIET	264,000.00	254,121.00
B3-012	DG ELARG GRANT 3 - ACTIONS WITH CANDIDATE AND POTENTIAL CANDIDATE COUNTRIES	246,465.43	188,054.00
B3-013	ADVANCE PROJECT - IMI	100,286.05	0.00
B3-014	DG DEVCO - ENPI GRANT	207,535.11	0.00
	Total	**818,286.59**	**442,175.00**

Annex 4. Activity based budget 2013

Targets	FTEs	Title 1	Title 2	Title 3	Total
Total Target 1 - Disease programmes	**56.2**	**5,996,041**	**1,029,756**	**7,034,000**	**14,059,796**
ARHAI	10.6	1,172,268	194,441	1,460,000	2,826,709
EVD	4.9	553,362	89,241	796,000	1,438,603
FWD	8.1	935,425	148,926	886,000	1,970,351
HSH	9.2	900,072	169,218	996,000	2,065,290
IRV	7.5	804,955	137,186	721,000	1,663,141
TB	6.1	580,585	111,895	751,000	1,443,480
VPD	9.8	1,049,372	178,849	1,424,000	2,652,221
Total Target 2 - Surveillance	**27.9**	**2,896,716**	**512,012**	**483,000**	**3,891,728**
Strategy 2.0	12.0	1,353,381	220,351	-	1,573,732
Strategy 2.1	9.0	826,020	164,403	358,000	1,348,424
Strategy 2.2	4.1	384,784	75,437	-	460,222
Strategy 2.3	0.8	94,949	13,987	-	108,936
Strategy 2.4	2.1	237,582	37,833	125,000	400,415
Total Target 3 - Scientific Advice	**22.4**	**2,402,930**	**425,893**	**1,881,100**	**4,709,924**
Strategy 3.0	3.1	398,910	56,750	-	455,660
Strategy 3.1	2.8	264,103	50,445	324,000	638,547
Strategy 3.2	6.8	750,258	124,277	965,000	1,839,535
Strategy 3.4	5.2	465,918	110,042	350,500	926,460
Strategy 3.5	4.6	523,741	84,380	241,600	849,721
Total Target 4 - Preparedness and Response	**20.6**	**2,219,566**	**378,426**	**778,634**	**3,376,626**
Strategy 4.1	6.2	636,726	113,890	380,000	1,130,616
Strategy 4.2	6.4	753,043	118,017	100,000	971,060
Strategy 4.3	2.9	370,279	53,655	205,000	628,934
Strategy 4.4	5.1	459,518	92,864	93,634	646,016
Total Target 5 - Training	**13.1**	**1,414,086**	**240,185**	**3,784,566**	**5,438,836**
Strategy 5.0	2.7	365,230	50,215	-	415,445
Strategy 5.1	6.9	673,402	126,570	3,194,566	3,994,538
Strategy 5.2	1.2	140,595	22,241	480,000	642,837
Strategy 5.3	2.2	234,859	41,158	110,000	386,017
Total Target 6 - Health Communication	**35.3**	**3,124,531**	**646,951**	**1,196,000**	**4,967,482**
Strategy 6.0	8.6	935,678	156,951	-	1,092,629
Strategy 6.1	14.3	1,109,992	262,770	666,000	2,038,762
Strategy 6.2	9.9	833,165	181,600	250,000	1,264,765
Strategy 6.3	2.5	245,696	45,629	280,000	571,325
Total Tagert 7 - Partnerships and Int. Relations	**9.2**	**943,564**	**168,531**	**550,700**	**1,662,795**
Strategy 7.1	2.9	260,710	52,737	300,000	613,447
Strategy 7.2	5.8	626,406	106,621	115,700	848,728
Strategy 7.3	0.5	56,448	9,172	135,000	200,620
Total Target 8 - Leadership	**18.1**	**1,759,724**	**752,475**	**25,000**	**2,537,199**
Strategy 8.0	6.0	586,620	110,061	-	696,681
Strategy 8.1	5.0	475,202	377,291	-	852,492
Strategy 8.2	7.1	697,902	265,124	25,000	988,026
Total Target 9 - Administration	**97.2**	**8,613,075**	**2,781,175**	**4,126,000**	**15,520,250**
Strategy 9.0	10.0	1,153,750	183,435	-	1,337,185
Strategy 9.1	15.2	1,281,009	278,821	-	1,559,830
Strategy 9.2	23.0	1,859,954	562,549	-	2,422,504
Strategy 9.3	26.2	2,326,882	600,057	4,090,000	7,016,939
Strategy 9.4	6.5	469,788	119,232	-	589,021
Strategy 9.5	4.5	353,269	82,546	-	435,815
Strategy 9.6	5.0	494,647	141,717	-	636,364
Strategy 9.7	1.0	182,908	48,343	-	231,251
Strategy 9.8	5.8	490,867	764,475	36,000	1,291,341
TOTALS	**299.9**	**29,370,233**	**6,935,403**	**19,859,000**	**56,164,636**

The FTES are based on the initial pestimation as ECDC has not yet a time tracking tool

Annex 5. ECDC staff summary 2013

Number of temporary agents (TA), contract agents (CA) and seconded national experts (SNE) per unit (as of 31 December 2013)

	TA	CA	SNE	Total
DIR	11	6	1	18
OCS	24	9	1	34
SRS	60	13	1	74
PHC	30	20	2	52
RMC	40	39	0	79
ICT	25	8	0	33
Total	**190**	**95**	**5**	**290**

Total number of staff (TA, CA, SNE: 2008–2013)
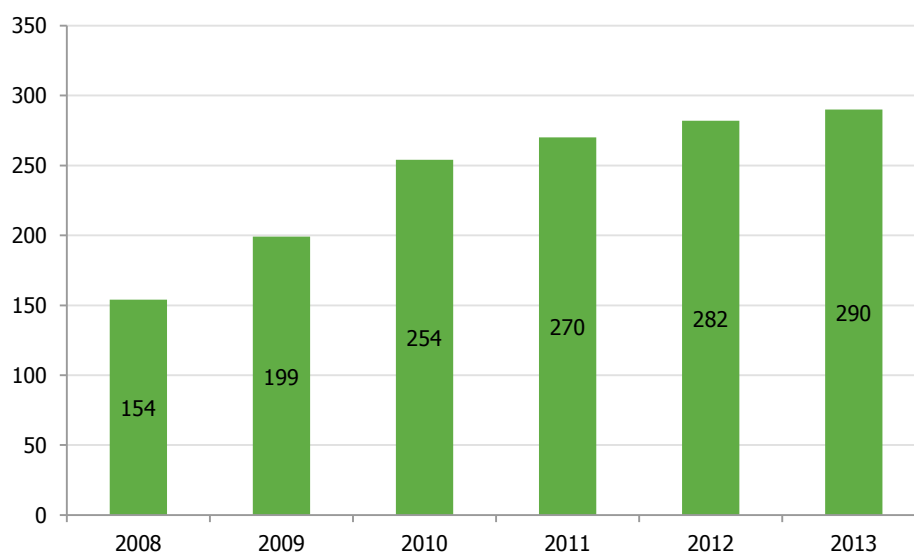
Gender balance

In total, the Centre employs 58% women and 42% men (TAs and CAs).

