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EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

MEETING REPORT

NETWORKING FOR PUBLIC HEALTH

ECDC Scientific Consultation Group Workshop
Stockholm, 27–28 February 2007

ecdc.europa.eu

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

On 26–27 February 2007, the European Centre for Disease Prevention and Control organised an exchange of views with European scientific societies with the idea of establishing a scientific consultation group. This unique event was designed to introduce ECDC to the scientific societies and to facilitate networking between the participating organisations.

The proposed new Scientific Consultation Group will help ECDC fulfil its mission by providing a source of ongoing intelligence and experience that can help identify, shape, implement and monitor public health in Europe. Drawing its membership primarily from Europe's vast array of professional and scientific associations/agencies, the Scientific Consultation Group will serve to enhance ECDC's existing connections with Ministries of Health and relevant academic, research and response agencies.

This first meeting brought together 21 associations and scientific societies representing a wide range of specialisations, including virology, respiratory diseases, microbiology, genomics and health management. The groups were very diverse in terms of size, structure, membership and capacity. Some small associations consist of individuals, have no central office, rely on volunteer input and focus on exchange of information and data. Other societies are extensive networks of national associations and belong to global bodies. A few well-established societies have annual budgets greater than EUR 1 million, large staff teams and conferences that bring together tens of thousands of delegates. Some of these societies are leaders in improving the quality standards of their profession, work closely with regulators, publish reputable journals and undertake cutting-edge research. While the associations varied in many ways, they all have a broad Europe-wide mandate and membership and share many public health action priorities, particularly in the area of infectious disease surveillance and control.

The meeting introduced the participants to the structure and functioning of ECDC. In addition to general and financial information, participants had an opportunity to learn about and comment upon several ECDC 'case studies' such as HIV testing, immunisation schedules, outbreak alert systems, pandemic flu preparation, ship-borne and other outbreaks. The workshop also involved an informal brainstorming on networking among health organisations and explored areas in which ECDC and the scientific societies could collaborate.

At the start of the meeting, many of the scientific associations had not engaged with each other or ECDC before. There was a lack of awareness of the institutional context of the European Union and the potential role of ECDC in addressing public health challenges. As the meeting progressed, the participants got to know each other and the represented associations better, and by the end of the meeting were able to identify a wide range of ways in which they could work with each other and ECDC to advance Europe's public health agenda.

A range of practical ideas were outlined for possible future cooperation between the Centre and participating organisations. Suggestions included:

- cooperation in the development of standards and guidelines;
- mutual assistance in professional and public educational initiatives;

- working groups, conferences, publications and other communications;
- coordinated support for public, professional and political advocacy of agreed public health issues;
- identification of research needs and priorities;
- active engagement in cooperative public health activities, e.g. disease surveillance, public perception intelligence gathering, programme evaluation and monitoring.

The meeting concluded with feedback from all participants that it had been a very useful beginning! ECDC expressed their commitment to developing the network further and to identifying ways to address the many proposed cooperative action areas.

AIM OF THE MEETING

ECDC, as a relatively new EU agency created to help strengthen Europe's defences against infectious disease, convened this meeting of European 'learned societies' with a view to establishing a scientific consultation group and facilitating networking for public health among participating organisations. The workshop provided an opportunity for the 21 European scientific associations represented to get to know ECDC and to explore areas of potential cooperative action. For most, this was the first time the associations had had a direct opportunity to learn about and explore potential cooperative actions with ECDC and the other associations present.

This report focuses on two key questions which underscored all presentations and discussions at the workshop: **Why is networking for public health between ECDC and European Associations important?** and **How can this best be accomplished?** These questions were informed by a pre-meeting questionnaire survey, organisational introductions by ECDC and each participating association, case study discussions regarding current ECDC work and group discussions on networking experience and possible areas for cooperative actions.

SECTION I: WHY NETWORK?

Inter-association networking

An ECDC survey of European scientific associations (see summary report table in Annex 1) undertaken prior to the meeting revealed that while the focal topics of the associations vary significantly, their operational activities and challenges are often very similar. While some of the associations present at the Stockholm workshop do already cooperate (e.g. hold joint meetings, agree guidelines, etc.), most participants felt that there was a lot of room for strengthening connections. In particular it was felt that exchanges of ideas, practical experience, tools and resources could help everyone to deal better with common challenges. Common activities and challenges noted include the following.

Cross-border work in Europe

All participating associations operate on a European level and represent the views and address the needs of their national associations, organisations and individual members. All are challenged to address the cross-border issues related to cultural, economic, and health system diversity.

Convening constituents

A key activity (and in some cases, funding source) for most of the associations represented relates to the organisation of their annual meetings. Some of these are huge and attract large international audiences, e.g. the European Respiratory Society (ERS) last year had 18 000 attendees at their meeting. Organising these large regional/international meetings raises many scientific, infrastructural, logistical and environmental challenges such as how to make meetings productive, useful and interesting; how to move large numbers of people and supplies efficiently; how to limit the environmental impact (reduce the carbon footprint) of meetings.

Issuing guidance / harmonising clinical practice

Most associations issue some sort of scientific, research, public and/or clinical guidance. Some have guidance on issuing guidance. These are generally produced by working groups and ratified by the membership.

A key challenge faced by most associations is to find ways to 'harmonise' clinical practices around evidence-based guidelines. As this falls outside EU competence, ways of working through national scientific bodies must be developed.

Communications

All associations maintain websites as primary communication tools. Many have regularly-published, peer-reviewed and informational journals and/or electronic or print newsletters. Work with the media varies considerably, with many associations issuing less than four press releases a year; others, however, are very active with media work.