Total ECDC
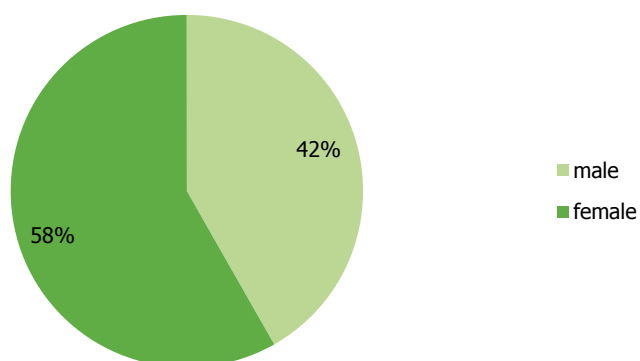
The gender balance is considered as important, and is taken into account by the appointing authority in recruitments. One of the organisational HR objectives is to further strength the gender balance in management positions (Proportion of women in the new appointments to Management posts (*Heads of Units/Deputy Heads of Units/Heads of Sections*) is aimed to be 50 %). The current gender balance is this category is 31% women and 69% men.

Moreover, the gender balance is taken into account when appointing selection committees in recruitment processes as to further strengthen the view of both genders and encourage a mixed collaboration in the important work of finding the most competent candidates.

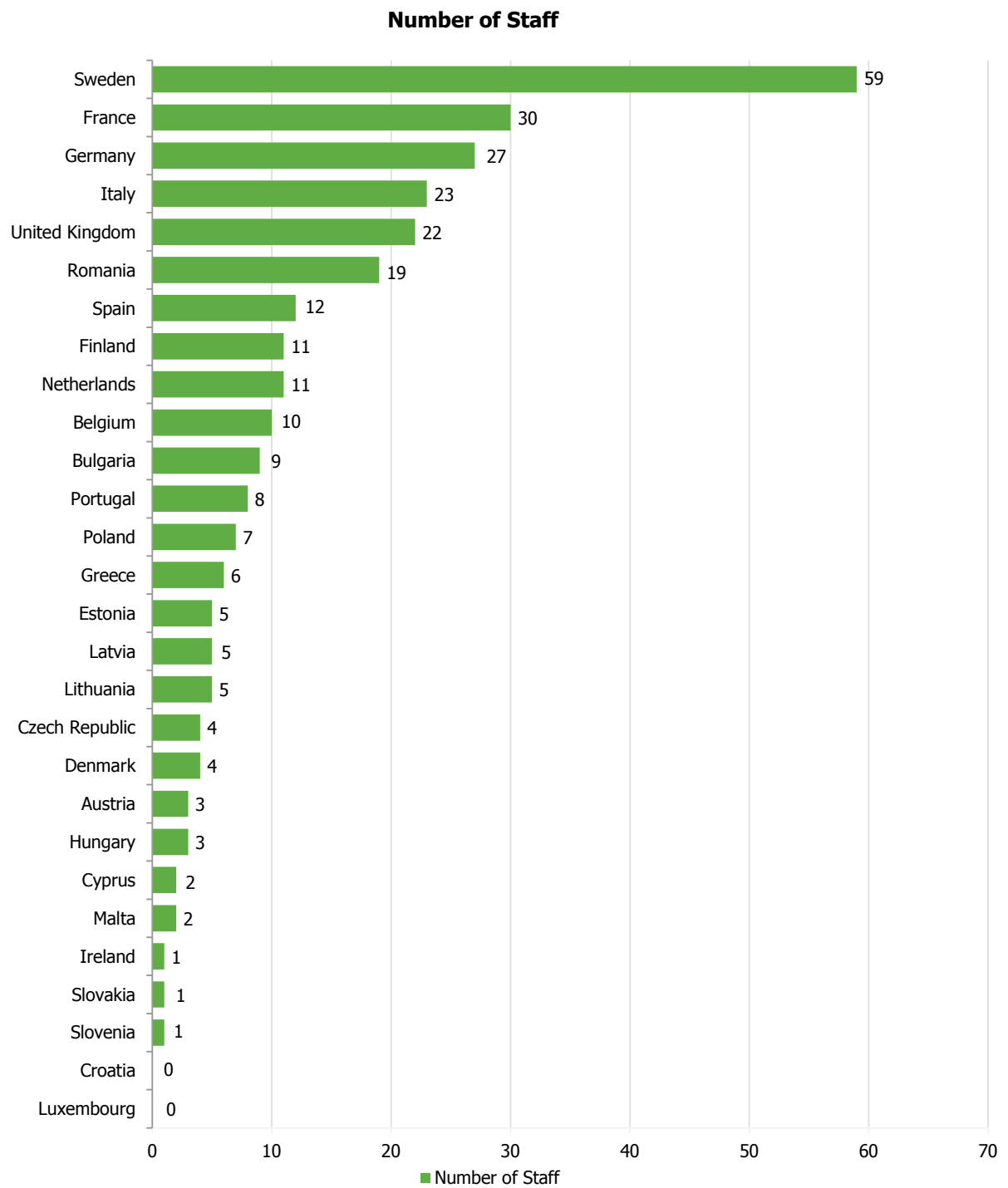The Centre is fully committed to the provision of equal opportunity for its entire staff through its employment practices. It is aiming at developing an environment taking into account diversity and ensuring that no one is treated inequitably due to gender, marital status, age, nationality, sexual preference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

Geographic balance in 2013: Number of statutory staff (TA and CA) at 31.12.2013[*]

Nationality	ECDC Staff							EU population (2012)	
	AST	AD	TA total	CA	SNE	Total	%	Total (in million)	%
Austria	0	1	1	2		3	1.0	8.3	1.6
Belgium	0	9	9	1		10	3.4	10.7	2.1
Bulgaria	2	4	6	3		9	3.1	7.6	1.5
Croatia	0	0	0	0		0	0.0	4.5	0.9
Cyprus	1	0	1	1		2	0.7	0.8	0.2
Czech Republic	0	2	2	2		4	1.4	10.5	2.1
Denmark	2	1	3	1		4	1.4	5.5	1.1
Estonia	1	1	2	3		5	1.7	1.3	0.3
Finland	2	8	10	1		11	3.8	5.3	1.1
France	4	16	20	10		30	10.3	64.3	12.8
Germany	7	14	21	6		27	9.3	82	16.3
Greece	0	3	3	2	1	6	2.1	11.2	2.2
Hungary	0	3	3	0		3	1.0	10	2.0
Ireland	1	0	1	0		1	0.3	4.5	0.9
Italy	6	12	18	5		23	7.9	60	11.9
Latvia	2	2	4	1		5	1.7	2.3	0.5
Lithuania	2	1	3	2		5	1.7	3.3	0.7
Luxembourg	0	0	0	0		0	0.0	0.5	0.1
Malta	0	2	2	0		2	0.7	0.4	0.1
Netherlands	2	6	8	2	1	11	3.8	16.4	3.3
Poland	2	1	3	3	1	7	2.4	38.1	7.6
Portugal	1	4	5	3		8	2.8	10.6	2.1
Romania	8	2	10	9		19	6.6	21.5	4.3
Slovakia	0	1	1	0		1	0.3	5.4	1.1
Slovenia	0	1	1	0		1	0.3	2	0.4
Spain	1	6	7	5		12	4.1	45.8	9.1
Sweden	12	18	30	28	1	59	20.3	9.2	1.8
United Kingdom	5	11	16	5	1	22	7.6	61.7	12.2
Total	61	129		95	5	290	100.00	503.7	100.0

[*]*On 31 December 2013, ECDC employed staff from 26 Member States.*

Balance per country in 2013

Number of Staff

Country	Number of Staff
Sweden	59
France	30
Germany	27
Italy	23
United Kingdom	22
Romania	19
Spain	12
Finland	11
Netherlands	11
Belgium	10
Bulgaria	9
Portugal	8
Poland	7
Greece	6
Estonia	5
Latvia	5
Lithuania	5
Czech Republic	4
Denmark	4
Austria	3
Hungary	3
Cyprus	2
Malta	2
Ireland	1
Slovakia	1
Slovenia	1
Croatia	0
Luxembourg	0

■ Number of Staff

Annex 6. Organisational structure

The organisation of ECDC has two key objectives:

- To enhance ECDC's focus on excellence
- To ensure the necessary cohesion and flexibility of ECDC as an organisation in order to maximise output from available resources.