Public opinions

Most associations issue opinions on key scientific questions related to their field of expertise. Some extend their opinions to social marketing and policy advocacy work.

The research agenda

Most associations are involved in promoting, implementing, reporting on and evaluating research in their focal areas.

Public health concerns

All identified a broad range of public health concerns and priorities for action, including human resources, public information, laboratory competence, antimicrobial resistance, vaccine availability, patient safety, surveillance of and response to a wide range of infectious diseases.

Networking with ECDC

Participants identified a wide variety of potential advantages for the public health work of both ECDC and the associations through the development of closer ties and networking.

Advantages for associations

Intelligence on EU infectious disease status

Direct contact with ECDC can provide associations with critical intelligence about infectious disease activities. ECDC's mandate is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. As such it coordinates and cooperates with Member States on disease surveillance, risk identification and assessment, preparedness planning and responds to threats and events.

ECDC is designated as the central information source on Europe's infectious diseases. A range of communication tools continue to be developed. In 2006 there were 800 000 hits on the website, with an average of 59 000-87 000 hits a month. The website is currently static but will become a multi-lingual site by the end of this year. A web-portal will go live in 2008 with extensive access to ECDC databases.

ECDC's *Eurosurveillance* is an open-access, peer-reviewed, independent journal which is free for both authors and readers. It covers epidemiology and prevention and control of communicable diseases from a European perspective. The target audience includes public health professionals as well as experts in related sciences. *Eurosurveillance* was founded by DG SANCO in 1995 but became the ECDC in-house journal in March 2007. It is available in weekly or monthly editions as well as an e-alert system. Four times a year a printed compilation is produced, with a print run of 6 000 copies. The advantage of *Eurosurveillance* is the fast turnaround. The normal lead-time is 10 days, but articles can be published within 24 hours if necessary. The monthly format has more feature articles, comparing experience and policies in several countries, rather than just information on outbreaks.

Opportunity for input

ECDC builds on the capacity that exists at national level rather than duplicating resources, e.g. laboratory facilities. It makes scientific recommendations to the Commission and Member States, which are reviewed by the Advisory Forum. As such, associations can potentially influence ECDC policies and action with the input of evidence and their participation in working groups, etc.

Funding resource

Nearly 50% of the ECDC budget is spent on outsourcing services, consulting, and studies. In addition, the Centre draws on technical assistance through grant agreements on projects which require 10–40% co-financing. By 2010 ECDC is expected to have an annual budget of EUR 60 million.

Additionally, ECDC liaises closely with DG Research to identify priorities for EU funding for scientific research for health. ECDC staff are also involved as observers in the evaluation process for funding calls for DG Research.

Scientific/political resource

While the responsibility for policy management of infectious disease risks lies with the Commission and national authorities, ECDC, as a scientific body gathering data and evidence, can influence decisions. It can assess the weight of the epidemiological data and give advice to politicians with a ranking on the strength of the different evidence available. This allows decisions to be made on the weighted evidence, rather than just a few peer-reviewed publications. One example given at the workshop related to whether HIV testing will be used as a driver of health policy or as an element in immigration or social policy. Larger countries have already developed policies but smaller Member States look to ECDC for guidelines on HIV testing.

There is also a potential role for ECDC in authoritative endorsement of guidelines with a strong prevention component produced by individual societies, providing a complementary dissemination of these guidelines.

The meeting was an opportunity to identify how and when ECDC can act to overcome policy bottlenecks in gathering and delivering scientific opinions. One example given was the need to review the various immunisation schedules, which show great cultural diversity, and – as a minimum scenario – advise families on how to switch between immunisation schedules if they are moving around within the EU. ECDC can potentially work pro-actively with associations on the issue of vaccination schedules. Another example cited was the ECDC response to outbreaks of Chikungunya fever. Following an ECDC expert meeting, Member States were given a rapid risk assessment tool which they could use for their own planning.

Public health continuity/research agenda

Many societies have a rapid turnover of staff or officers and ECDC can provide continuity in dissemination of relevant information and guidelines, etc. The Centre can identify gaps in knowledge and fill them by funding new research or influencing the channelling of EU FP7 research funding.

Advantages for ECDC

Intelligence

Participants expressed a willingness to share their unique scientific expertise and communication tools. The scientific societies can reach beyond the bio-medical environment to broader socioeconomic stakeholders. This has resonance for policy-makers.

Scientific societies can help identify gaps in surveillance and effective interventions and in so doing improve the ECDC evidence base and inform operating procedures. Scientific societies can help by defining the best way to have an impact on policy-makers.

Visibility

The societies have platforms at events and communications tools that the ECDC can use. ECDC could be made more visible through involvement in the annual events of the scientific societies. ECDC can also be highlighted in publications and events.

Involvement of stakeholders

EU policy and ECDC's coordinating mandate require broad involvement of stakeholders at an early stage, but these stakeholders have to be identified. ECDC may need help finding these stakeholders and consulting them. The network of scientific societies can help facilitate this.

Communication

The engagement in ECDC expert meetings of representatives of societies, who will communicate to the membership of their respective associations, will assist ECDC with the dissemination of information. Results in the form of recommendations and guidelines need to be implemented and therefore need to be presented in different ways to various stakeholders. Societies can help to customise these communications for their constituents. These representatives can also offer feedback to ECDC in the form of information on implementation of recommended guidelines, etc.

SECTION II: HOW CAN INTER-ASSOCIATION AND ASSOCIATION/ECDC NETWORKING BE STRENGTHENED?

Inter-association networking

The scientific societies were invited to share their experience of networking and partnerships through a brainstorming session. Representatives drew on their own associations' networking activities and learning.

The foundations of successful networking which were identified included mutual benefit, trust and respect (see box below). All partners need to work towards the achievement of shared goals. The participants emphasised that networks are essentially relationships that need champions and are often based on personal connections, but sustainable partnerships move beyond individuals. Relationships should be built on clear rules, such as a Memorandum of Understanding or standard operating procedures, and be subject to regular review.

Characteristics of successful global public health alliances[1]

Added value: successful alliances had clearly identified the advantages of cooperation, and the actions needed to capture these.

Structure of alliance: success also depends on whether the alliance structure fits its needs and goals. For example, if a loose alliance is needed to meet the alliance goals, the structure should be simple and flexible, rather than tightly integrated.

Specific performance indicators and contributions of partners: these need to be agreed early on, to focus efforts and to ensure efficiency.

Balance between participation and effectiveness: successful alliances tend to encourage input from and consultation with all parties, without necessarily involving all in lengthy decision-making processes.

Staffing: crucially, strong alliances need staff whose main objective is its success, rather than being staffed entirely by part-timers.

Making the case for such partnerships through evidence is important: for example, it is easier to achieve goals through collaboration. Capacity building and mentoring are core elements in networking. Networks can provide visibility but the benefits have to overcome the barriers (see discussion below). Twinning can be a good example, through mutual interest in a specific topic and investment in the relationship by lots of visits and interaction. Networking needs to deliver useful outputs and continue to deliver.

A minimum pre-condition is a shared vision, and this may be created by complementary or similar organisations. Partnerships may be goal- or objective-driven. Organisations often look to partners to provide 'missing' skills or expertise that they need in order to attain their goals.

[1] McKinsey et al, 2002: Learning from success: objectives, structures, and systems of effective international health alliances. Bill and Melinda Gates Foundation report. http://www.eldis.org/static/DOC11504.htm

Obstacles to inter-association cooperation

One challenge can be the difficulty of really knowing or understanding what is happening in the partner organisation or country. Cultural differences can be significant and there are some regional issues, such as lower levels of participation by Eastern European organisations. Is this a capacity or a financial issue? Power struggles can emerge and it is important to respect different realities. Financing is both an opportunity for partnership and a threat that can unbalance partnerships. Other obstacles include competition between partners, struggles for influence, autonomy and money, incompatibility of political or ethical issues, e.g. regarding genomics.

Association/ECDC networking

F2F meeting. All participants emphasised the importance of this face-to-face meeting and expressed gratitude to ECDC for taking this initiative. This workshop provided time and space for all agencies to introduce themselves (see Annexes 2 and 3) and created a potential platform for on-going exchange.

Sustained contact and mandate renegotiation. Participants felt that gatherings such as this should happen on an annual basis and that associations should be invited to help with scientific working groups as required.

Public health action areas. A wide variety of potential areas for cooperation were identified by the associations in their questionnaire responses and during the group discussions in Stockholm. Key areas for potential cooperation included:

- Cooperation in the development of standards and guidelines;
- Mutual assistance in professional and public educational initiatives, working groups, conferences, publications and other communications;
- Coordinated support for public, professional and political advocacy of agreed public health issues;
- Identification of research needs and priorities; and
- Active engagement in cooperative public health activities: e.g. disease surveillance, public perception intelligence gathering, programme evaluation, monitoring and funding.

Some participants expressed frustration that ECDC may produce excellent data and information on infectious diseases, but what about leadership on other health issues? It was noted that ECDC's role is strictly related to the mandate, which may possibly be reviewed in the near future. Scientific societies expressed an interest in contributing towards the review of the ECDC mandate through contacts with the relevant stakeholders in the coming months.

Participants identified public health priorities for ECDC should the mandate be extended: non-communicable diseases (such as diabetes, chronic obstructive pulmonary disease, cardio-vascular disease) mental health, diseases of poverty, smoking and alcohol consumption. Other areas could be a standardisation of testing and tissue typing, the impact of vaccination, the prevention of injuries and road traffic accidents.

Obstacles/concerns

Participants felt it was important to make clear to all stakeholders the distinction between the WHO European Region and ECDC. For example, WHO EURO is part of the UN family, an intergovernmental body whose members are 53 countries in the European Region. ECDC is an agency of the European Union and operates on a mandate agreed by the 27 Member States and the European Parliament. A joint Memorandum of Understanding was signed in September 2005 that recognises that both organisations are involved in public health development in Europe, and need to collaborate. Close attention will be directed towards surveillance and the development of a single European reporting system. The parties will closely collaborate to strengthen the detection of emerging threats and the joint response to public health events in Europe, and issues concerning the implementation of the International Health Regulations.

NEXT STEPS & CONCLUSIONS

The associations expressed a strong interest in collaboration with ECDC and in supporting the development of, and tracking and engaging in, the review of its mandate.

Scientific societies have a range of requests to the ECDC – from guideline endorsement and sending speakers to events, to financing, logistical support, and cross-linking websites. In return they offer opportunities for visibility and profile for ECDC among their specialist audiences and access to extensive networks of expertise both in terms of research and clinicians and practitioners.

The meeting concluded with feedback from all participants that it had been a very useful beginning! ECDC expressed their commitment to developing the network further and to identifying ways to address the many proposed cooperative action areas.