ECDC's matrix organisation is composed of five units and seven 'horizontal' Disease Programmes. The Centre is led by the Director and the Director's office.
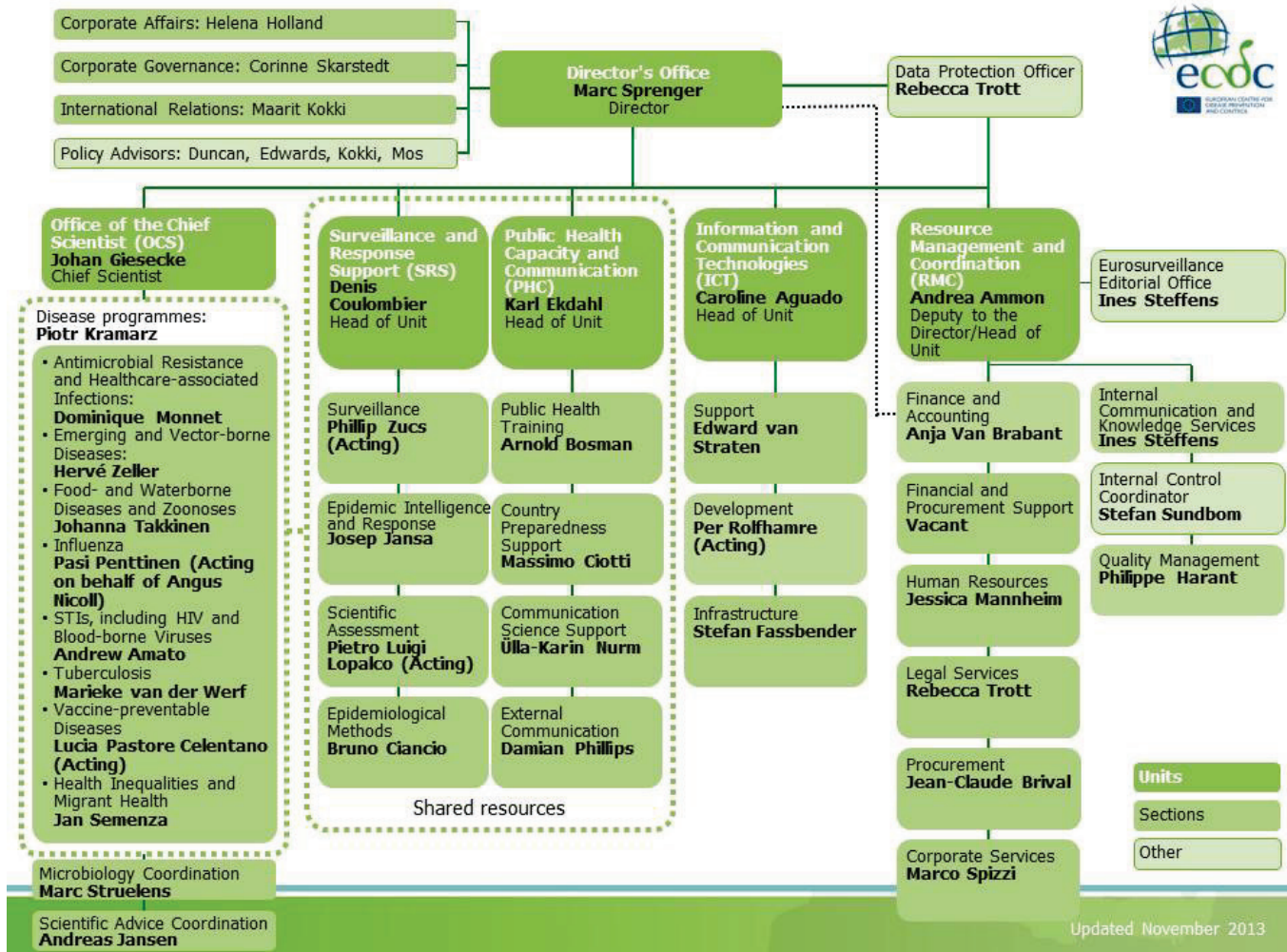
Annex 7. ECDC outputs published in 2013

1. Risk assessments

January

- Outbreak of cholera in Cuba, potential risk for European travellers

February

- Risk assessment on the impact of environmental usage of triazoles on the development and spread of resistance to medical triazoles in Aspergillus species
- Severe respiratory disease associated with a novel coronavirus
- Risk assessment: Seasonal influenza 2012/13 in Europe (EU/EEA countries)

April

- Severe respiratory disease associated with a novel influenza A virus, A(H7N9) China

May

- Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV)
- Human infection with a novel avian influenza virus, A(H7N9) – China
- Outbreak of hepatitis A virus infection in travellers returning from Egypt
- Joint ECDC-EFSA rapid outbreak assessment: Outbreak of hepatitis A virus infection in residents and travellers to Italy

June

- Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV)

July

- Severe respiratory disease associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- Outbreak of hepatitis A virus infection in Italy and Ireland
- Cyclovirus in cerebrospinal fluid of patients with central nervous system infection
- Invasive meningococcal disease among men who have sex with men

September

- Severe respiratory disease associated with Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- Wild-type poliovirus 1 transmission in Israel - what is the risk to Europe?
- Unusual increase in reported cases of paratyphoid A fever among travellers returning from Cambodia

October

- Wound botulism among people who inject heroin in Norway
- Suspected outbreak of poliomyelitis in Syria: Risk of importation and spread of poliovirus in the EU

November

- Severe respiratory disease associated with Middle East respiratory syndrome coronavirus (MERS-CoV)

December

- Autochthonous cases of chikungunya fever on the Caribbean island, Saint Martin
- Risk of introduction and transmission of wild-type poliovirus in EU/EEA countries following events in Israel and Syria
- Unusual increase of *Salmonella* Mikawasima infections in humans

2. Technical reports

January

- A literature review on effective risk communication for the prevention and control of communicable diseases in Europe
- Scientific guide of the European public health microbiology training programme

February

- STI and HIV prevention in men who have sex with men in Europe
- Review of outbreaks and barriers to MMR vaccination coverage among hard to reach populations in European countries
- External quality assurance scheme for *Haemophilus influenzae* 2011

May

- EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey
- Survey on rubella, rubella in pregnancy and congenital rubella surveillance systems in EU/EEA countries
- External quality assurance scheme for diphtheria diagnostics 2012

June

- Systematic review and evidence-based guidance on perioperative antibiotic prophylaxis
- Public health benefits of partner notification for sexually transmitted infections and HIV
- Monitoring recently acquired HIV infections in the European context