ANNEX 1: LIST OF PARTICIPANTS

Organisation	Attended by	E-mail	Phone no.	Fax no.	Address details
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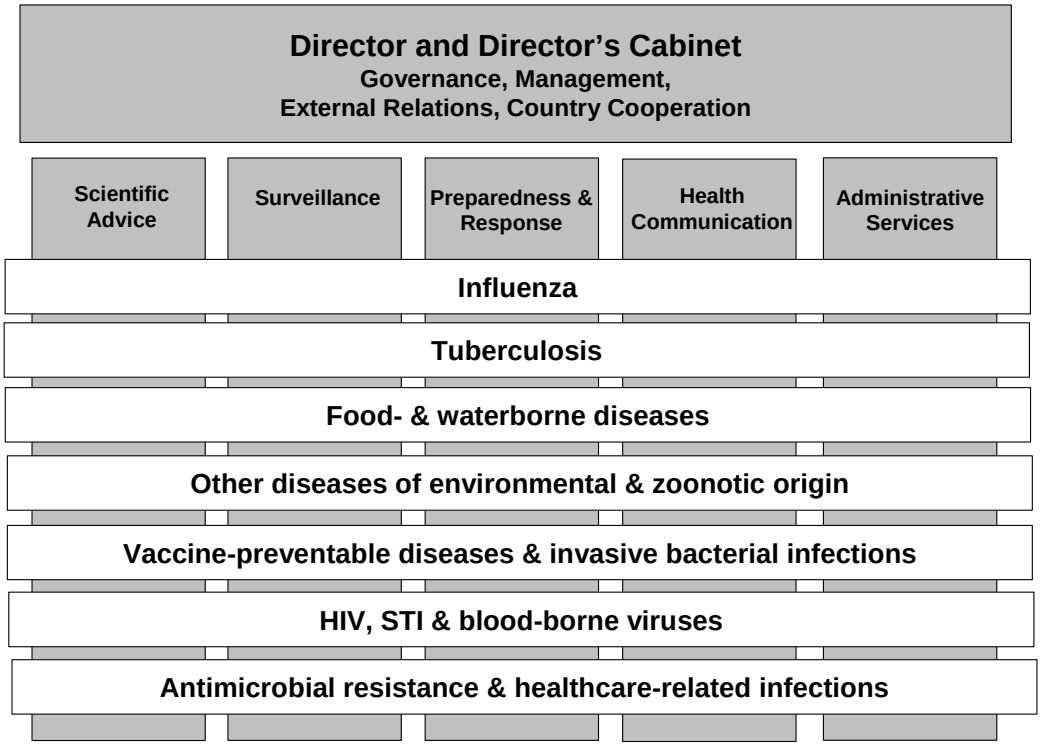
ANNEX 2: PRESENTATION OF THE ECDC

The European Centre for Disease Prevention and Control (ECDC) was established in 2005 as one of the key EU agencies related to health. The other agencies are the European Environment Agency (EEA), the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), the European Medicines Agency (EMEA), the European Food Safety Authority (EFSA) and the European Agency for Safety and Health at Work (EU-OSHA).

Although disease surveillance has been part of European Commission activities since the 1990s, this was not centralised and there was little response capacity for disease outbreaks. In the wake of the SARS crisis, the legal basis for the ECDC, a Regulation of the European Parliament and of the Council (Regulation (EC) No 851/2004), was adopted in 2004. An independent, external evaluation of the ECDC will be carried out in 2007 and will contribute towards the planned review of the work accomplished and future scope of ECDC's work.

The Centre's mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. It cooperates with Member States on disease surveillance, risk identification and assessment, preparedness planning, training and health communication as well as a more upstream approach to prevention and control, and responds to threats and events. Rather than duplicating research and laboratory facilities, ECDC builds on, and utilises, the existing capacity at national level, in order to make scientific recommendations to the Commission and Member States. The most important of which are referred to the Advisory Forum for consultation.

Currently there are around 100 staff, evenly split between scientific experts and administrators. The Centre is managed on a matrix structure, with disease-specific units organised horizontally across the five ECDC units of Advice, Surveillance, Response, Administration and Health Communication (see diagram, below). By 2010 the Centre is expected to have an annual budget of EUR 60 million and 300 staff members.



ECDC leads on risk assessment and detection but the risk management and response is carried out by the European Commission and the Member States. The role of ECDC is to deliver high-quality, accurate scientific advice in a timely manner. ECDC can act as a broker, in the middle of the triangle of scientific research gaps, available funds and the bodies that carry out research. The Centre liaises closely with DG Research to identify priorities for EU funding for scientific research for health. ECDC staff are also involved as observers in the evaluation process for funding calls for DG Research.

ANNEX 3: PRESENTATION OF SCIENTIFIC SOCIETIES REPRESENTED

European Academies Science Advisory Council (EASAC)

www.easac.org
Represented by: Robin Fears (robinfears@aol.com)

The European Academies Sciences Advisory Council is made up of the national academies of sciences in each Member State. It has a mission to promote science in EU policy-making by providing independent scientific advice to policy-makers and those who influence policy, including trade bodies. It is funded through membership fees and project financing. The secretariat is small: three part-time scientists based in the Royal Society in the UK. In its five years of history, the Council has tackled a wide range of issues from environmental biodiversity, research and development funding, bioscience and public health, to infectious diseases. The projects are led by experts nominated by national academies, e.g. on vaccines and innovations. It is already collaborating with ECDC on antimicrobial resistance in Europe. It can offer broad access to scientific excellence across all disciplines on shared priorities such as vaccines, infectious disease and antimicrobial resistance.