July

- Systematic literature review of evidence for effective interventions using theories and models of behaviour change to prevent and control communicable diseases
- Prevention of norovirus infection in schools and childcare facilities
- External Quality Assurance scheme for *Haemophilus influenzae*, 2012
- External quality assessment scheme 2011 for *Neisseria meningitides*
- ERLN-TB expert opinion on the use of the rapid molecular assays for the diagnosis of tuberculosis and detection of drug resistance
- West Nile virus risk assessment tool

August

- Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions

September

- External quality assurance scheme for *Streptococcus pneumoniae* – 2012

October

- Epidemiological situation of rickettsioses in EU/EFTA countries
- Scientific advice on type F botulism
- Health inequalities, the financial crisis, and infectious disease in Europe
- External quality assurance scheme for *Neisseria meningitidis*, 2012

November

- Environmental risk mapping: *Aedes albopictus* in Europe
- Carbapenemase-producing bacteria in Europe
- Review of the scientific literature on drivers and barriers of seasonal influenza vaccination coverage in the EU/EEA

December

- STI laboratory diagnostics in Europe
- A comprehensive approach to HIV/STI prevention in the context of sexual health in the EU/EEA
- Fourth external quality assessment scheme for *Salmonella* typing

3. Technical documents

March

- Core competencies for infection control and hospital hygiene professionals in the European Union
- Surveillance of communicable diseases in Europe - a concept to integrate molecular typing data into EU-level surveillance

April

- Diagnostic preparedness in Europe for detection of avian influenza A(H7N9) viruses
- Generic study protocol on the impact of rotavirus vaccination
- Generic study protocol for retrospective case control studies based on computerised databases
- Generic study protocol for retrospective cohort studies based on computerised databases

May

- Proposed interim case definition and case finding algorithm for reporting patients infected by the avian influenza A(H7N9) virus in EU/EEA Member States

December

- HELICSwin.Net (HWN) 1.3.8 user manual

4. Surveillance reports

March

- Annual Epidemiological Report 2012
- Tuberculosis surveillance and monitoring in Europe 2013
- Surveillance of antimicrobial consumption in Europe, 2010
- Gonococcal antimicrobial susceptibility surveillance in Europe 2011

April

- Legionnaires' disease in Europe, 2011
- The European Union Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents (EFSA)
- Joint ECDC-EFSA assessment - Outbreak of hepatitis A virus infection in four Nordic countries

May

- The European Union Summary Report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2011 (EFSA)

July

- Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals 2011-2012
- Hepatitis B and C surveillance report, 2006-2011

September

- Surveillance of six priority food- and waterborne diseases in the EU/EEA
- Sexually transmitted infections in Europe 2011

October

- Surveillance of surgical site infections in Europe 2010 - 2011

November

- HIV/AIDS surveillance in Europe 2012
- Antimicrobial resistance surveillance in Europe 2012

December

- Annual Epidemiological Report 2013
- Surveillance of invasive bacterial diseases in Europe 2010
- Surveillance of invasive bacterial diseases in Europe 2011

5. Guidance reports

December

- Investigation and control of tuberculosis incidents affecting children in congregate settings

6. Meeting reports

January

- Responses to HIV and migration in western industrialised countries: current challenges, promising practices, future directions
- Third European Legionnaires' disease surveillance network (ELDSNet) annual meeting

February

- Assessing the risk of communicable diseases transmissible through substances of human origin

July

- Annual EuroCJD network meeting 2013

October

- Individual decision-making and childhood vaccination

November

- Expert consultation on scientific evidence linked to polio virus in Israel and Syria

7. Mission reports

January

- Joint technical mission: HIV in Greece

March

- ECDC mission related to West Nile virus infection in Greece, 2012
- Dengue outbreak in Madeira, Portugal, October - November 2012

April

- Joint WHO-ECDC mission related to local malaria transmission in Greece, 2012
- Country mission Finland: HIV, sexually transmitted infections, and hepatitis B and C

July

- Tuberculosis in Latvia, 22 –26 October 2012

November

- Country mission Latvia: Antimicrobial resistance
- Country mission Latvia: HIV, STI and hepatitis B and C
- Country mission Latvia: Surveillance and early detection and response systems

8. Corporate publications

June

- Annual Report of the Director 2012
- Highlights from the Annual Report of the Director - Achievements, challenges and major outputs 2012

August

- Long-term Surveillance Strategy 2014–2020

9. Special reports

May

- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Background and methods
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Leadership and resources (full report and evidence brief)
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: HIV treatment, care and support (full report and evidence brief)
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Sex workers

September

- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Migrants (full report and evidence brief)
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Civil society (full report and evidence brief)
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Stigma and Discrimination
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Combined reporting
- Monitoring implementation of the European Commission Communication and Action Plan for combating HIV/AIDS in the European Union and neighbouring countries

October

- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Men who have sex with men (full report and evidence brief)
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: People who inject drugs (full report and evidence brief)
- Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress - Thematic report: Prisoners (full report and evidence brief)

10. Joint scientific opinion

September

- Scientific opinion on the possible risks posed by the influenza A (H3N2v) virus for animal health and its potential spread and implications for animal and human health

11. Regular publications

- Weekly/Bi-weekly influenza surveillance overview (40 issues in 2013)
- Influenza virus characterisation, summary Europe (8 issues in 2013: published in January, February, April, May, June, July, August, October)
- Measles and rubella monitoring (4 issues in 2013: February, April, May, August)
- Communicable disease threats report (52 issues in 2013)

Annex 8. Members and Alternates of the ECDC Management Board

Members and Alternates			
Austria	Dr Pamela Rendi-Wagner		Member
	Dr Reinhild Strauss		Alternate
Belgium	Dr Daniel Reynders		Member
			Alternate[11]
Bulgaria	Dr Angel Kunchev		Member
	Mr Cvetan Stoevski		Alternate
Croatia	Dr Marijan Erceg[12]		Member
	Dr Tamara Poljičanin[13]		Alternate
Cyprus	Mr Costas Stiggas		Member
	Dr Irene Cotter		Alternate
Czech Republic	Prof Dr Roman Prymula		Member
	Dr Jozef Dlhý		Alternate
Denmark	Dr Else Smith		Member
	Dr Dorte Hansen Thrige		Alternate
Estonia	Dr Tiiu Aro (Deputy Chair)		Member
	Mr Martin Kadai		Alternate
Finland	Dr Anni Virolainen-Julkunen		Member
	Dr Taneli Puumalainen		Alternate
France	Dr Françoise Weber (Chair)		Member
	Ms Anne-Catherine Viso		Alternate
Germany	Mr Franz J Bindert[14]		Member
	Dr Gesa Lücking		Alternate
Greece	Dr Antonis P Vasilogiannakopoulos		Member
			Alternate[15]
Hungary	Dr Hanna Páva		Member
	Dr Beatrix Oroszi		Alternate
Ireland	Dr Colette Bonner		Member
	Ms Nuala O'Reilly		Alternate
Italy	Dr Giuseppe Ruocco		Member
	Dr Maria Grazia Pompa		Alternate
Latvia	Dr Inga Šmate		Member
	Dr Dzintars Mozgis[16]		Alternate
Lithuania	Dr Audrius Ščeponavičius		Member
	Dr Saulius Čaplinskas		Alternate
Luxembourg	Dr Robert Goerens		Member
	Dr Pierre Weicherding		Alternate
Malta	Mr Mario Camilleri		Member
	Dr Mariella Borg Buontempo		Alternate
Netherlands	Prof Marianne Donker		Member
	Dr Philip van Dalen		Alternate
Poland	Dr Pawel Gorynski		Member
	Mr Michał Ilnicki		Alternate
Portugal	Dr Maria da Graça Gregorio de Freitas		Member

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[11] Mr Chris Vander Auwera retired on 1 November 2013, new nomination is pending
[12] Appointed Member as of November 2013
[13] Appointed Alternate as of November 2013
[14] Mr Franz J Bindert retired on 1 November 2013
[15] New nomination is pending
[16] Appointed Alternate in replacement of Ms Iveta Cīrule as of April 2013

Members and Alternates			
	Dr Paula Vasconcelos		Alternate
Romania	Prof Alexandru Rafila		Member
	Dr Adriana Pistol		Alternate
Slovak Republic	Dr Ján Mikas		Member
	Prof Ivan Rovný		Alternate
Slovenia	Dr Mojca Gobec		Member
	Dr Marija Magajne		Alternate
Spain	Dr Karoline Fernández de la Hoz		Member
	Dr Inmaculada Navarro Pérez		Alternate
Sweden	Dr Johan Carlson		Member
	Ms Anita Janelm		Alternate
United Kingdom	Ms Helen Shirley-Quirk[17]		Member
	Dr Ailsa Wight		Alternate
European Parliament	Prof Minerva-Melpomeni Malliori		Member
	Prof Dr Jacques Scheres		Member
			Alternate[18]
European Commission	Mr Martin Seychell		Member
	Mr John F Ryan		Member
	Ms Isabel de la Mata Barranco		Alternate
	Ms Herta Adam		Alternate
	Ms Line Matthiessen-Guyader		Member
	Mr Cornelius Schmaltz[19]		Alternate
EEA/EFTA			
Iceland	Dr Sveinn Magnússon		Member
	Ms Áslaug Einarsdóttir		Alternate
Liechtenstein	Dr Sabine Erne		Member
Norway	Mr Jon-Olav Aspås[20]		Member
	Mr Karl-Olaf Wathne		Alternate

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[17] Appointed Member in replacement of Ms Clara Swinson as of January 2013
[18] New nomination is pending
[19] Appointed Alternate in replacement of Dr Anna Lönnroth as of May 2013
[20] Appointed Member in replacement of Mr Jan Berg as of February 2013

Annex 9. Members and Alternates of the ECDC Advisory Forum

Members and Alternates			
Austria	Prof Dr Petra Apfalter		Member
	Prof Dr Franz Allerberger		Alternate
Belgium	Prof Dr Herman Van Oyen		Member
	Dr Sophie Quoilin		Alternate
Bulgaria	Prof Mira Kojouharova		Member
	Dr Radosveta Filipova		Alternate
Croatia	Dr Sanja Kurečić Filipović[21]		Member
	Dr Aleksandar Šimunović[22]		Alternate
Cyprus	Dr Niki Paphitou		Member
	Dr Ioanna Gregoriou		Alternate
Czech Republic	Dr Jan Kynčl		Member
	Dr Kateřina Fabiánová		Alternate
Denmark	Dr Kåre Mølbak		Member
	Dr Tyra Grove Krause		Alternate
Estonia	Dr Kuulo Kutsar		Member
	Dr Natalia Kerbo		Alternate
Finland	Dr Mika Salminen[23]		Member
	Dr Outi Lyytikäinen		Alternate
France	Dr Jean-Claude Desenclos		Member
			Alternate[24]
Germany	Dr Osamah Hamouda[25]		Member
	Dr Andreas Gilsdorf		Alternate
Greece	Prof Jenny Kremastinou		Member
	Dr Sotirios Tsiodras[26]		Alternate
Hungary	Dr Ágnes Csohán		Member
	Ms Emese Szilágyi[27]		Alternate
Ireland	Dr Darina O'Flanagan		Member
	Dr Derval Igoe		Alternate
Italy	Dr Silvia Declich		Member
	Dr Giuseppe Ippolito		Alternate
Latvia	Dr Jurijs Perevoščikovs		Member
	Dr Irina Lucenko		Alternate
Lithuania	Dr Loreta Ašoklienė		Member
	Ms Nerija Kuprevičienė[28]		Alternate
Luxembourg	Dr Robert Hemmer		Member
			Alternate[29]
Malta	Dr Charmaine Gauci		Member
	Dr Tanya Melillo Fenech		Alternate
Netherlands	Prof Dr Jaap van Dissel		Member[30]

[21] Appointed Member as of November 2013
[22] Appointed Alternate as of November 2013
[23] Appointed Member in replacement of Professor Petri Ruutu as of June 2013
[24] New nomination pending
[25] Appointed Member in replacement of Dr Gérard Krause as of November 2013
[26] Re-appointed Alternate as of November 2013
[27] Appointed Alternate in replacement of Dr Ágnes Hajdu as of July 2013
[28] Appointed Alternate in replacement of Dr Rolanda Valintėlienė as of January 2013
[29] New nomination pending
[30] The official nomination was received in the ECDC Corporate Governance Secretariat in February 2014; however, Prof Dr Jaap van Dissel participated in the Thirty-sixth Advisory Forum meeting in December 2013 as a newly appointed Member.

Members and Alternates				
	Dr Marianne van der Sande		Alternate	
Poland	Dr Malgorzata Sadkowska-Todys[31]		Member	
	Dr Magdalena Rosińska[32]		Alternate	
Portugal	Prof José Manuel Calheiros		Member	
	Dr Ana Maria Correia		Alternate	
Romania	Dr Florin Popovici		Member	
	Dr Amalia Serban		Alternate	
Slovak Republic	Dr Mária Avdičová		Member	
	Prof Henrieta Hudečková		Alternate	
Slovenia	Dr Irena Klavs		Member	
	Dr Marta Grgič-Vitek		Alternate	
Spain	Dr Fernando Simón Soria		Member	
	Dr Rosa Cano-Portero		Alternate	
Sweden	Dr Anders Tegnell		Member	
	Dr Birgitta Lesko		Alternate	
United Kingdom	Prof Mike Catchpole		Member	
			Alternate[33]	
Observers				
Iceland	Dr Haraldur Briem		Member	
EEA, EU Candidate Country	Dr Guðrún Sigmundsdóttir		Alternate	
Liechtenstein EEA	Dr Sabine Erne		Member	
Montenegro EU Candidate Country	Dr Zoran Vratnica			
Norway	Dr Hanne Nøkleby		Member	
EEA	Dr Karin Nygård		Alternate	
Serbia[34] EU Candidate Country				
FYROM[35] EU Candidate Country				
Turkey EU Candidate Country	Dr Elif P Ekmekçi			
Non-governmental organisations				
Standing Committee of European Doctors	Prof Dr Reinhard Marre		Member	
Pharmaceutical Group of European Union	Prof José Antonio Aranda da Silva		Alternate	
European Public Health Association	Dr Aura Timen[36]		Member	
European Society of Clinical Microbiology and Infectious Diseases			Alternate[37]	
European Patients' Forum	Ms Jana Petrenko		Member	
European Federation of Allergy and Airways Diseases Patients' Association	Prof Anna Doboszyńska		Alternate	

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[31] Appointed Member in replacement of Professor Andrzej Zielinski as of August 2013
[32] Appointed Alternate in replacement of Dr Malgorzata Sadkowska-Todys as of August 2013
[33] New nomination pending
[34] New nomination pending
[35] New nomination pending
[36] Appointed Member in replacement of Dr Ruth Gelletlie as of August 2013
[37] New nomination pending

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Annex 10. List of Coordinating Competent Bodies

In 2010, ECDC decided to strengthen and simplify its way of working with the Member States. A new process has been introduced in 2011 with the nomination of one Coordinating Competent Body (CCB) in each of the EU/EEA Member States. For each EU/EEA Member State, one Coordinating Competent Body and one National Coordinator, acting as the main entry point for interactions between the country and ECDC, have been identified.