European BioSafety Association (EBSA)

www.ebsa.be
Represented by: Esmeralda Prat (esmeralda.prat@bayercropscience.com)

The European BioSafety Asssociation, founded in 1996, has 200 members from 25 countries across Europe, the Far East, and North America. The members are academics, researchers, government, industry agencies and businesses. The Association's mission is to enhance knowledge and understanding of biological agents, promote best practice on biosecurity and biosafety, support emerging standards and legislation and represent the interests of those working in these fields. It holds an annual conference and is part of the international biosafety and biosecurity standard development initiative. Already involved in a number of EU-funded projects, it is looking for funding and partnership opportunities from ECDC.

European Federation for Medical Informatics (EFMI)

www.gsf.de/imei/efmi/index.php
Represented by: Rolf Engelbrecht (engelbrecht@efmi.info)

The European Federation for Medical informatics has members in 31 countries, many of which are national organisations (although there is sometimes more than one society in certain countries). There are 16 working groups and two events are organised every year. A major conference is held annually on a special topic: in 2007 this will be in Croatia and in 2008 in Gothenburg. Communications are based around a web-portal which has 4 000 visitors per month. The Federation has created an Institute on Medical records and has a small budget.

European Federation of Parasitologists (EFP)

med.ege.edu.tr/~efp/
Represented by: Fabrizio Bruschi (fbruschi@med.unipi.it)

The European Federation of Parasitologists was established in 1960 in Poland. It is a federation of national associations covering 29 countries in the WHO European region, including Armenia, Russia and Georgia. The EFP belongs to the World Federation of Parasitologists and is aimed at spreading knowledge on parasitic diseases (both human and animal) such as malaria and toxoplasmosis. The next EFP conference will be in Paris in 2008. The EFP gives conference grants to around 30 students and bursaries to six young scientists. It can offer ECDC a wide network of experts on human parasite diseases.

European Health Management Association (EHMA)

www.ehma.org
Represented by: Magdalene Rosenmöller (magda@iese.edu)

The European Health Management Association has operated since the end of the 1970s. It unites more than 200 member organisations from most EU countries, bringing together practitioners, academics and policy-makers. The focus is more on managerial aspects of healthcare rather than clinical services. It has a number of interest groups such as cancer services, long-term care, university clinics, etc. EHMA manages several EU-funded projects such as the health basket of basic services and legal foundations of e-health. It holds an annual conference and regular meetings to bring stakeholders together. Publications include briefings for members and a newsletter called EU Shortcuts. EHMA wants to monitor the development of ECDC and how it will impact on the EU health scene.

European Public Health Alliance (EPHA)

www.epha.org
Represented by: Frazer Goodwin (frazer@epha.org)

The European Public Health Alliance, founded in 1993, is the largest network of NGOs in Europe active on public health. It brings together more than 100 member organisations in 23 European countries. EPHA has a convenor role, acting as the interface between advocates, researchers and policy-makers. It supports the European Parliament Intergroup on health which groups MEPs with a strong interest in health. The Alliance's mission is to improve the health of communities and greater participation of people in European decision-making. It works to increase the profile of health in all aspects of EU policies. A growing area of activity is a new European network on global health in low- and middle-income countries which will initially strengthen health systems. It is seeking exchange and learning experiences from ECDC.

European Public Health Association (EUPHA)

www.eupha.eu
Represented by: Zeegers Tonny (d.zeegers@nivel.nl)

The European Public Health Association, founded in 1992, is an umbrella of national public health associations and institutes. An international, multi-disciplinary, scientific organisation, it brings together 62 associations from 39 countries involving 12 000 public health experts for professional exchange and collaboration throughout Europe. EUPHA's key challenge is to make research accessible for policy-makers and used as a basis for policy. There are 16 sections which have their own events. EUPHA publishes a bi-monthly scientific journal, a monthly e-journal, and produces a regular series of reports and statements. In 2005 there were 10 statements on the future of public health in Europe. EUPHA is looking to learn about ECDC and can offer tools for information exchange.

European Respiratory Society (ERS)

www.ersnet.org
Represented by: Francesco Blasi (francesco.blasi@unimi.it) and Jorrit Gerritsen (j.gerritsen@med.umcg.nl)

The European Respiratory Society has 8 000 members in 103 countries and was founded in 1990. Their focus is bringing specialists together, knowledge sharing, medical and public education, research, standards and guidelines. It has offices in Lausanne and Brussels as well as a publication office in Sheffield. The Society is growing, with more members joining from across the world. It includes clinicians, academics and general practitioners. The prestigious annual congress gathers 17–18 000 people. There are 10 scientific assemblies and high-impact journals as well as monographs, educational booklets and a newsletter. The goal is to harmonise all education activities across Europe in respiratory fields. The Society runs a respiratory school with web-based learning tools. It can offer ECDC knowledge and know-how in infectious diseases and respiratory health. For example, the EU-funded GRACE project will create a network of labs working on antimicrobial resistance and identify new pathogens; a network of GPs working on surveillance will deliver information on community-based resistance.

European Science Foundation (ESF)

www.esf.org
Represented by: Martin Roellinghoff (roellinghoff@mikrobio.med.uni-erlangen.de)

The European Science Foundation is an association of 75 member organisations devoted to scientific research in 30 European countries. Established in 1974, its mission is to promote high-quality science at European level. Core activities include translation of basic science, population surveys, foresight studies, research conferences, investigator awards, bi-annual meetings. The Foundation formulates reports, for example a forthcoming document on non-commercial clinical trials. It publishes regular newsletters and issues press releases. It makes

recommendations on research priorities, sponsors summer schools and research conferences. The annual budget is EUR 40 million.