Country	
Austria	Federal Ministry of Health Directorate General Public Health and Medical Affairs Radetzkystrasse 2 1031 Wien http://www.bmg.gv.at/ +431711004637
Belgium	Scientific Institute of Public Health Juliette Wytsmanstreet 14 1050 Brussels http://www.wiv-isp.be/ +3226425111
Bulgaria	National Centre of Infectious and Parasitic Diseases Yanko Sakazov Blvd. 26 1504 Sofia http://www.ncipd.org +35929442875
Croatia[38]	Croatian National Institute of Public Health Rockefellerova 7 10000 Zagreb http://hzjz.hr/ +38514683010
Cyprus	Ministry of Health Directorate of Medical and Public Health Services Prodromou str. 1 1449 Nicosia http://www.moh.gov.cy/moh/moh.nsf/index_en/index_en +35722605650
Czech Republic	National Institute of Public Health Šrobárova 48 10042 Praha 10 http://www.szu.cz +420267082295
Denmark	Danish Health and Medicines Authority Axel Heides Gade 2300 Copenhagen S http://sundhedsstyrelsen.dk/en +4572227400
Estonia	Health Board Paldiski Road 81 10617 Tallinn http://www.terviseamet.ee/ +3726943500
Finland	National Institute for Health and Welfare Mannerheimintie 166 00271 Helsinki http://www.thl.fi +358206106000
France	Institute for Public Health Surveillance 12 rue du Val d'Osne 94415 Saint-Maurice cedex http://www.invs.sante.fr/ +33141796700

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[38] Member of the European Union, 1 July 2013

Country

Germany
Robert Koch Institute
Nordufer 20
13353 Berlin
http://www.rki.de
+4930187540

Greece
Hellenic Center for Disease Control and Prevention
Agrafon street 3-5
15123 Marousi
http://www.keelpno.gr/en/
+302105212870

Hungary
National Centre for Epidemiology
Albert Flórián út 2-6
1097 Budapest
http://www.oek.hu
+3614761194

Iceland
Centre of Health Security and Communicable Disease Prevention
Directorate of Health
Austurströnd 5
170 Seltjarnarnes
http://www.landlaeknir.is
+3545101900

Ireland
Health Protection Surveillance Centre
25-27 Middle Gardiner Street
1 Dublin
http://www.hpsc.ie
+35318765300

Italy
Ministry of Health
Viale Giorgio Ribotta, 5
00144 Rome
http://www.salute.gov.it
+390659946115

Latvia
Centre for Disease Prevention and Control
Duntes street 22
1005 Riga
http://spkc.gov.lv
+37167501590

Liechtenstein
Principality of Liechtenstein
Äulestrasse 51
9490 Vaduz
http://www.ag.llv.li
+4232367334

Lithuania
Ministry of Health
Public Health Department
Vilniaus street 33
LT 01506 Vilnius
http://www.sam.lt
+37052661466

Luxembourg
Ministry of Health
Health Directorate
5A, Rue De Prague
2348 Luxembourg
http://www.ms.public.lu/fr/
+35224785550

Malta
Ministry for Health, the Elderly & Community Care
Superintendence of Public Health
5B, The Emporium
C. Debrockdorff Street
MSD1421 Msida
https://ehealth.gov.mt
+35623266109

Netherlands
National Institute for Public Health and the Environment
Centre for Infectious Disease Control
Antonie van Leeuwenhoeklaan 9
3720 BA Bilthoven
http://www.rivm.nl
+31302742767

Country

Norway	Norwegian Institute of Public Health Division of Infectious Disease Control PO BOX 4404 Nydalen 0403 Oslo http://www.fhi.no +4721077000
Poland	National Institute of Public Health - National Institute of Hygiene 24 Chocimska Street 00791 Warsaw http://www.pzh.gov.pl +48228497612
Portugal	Ministry of Health Directorate General of Health Alameda D. Afonso Henriques, 45 1049-005 Lisboa www.dgs.pt +351218430500
Romania	National Institute of Public Health National Centre for Communicable Diseases Surveillance and Control Dr. Leonte Anastasievici 1-3, Sector 5 050463 Bucharest http://www.insp.gov.ro +40213183612
Slovak Republic	Public Health Authority of Slovak Republic Trnavská cesta 52 82645 Bratislava http://www.uvzsr.sk +421244372906
Slovenia	National Institute of Public Health Centre for Communicable diseases Trubarjeva, 2 1000 Ljubljana http://www.ivz.si +3861244410
Spain	Ministry of Health, Social Services and Equality General Directorate of Public Health Paseo del Prado 18-20, 7 planta 28071 Madrid http://www.mspsi.es +34915962062
Sweden	Swedish Institute for Communicable Disease Control Nobels väg 18 17182 Solna http://www.smi.se/ +46102052000
United Kingdom	Public Health England Centre for Infectious Disease Surveillance and Control Colindale Avenue 61 NW95EQ London http://www.hpa.org.uk +442082004400

Annex 11. Negotiated procedures launched in 2013 with a value above €60 000

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

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

The negotiated procedures based on this article were the following in 2012:

Number	Title of contract	Contractor	Amount (€)	Motivation
ECDC/2013/003	External Legal Services	Ashurst	€ 70 000	In 2012 the contract for external legal services with Ashurst expired. As they were advisers in certain ongoing litigation, it was deemed prudent from a business continuity (and thus financial) perspective to contract for them to continue their services in relation to these specific cases.
RMC-13-0039	Canteen Services	Restaurang Greven AB	€336 000	Following an open call for tender, no tenders were received so a negotiated procedure was launched.
NP/2013/001	Provision of Conference and Multimedia Equipment and Services in ECDC	Electrosonic AB	€ 1 200 000	Following an open call for tender, the tenders received were unsuccessful so a negotiated procedure was launched.

Annex 12. Management and internal control systems

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

Scientific advice

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

Disease surveillance

The main objective of EU surveillance is to integrate data collection systems and to establish European standard case reporting. The surveillance data are analysed to monitor trends and provide decision makers with timely and reliable data as a basis for public health decisions. These activities face risks such as receiving data too late for any action potentially required, receiving inaccurate data or making mistakes in data analysis or interpretation. These risks are addressed by carefully planning the data calls long in advance, with clear deadlines, and by closely following up the data submissions and ensuring that reminders are sent; by only accepting data from authorised persons (nominated by a Competent Body); by at least two iterations of data validation prior to data analysis and another one prior to publication; and by a rigorous internal clearance involving multiple senior reviewers.

Preparedness and response

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

Health communication

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

External relations

An important task for ECDC is to ensure good cooperation and coordination with EU Institutions, Member States, third countries, international partners, and other relevant stakeholders. ECDC is part of the wider EU family, and works closely with the European Commission, in particular with its partner the Directorate-General for Health and Consumers. As regards its relations with non-EU countries ECDC works according to the existing EU policies in

close collaboration with the aforementioned Directorate-General. A relationship with the EU Member States establishes the basis of our work, and therefore the relationship is very close in all areas of ECDC activities, from surveillance to training. ECDC works closely with the WHO European Regional Office, and during the last year the focus has been on better coordination and avoidance of duplication. This has been achieved by regular contact between technical counterparts, and meetings of the joint coordination committee twice a year. Our relations with other stakeholders, e.g. learned societies, have grown from mutual interests and usually take the form of ECDC support to annual meetings.

In external relations, there is a reputational risk dependant on how ECDC and its collaboration with external partners is perceived. There is also a risk that the cooperation creates more burden than it adds value, and that ECDC acts in an imbalanced way between countries. ECDC can also fall into a risky situation by choosing inappropriate collaborating partners regarding our mandate, outputs, and resources. In order to mitigate possible risks and to ensure effective coordination, ECDC and the Directorate-General for Health and Consumers have respective liaison officers and established regular meetings at all levels (technical and management). In 2012, ECDC introduced a new way of working with EU Member States and EEA/EFTA countries through one national Coordinating Competent Body with the National Coordinator and with the EU enlargement countries through the National Correspondent. The Customer Relation Management System (CRM) for contact maintenance and nominations was made available to Member States in November 2013.

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

Resource management, including ICT

The main objective of resource management is to provide ECDC with the necessary expertise and support for the efficient functioning of the Centre in order to facilitate the successful achievement of the objectives of its operational units and the implementation of the Centre's mandate. The main risks lie in failing to deliver correct and/or timely support in its fields of expertise which include human and financial resources, ICT infrastructure and services, mission and meetings, buildings and logistics, legal advice and internal control coordination. ECDC has therefore introduced a number of procedures and reporting requirements to make sure the support provided is correct and timely, e.g. a detailed yearly recruitment plan monitored by monthly reporting to the senior management team, procedures and monthly reporting for commitments and payments, and a committee for procurement, Contracts and Grants (see also description of Internal Control System below).

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

2 Management and control systems

Management supervision

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

Quality management and planning activities are a crucial part of the ECDC management and control system. ECDC has a multiannual strategic work programme for the period 2007–2013. An Annual Work Programme is adopted each year by the Management Board in order to implement the multiannual programme objectives. A new strategic multiannual programme (SMAP 2014–2020) has now been approved and will be implemented for the next seven years. A set of indicators is reported each year to the Management Board to assess the implementation of the multiannual programme. The Annual Work Programme is monitored internally on a quarterly basis and its implementation reported to the Management Board in the Annual Report of the Director. During the year, discrepancies are discussed with the Units and Programmes and corrective actions are taken as necessary.

The Management Information System provides a reliable and up-to-date overview on the Work Programme implementation across the organisation. A comprehensive set of reports provides an overview for day to day management of the activities.

Since 2012, a dashboard has been developed and sent internally on a monthly basis to Units and Disease Programmes to raise awareness on key data, such as commitments, payments, recruitments and implementation of the Work Programme.

In 2013, the Director of ECDC, as Authorising Officer (AO), delegated financial responsibility to the five Heads of Unit, (Authorising Officers by Delegation (AOD)). The Heads of Units in turn delegated, but only in their absence, to the Deputy Heads of Unit. Should the Deputy Head of Unit be unavailable, the authority returns to the Director. Thereby, a very limited number of persons act as AO/AOD in ECDC. The AODs can enter into budgetary and legal commitments and authorise payments. However, all commitments above €250.000 require the signature of the Director.

For the expenditure of 2013, the AODs signed a Declaration of Assurance to the AO, similar to the one signed by the AO himself, for the area for which they have been delegated responsibility.

Internal control system

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

Internal control standards

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

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

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

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

A review of the implementation of the ICS was performed as part of the work for the annual report 2013. The results were discussed and validated by ECDC management. One of the standards (ICS number 14) has been partly implemented, regarding evaluation of activities, while the rest are mostly implemented or implemented. Work will continue in 2014 on the outstanding actions not yet in place, in order to make sure all ICS are implemented.

Internal procedures, director's decisions and implementing rules

The internal control system also includes a number of internal procedures. The internal procedures are approved by the Director of the Centre and include, for example, financial workflows for commitments and payments, guidance on conflicts of interests, a code of good administrative behaviour and the procurement procedures to follow. New internal procedures are introduced when necessary and existing procedures revised with regular intervals. In 2013, new procedures were put in place for requesting security clearances, budget transfers and internal selection processes. A number of procedures were also revised, such as the internal procedures for Traineeships, Recording and Correction of Internal Control and Quality Weaknesses, and ECDC's interactions with Coordinating Competent Bodies in EU/EEA Member States.

There are also a number of Director's decisions made regarding policies/rules. In 2013 decisions were introduced regarding e.g. ECDC's internal communications strategy, the allocation and private usage of mobile communication devices and the establishment of the pilot survey and questionnaire committee.

Certain implementing rules on the Staff Regulations are also adopted. These cover issues such as pensions, allowances and leave. In 2013, no new implementing rules were introduced.

Authorisation and registration of exceptions

In accordance with ICS 8, ECDC has a procedure in place to ensure that overrides of controls or deviations from established processes and procedures are documented in exception reports, justified, duly approved before action is taken and logged centrally.

In 2013, 44 such exceptions were recorded (an increase of three from 2012 and the same number as for 2011).

Centralised support and control functions

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

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

Centralised financial ex-ante verifications are performed for all commitments and payments, spilt into ex-ante verification of commitments by the Budget Officer and ex-ante verification of payments by the Financial Verification Officer for payments.

Furthermore, a centralised Financial and Procurement Support Section is in place. This Section groups all the resource officers and the financial assistants in ECDC, providing the first line support to the authorising officers (AO/AOD) on procurement and financial matters.

Internal control coordinator

Since 2009, the internal control system has been reinforced by the establishment of the role of Internal Control Coordinator. This role includes working with designing, promoting, facilitating and monitoring the implementation of internal control, and risk assessment systems in ECDC. It is also a central point for coordinating the work with Internal Procedures, contacts with the Audit Committee and to ensure a proper follow-up of all audit recommendations. In 2013, e.g. Ex-Post Verifications of Financial Transactions were performed, Risk Assessment Workshops for middle management were facilitated, and the Risk Assessment Exercise for the annual work programme 2014 was coordinated.

Risk assessments and risk management

On 5 February 2013, ECDC performed a Management Risk Self-Assessment Workshop. The risk workshop included middle management (Heads of Section), and was based on the standard methodology used in previous senior management workshops. It was decided that after having had four senior management workshops (in 2008, 2009, 2011 and 2012) it would be useful to have the additional input of middle management. On 11 March 2013, an additional workshop was performed as part of the ECDC Managers Meeting.

The risk assessment workshops identified some areas for further improvements, such as decision making being effective and efficient, organisational structure corresponding to the Agency's needs and the financial circuits being efficient and effective. The identified issues are being addressed by ECDC.

Also, as part of the preparation of the Work Programme 2014, a specific risk assessment exercise was performed by strategy. The 'high' unmitigated risks identified were included in a risk register and an action plan was prepared. The main risks identified were also included in the Work Programme 2014 itself.

Data protection

The main objective in this field is to develop data protection awareness through training and to ensure proper notification of personal data processing operations to verify that adequate security measures for processing personal data are in place.