European Society for Clinical Investigation (ESCI)

www.esci.eu.com
Represented by: Peter Stärkel (peter.starkel@gaen.ucl.ac.be)

The European Society for Clinical Investigation is a multi-disciplinary body covering all specialties in internal medicine, founded in 1967. The current focus is integrating associations from the new European Member States into the Society. It promotes clinical science and investigation, particularly in discovering mechanisms of disease, e.g. from laboratory bench to bedside. It also includes scientific research with animals. The Society organises workshops and an annual scientific meeting (2007 Uppsala, 2008 Geneva, 2009 Edinburgh). A journal is published monthly and an annual award of excellence of EUR 10 000 is made. Public health challenges being explored are conditions of the endocrine system, liver, cardio-vascular disease and metabolic syndrome. An active working group on infections and immune disorders meets at their annual meeting.

European Society of Clinical Microbiology and Infectious Diseases (ESCMID)

www.escmid.org
Represented by: Peter Schoch (peter.schoch@escmid.org) and Ragnar Norrby (ragnar.norrby@smi.ki.se)

Founded in 1983, the European Society of Clinical Microbiology and Infectious Diseases has 3 000 individual members in 93 countries. Its mission is to improve the diagnosis, treatment and prevention of infectious diseases by promoting and supporting research, education and training in the infection disciplines. Core activities include scientific exchange, educational programmes, grants and awards, certification and consultation with professional and government agencies. The annual budget is 1.5 million euro, largely raised through the annual European Congress. ESCMID is heavily involved in education with a summer school, workshops, study groups, and travel scholarships for young investigators. Current priorities are avian influenza and H5N1. ESCMID would like good relations with ECDC and to strengthen microbiology issues in the ECDC programme.

ESCMID Study Group on Nosocomial Infections (ESGNI)

www.esgni.org
Represented by: Barry Cookson (Barry.Cookson@hpa.org.uk)

The Study Group is involved in surveillance, review and audit of interventions on hospital-acquired infections. It aims at getting consensus on clinical governance of hospital infection control and carries out educational activities for professionals and improving the evidence base of effectiveness. The Study Group carries out EU-funded projects, organises annual educational workshops and meetings at ESCMID events. The group has 3 500 members. It is

interested in ideas to avoid duplication, and for ECDC to use ESCMID expertise and help close policy loops with national Ministries of Health.

European Society for Clinical Virology (ESCV)

www.escv.org
Represented by: Annika Linde (annika.linde@smi.ki.se)

The European Society for Clinical Virology was formed in 1996 by the merger of two organisations. It has no permanent office but is supported by the voluntary work of members. The main focus is to improve knowledge of viruses, mostly by conferences and a *Journal of Clinical Biology*. It provides research grants and travel grants for young students. Every third year a European Congress on Virology is held covering human, animal and plant viruses. The next event will be in Italy in 2010. The Society can provide expertise but looks to ECDC for leadership on important microbiology issues, e.g. common education tools, standardisation of diagnostics in Europe. They would additionally be interested in accessing office space or administrative support.

European Society for Emergency Medicine (EuSEM)

www.eusem.org
Represented by: David Williams (djwilliams01@yahoo.co.uk)

The European Society for Emergency Medicine groups together more than 20 national societies and 350 individual members. It was established in 1994 and includes at least 10 000 emergency physicians. The annual budget is EUR 50–60 000 and it has one part-time staff member. It produces a peer-reviewed journal six times a year. The annual meeting brings together 1 200 delegates which in 2007 will be held in Sorrento, Italy. Special interest groups address disaster medicine and pre-hospital care. The Society promotes the specialty of emergency medicine, and contributes towards a comparable standard of care across Europe. Currently, emergency medicine is recognised as a specialty in only nine of the 27 EU countries. It reviews core curricula, identifies basic skills and supports a certification system. The key relevance for ECDC is that many infectious diseases are first presented to healthcare professionals at emergency departments. For example, the last case of smallpox in the UK in the 1970s was recognised and treated by the emergency department.

European Society of Veterinary Pathologists (ESVP)

www.esvp.eu
Represented by: Seamus Kennedy (seamus.kennedy@afbini.gov.uk)

The European Society of Veterinary pathologists, established in 1951, groups together more than 600 vets in Europe and beyond. The members work for government, university, industry, diagnostic labs, etc. Diseases addressed include avian influenza, anthrax, rabies, tuberculosis, West Nile virus, etc. The Society is involved in surveillance of animal diseases and implementing contingency plans, diagnoses and control of food-borne infections and antimicrobial resistance in animals ranging from pets and farm livestock to exotic and wild animals. It collaborates with a sister college of veterinary pathology for those who have

attained the professional qualifications. The society holds an annual conference which in 2007 will be held in Munich. It has expertise amongst the membership on emerging viral infections in animals which would be shared with ECDC.

Federation of European Microbiological Societies (FEMS)

www.fems-microbiology.org/website/nl/default.asp
Represented by: Jean-Claude Piffaretti (piffaretti@interlifescience.ch)

The Federation of European Microbiological Societies consists of 47 societies in 36 countries in Europe. Formally constituted in 1974, it encompasses 30 000 microbiologists through its mission to advance and unify microbiological knowledge in Europe, with a strong focus on eastern countries. It publishes five journals and organises a variety of meetings and seminars. EUR 300 000 of grants are provided annually for visiting scientists, fellows and young researchers. A major congress is held every three years with the next event taking place in Gothenburg in 2009. In collaboration with ESCMID they organise an annual event on new frontiers in microbiological infections which connect basic science and clinical application. They can offer ECDC links to their networks, scientific expertise and teaching skills.