Following up on the visit of the European Data Protection Supervisor (EDPS) in June 2012 at ECDC, the Centre's Data Protection Officer (DPO) continued assisting in-house data controllers in updating the inventory and the register of personal data processing operations, the result being the Centre achieving a 100% and 96% notifications level to the EDPS and the DPO respectively. The EDPS in its General Report referred to ECDC as a 'success story' among EU institutions and bodies.

Promoting a proactive approach, as from 2013 all newcomers at ECDC receive a basic training session on data protection as part of their induction programme, in collaboration with the Learning & Development section.

The role of the DPO has been further reinforced with a Director's Decision on the consolidation of the DPO function and adoption of reporting mechanisms in case of non-compliance with data protection legislation.

Ex-post verifications

In 2011, a Grant Verification Policy was approved. The policy took into consideration the experiences of the two ex-post verifications performed in 2009. The policy attempted to find an effective and efficient mix of control activities, such as audit certificates, external audits and own verification missions. A specific Grant Verification Plan (GVP) for 2012 was also developed and approved. Unfortunately the implementation of the GVP 2012 was postponed, given the lack of access to the EC Audit Framework Contract. In 2013, the Grant Verification Policy was updated, with the intention of strengthening the controls of grants, but also the timing was changed. A Grant Verification Plan for 2013 will therefore be developed in Q1 2014, including the audits selected for the GVP 2012. Thereby, all the planned verifications for 2012 and 2013 will be performed in 2014.

In December 2011, a new policy on Ex-Post Verifications of Financial Transactions was approved to be implemented as from 2012. An Ex-Post Plan (EPP) for Financial Transactions 2012 was developed, in which it was decided to focus on operational expenditure (Title III) in 2012. The final report was issued in June 2013 and an action plan has been developed. For 2013, it was decided in the EPP 2013 to focus on administrative and infrastructure related expenditure (Title II). The final report was issued in February 2014, to be available in time for the Director's Declaration of Assurance.

Audit committee

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

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

The Mandate of the Audit Committee was revised in 2012, and it was decided by the Management Board in November 2012 to increase the number of members of the Audit Committee from 6 to 8. This was mainly done to reinforce participation in the meetings, so that the Committee can continue to fulfil its important role in the oversight of ECDC.

In 2013, the Audit Committee had three meetings. In each of these meetings it received, among other things, an update on the audits performed, including management's response and actions taken, as well as an update on the status of all open observations.

3 Follow-up of audit work and previous reservations

European Court of Auditors

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

ECDC received an unqualified[39] opinion for 2012, indicating that the accounts are reliable and the transactions underlying the accounts are legal and regular.

In total, there were five comments raised by the ECA regarding the 2012 annual accounts. three of them regarding the Framework Contract from 2009, already dealt with the year before, one regarding a lack of ex-post verification of grants and one regarding carry-overs in operational expenditure (Title III) being high but reflecting the multiannual nature of activities.

All of these issues are being addressed by ECDC. A number of actions have already been taken last year regarding the issues on the Framework Contract, e.g. the new Framework Contract is now being managed by one Authorising Officer only, and all the consumption is being monitored by one resource officer.

Regarding ex-post verifications of grants the Grant Verification Policy has been revised. All ex-post verifications planned for 2012 will be performed together with the grant verifications for 2013. Thereby there will be no reduction in the controls performed.

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[39] Unqualified audit opinion - The auditor's report contains a clear written expression of opinion on the financial statements or the legality and regularity of underlying transactions as a whole. An unqualified opinion is expressed when the auditor concludes that, on the whole, the underlying transactions are legal and regular and the supervisory and control systems are adequate to manage the risk.

The ECA audit of the 2013 annual accounts is ongoing. The draft report will be available in June 2014. The first part of the audit was performed in October 2013 and the second part will be performed in April 2014.

Internal audit service

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

In 2013, the IAS performed an in-depth risk assessment in ECDC in March. The risk assessment was the basis for the new Strategic Audit Plan for 2014–2016. The plan was presented by the IAS to the Audit Committee and the Management Board in November 2013, and subsequently adopted by the Management Board.

At the end of 2013, one very important observation and four important observations are officially open. However, of those, three are already implemented by ECDC, and ready for review by the IAS. The two remaining open observations are planned to be implemented in Q1 2014 and Q2 2014 respectively.

Previous reservations in annual reports

No reservations have been made in the previous Annual Reports.

Annex 13. Director's Declaration of Assurance

Building blocks of Director's Declaration of Assurance

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

The Director's own knowledge of the management and control system in place.

The declarations of assurance made by each Authorising Officer by Delegation to the Director.

The results of the assessment of the Internal Control Standards.

The results of the Risk Self-Assessment exercises.

The list of recorded exceptions.

The status on the internal control and quality weaknesses reported.

The results of the Ex-post Verifications of Financial Transactions.

The observations of the European Court of Auditors known at the time of the declaration.

The observations of the Internal Audit Service known at the time of the declaration.

Conclusion

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

2013 Declaration of Assurance by the Director of ECDC

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

In my capacity as authorising officer,

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

State that I have reasonable assurance that the resources assigned to the activities described in these reports have been used for their intended purpose and in accordance with the principles of sound financial management, and that the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions.

This reasonable assurance is based on my own judgement and on the information at my disposal such as the findings and recommendations of the Internal Audit Service and of the Court of Auditors for the year prior to the year of this declaration.

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

Stockholm, 28 February 2014

Marc Sprenger
Director

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[1] *True and fair in this context means a reliable, complete and correct view on the state of affairs in the service.*
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Annex 14. Management Board's analysis and assessment of the Authorising Officer's (Director) Annual Report for the financial year 2013

The Management Board analysed and assessed the Authorising Officer's (Director's) Annual Report for the financial year 2013.

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

On the content of the report:

- 2013 was the last year of the implementation of ECDC's multi-annual programme 2007–2013. In 2013, ECDC further increased its output, consolidated its structures and developed its partnerships. The second external evaluation of the Centre is currently ongoing to assess the overall achievement of ECDC during the whole period 2007-2013.
- ECDC Public Health Functions (surveillance, scientific advice, preparedness and response, health communication), now in routine operation, continued to support the Member States and the EU institutions directly or through the seven disease programmes; these disease programmes, working under the Office of the Chief Scientist, provided surveillance analysis, scientific advice, tools, methodologies, networks coordination, in their area of competence.
- ECDC continued to strengthen its relations with the Member States through the Coordinating Competent Bodies and with its EU and international partners, in order to address the needs for a strengthened response to the threat of communicable diseases in Europe.
- In 2013, ECDC provided a total of 24 rapid risk assessments and particularly monitored and assessed two major ongoing threats; the emergence of human cases and deaths from the novel avian influenza A(H7N9) in China and the continued emergence of the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). ECDC provided in particular rapid risk assessments on the threats from re-emerging poliovirus transmission in Israel and the subsequent outbreak of paralytic poliomyelitis in Syria, and worked closely with the Commission, WHO and Member States on options to mitigate this risk.
- ECDC was able to ensure a high level of implementation of its Work Programme for 2013 (87% of the activities were fully implemented – *initial target: 85%*).

On the structure of the report:

- The Annual Report reflects the achievements of the Centre as set in the Work Programme adopted by the Management Board for 2013, as reflected in Annex 1 of the Report.
- The Management Board also appreciates that, as requested in March 2013, a separate short version of the report, "Highlights from the Annual Report of the Director" is produced, which encompasses the achievements, challenges and major outputs for 2013, which is well adapted for a larger audience.