Federation of European Societies for Chemotherapy and for Infections

www.fesci.net
Represented by: Helen Giamarellou (hgiama@ath.forthnet.gr) and Andrea Novelli (andrea.novelli@unifi.it)

The Federation of European Societies of Chemotherapy and Infections (FESCI), founded in 1993, is a non-profit organisation and a registered charity in the UK, affiliated to the International Society of Chemotherapy (ISC).

FESCI has 48 national affiliated Member Societies throughout Europe with about 30 000 members that actively cooperate on working groups and training projects with societies dealing with related basic and clinical sciences. The Member Societies also hold their own congresses that are supported by FESCI.

FESCI organises national and European congresses every 1–2 years, the next one is due to be held in Istanbul (European Congress of Chemotherapy and Infection ECC-9) November 8–11, 2008 in cooperation with the International Society of Chemotherapy (ISC), the Turkish Society of Chemotherapy (TSC) and the Mediterranean Society of Chemotherapy (MSC).

The objectives of FESCI are exclusively scientific and educational and are focused on the promotion of research in chemotherapy and prevention, diagnostics and therapy of infection, especially by convening international congresses, conferences and symposia, promoting working groups and developing consensus guidelines. For the purposes of the FESCI, chemotherapy is defined as the study of all problems pertaining to the discovery, production, properties, mechanisms of action and usage of drugs, whatever their origin may be, that are actually or potentially capable of therapeutic and prevention activity in infectious or malignant diseases and in immunological disorders of man and animals.

FESCI wishes to strengthen the relationship with ECDC by also offering its networking options and scientific expertise.

Federation of European Societies for Tropical Medicine and International Health (FESTMIH)

www.festmih.net
Represented by: Martin Boeree (m.boeree@ulc.umcn.nl)

Established in 1995, the Federation's mission is to endorse scientific approaches to all aspects of tropical medicine. It has 50 member organisations and looks for new members in different EU countries. It has held four conferences which bring together 1–1 500 delegates; the next event will be in Amsterdam in May 2007. The Federation is connected to a scientific journal, it promotes North-South cooperation, and training in Europe on tropical medicine. The organisation has a very small budget of EUR 10 000. Key concerns are the human resource crisis in healthcare, inequality and the 90/10 gap in health research. Other priorities include the Millenium Development Goals, poverty-related diseases, and health systems in countries at war or in disaster situations. The Federation is keen to see ECDC emulate the success of the CDC and take on a broader remit as well as work to support low income countries.

International Society of Chemotherapy for Infection and Cancer

www.ischemo.org
Represented by: Ian Malcolm Gould (i.m.gould@abdn.ac.uk)

The International Society of Chemotherapy for Infection and Cancer was created in 1961 as an organisation for professional and public education on antimicrobial and cancer chemotherapy. There are ten working groups: cancer, virology (mainly in the Asian region), urinary tract infections, PDKD, catheter-associated infections, war and famine, catastrophe (little-resourced infections), antimicrobials for development, MRSA, intensive care infections. The core activities are networking, developing guidelines, disease registers, etc. The Society has 66 national and regional societies with about 25 000 members. It holds a conference every second year with the next event being organised together with ESCMID in Munich in 2007. There are also a number of smaller meetings convened on disease management. It communicates via an e-newsletter (40 000 email addresses) as well as their print journal *The International Journal of Antimicrobial Agents* (available electronically through Science Direct).

International Union against Sexually Transmitted Infections (IUSTI)

www.iusti.org
Represented by: Keith Radcliffe (keith.w.radcliffe@hobtpct.nhs.uk)

The International Union against Sexually Transmitted Infections is a global umbrella organisation which has a European regional branch. It brings together professional specialists, clinicians, academics, and public health experts working on sexually transmitted infections (STI). The Union notes that despite the fact that HIV and STI rates are on the increase, they

are often not a political priority in many countries. Surveillance is not comprehensive and so the problems may not be obvious. The Union welcomes the fact that ECDC is active on STI. Clinical services in most EU countries are suboptimal and there are only a few special clinics in a few areas. Poorly resourced, STI services are often cut when finances are limited. One reason for this is historical: the STI specialism is an undervalued appendage of dermatology, except for the UK. IUSTI advocates for improvement and best practice in treatment and management of STI. It holds an annual scientific conference (Dubrovnik in October 2006), educational meetings and hosts a network. In 2001, pan-european guidelines were developed with the WHO; these were revised and expanded in 2006. It is looking for partnership with ECDC and to support the work on STI.

Public Health Genomics European Network (PHGEN)

www.phgen.eu
Represented by: Angela Brand (angela.brand@fh-bielefeld.de)

The Public Health Genomics European Network is a new EU-funded three-year project designed to integrate genome technology into public health research and practice. The project will address social and genomic factors to see how this changes our understanding of diseases. They identify the need for integration of knowledge, legal differences on cross border issues, e.g. laws on genetic diagnostics. The network analyses the relevance of EU treaties for public health genomics and dissemination of best practice. The project is part of a global network and is translating from the international to the European level and supporting national activities. The network collaborates closely with other EU-funded networks. It has reviewed OECD guidelines and adapted them to bring on board public health concerns. It is also preparing a statement on protocol for the Council of Europe.

ANNEX 4: SUMMARY OF COOPERATIVE ACTION AREAS[2]

1 Cooperation in the development of standards and guidelines.
2 Mutual assistance in professional and public educational initiatives, working groups, conferences, publications and other communications.
3 Coordinated support for public, professional and political advocacy of agreed public health issues.
4 Identification of research needs and priorities.
5 Active engagement in cooperative public health activities: e.g. disease surveillance, public perception intelligence gathering, programme evaluation, monitoring and funding.

Cooperation in the development of standards and guidelines

- Authoritative endorsement/complementary dissemination of guidelines produced by expert groups – this could increase continuity.
- Data standardisation and integration.
- Medical guideline reviews.
- Expert advice on guidelines, surveillance, interventions.
- Develop extensive networks for consultation and peer review.
- Deliver a range of documents adapted to different readerships.
- Monitoring the implementation of guidelines.
- Informing ECDC 'Standard Operating Procedures'.
- Working towards harmonisation/standardisation of professional interventions.

Mutual assistance in professional and public educational initiatives, working groups, conferences, publications and other communications

- Joint meetings, or input by ECDC professional staff to high-quality workshops.
- Organisation of joint expert panels and meetings in fields of mutual interest.
- Public and professional education.
- Teaching and continuous education.
- Foresight and Forward Look Reports and Science Policy Briefings on relevant topics, e.g. non-commercial clinical trials, population surveys, bio-banking, etc.
- Developing curriculum modules on specialisations.
- Assisting with 'train-the-trainer' programmes.
- Share best practice on public health policy engagement, e.g. EUPHA obesity guidelines.
- Many journals publish supplements, which could highlight ECDC activities.
- Information exchange on parasitic diseases, both in Europe and worldwide.
- Awareness of health effects of respiratory diseases globally and in Europe.

[2] Comments listed are from ECDC questionnaire sent to all participant societies and from group discussions at the meeting.

- Public and professional education in a given specialty.
- Conferences and professional publications could celebrate ECDC milestones, review progress, etc.

Coordinated support for public health and professional and political advocacy of agreed public health issues

- Promoting cooperation within Europe – ECDC, OIE, EMEA, EC in Brussels and Luxembourg.
- Professional support to create platforms and improved networking with other interested parties.
- Contacts to help countries with weak surveillance and safety cultures to develop and establish local networks.
- Ideas how to avoid duplication and create synergies between EU societies.
- Through networking associations and members, close loop between country policies' implementation and effectiveness.
- Additional funding from European bodies to invest in capacity building on advocacy.
- Lobby and influence on policy-makers.
- Advocacy at national/EU level on remit for ECDC – the scientific base as essential for policy-making, meaning of evidence for public health.
- Help close loop between Departments of Health and multi-disciplinary professional organisations in each country.
- Influence the ECDC forthcoming evaluation (the scientific societies can be identified as key stakeholders by the ECDC in the ToR for the evaluation).
- Input to the ECDC Advisory Forum.
- Specific advocacy issues raised by the associations including parasites, vectors and parasitic diseases, infectious diseases, exposure to environmental tobacco smoke, combating antibiotic resistance, TB control inequalities, brain-drain of health professionals, 90/10 research gap, poverty-related diseases (AIDS, malaria, TB), neglected diseases.

Identification of research needs and priorities

- Collaboration on investigations, grant proposals.
- Collaboration in research and training related to parasites, vectors and parasitic diseases.
- Promotion of scientific projects in infectious diseases, antibiotic stewardship and development, biosafety protocols and guidelines.

Active engagement in cooperative public health activities

For example, disease surveillance, public perception intelligence gathering, programme evaluation, monitoring and funding.

- Support of work in the working groups, e.g. Minimum Basic Data Set.
- Review ethics and disease prevention.

- Surveillance systems and laboratory know-how.
- Management of health threats, particularly management of rapid responses.
- Collaboration in identifying national experts for concrete health interventions.
- Quality product rather than enforced harmonisation – including learning to communicate/respond to real needs.
- Public perception intelligence gathering and management.
- Use expertise on clinical microbiology, infectious diseases, genomics.
- Epidemiological surveillance of gut and liver infections, viral hepatitis.
- Rethinking public health approaches with regard to genomics.
- Information exchange on parasitic diseases, both in Europe and worldwide.
- Help in furnishing knowledge about parasites, vectors and parasitic diseases.
- Epidemiology, prevention and treatment of infectious respiratory diseases.
- Focus on TB, particularly MDR and XDR forms.
- Antibiotic resistance – development and control.
- EUCAST (antibiotic and antifungal breakpoint determination).
- Financial support from EC and national agencies for conferences and workshops or assistance to find sponsorship.
- Steady funding including travel bursaries for expert meetings and research staff.
- Funding for core staff and communication tools such as websites and newsletters.
- Financing for developing technical skills and training in compliance with standards.
- Funding for increased engagement with EU institutions – particularly getting intelligence about what is happening in Brussels in time to be pro-active or respond.
- Suggested public health projects for an expanded ECDC mandate:
  - chronic diseases: diabetes (CNCD), COPD, cardiovascular, mental health, tobacco and alcohol;
  - impact of vaccination;
  - standardisation of tissue testing and typing;
  - Road injury/accident prevention;
  - poverty-related diseases – international health impact;
  - use of routine data.

ANNEX 5: SUMMARY OF SURVEY QUESTIONNAIRE

Section 1: Public health issues

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Academies Science Advisory Council (EASAC)	EASAC covers all scientific and technical disciplines, enabling science academies to collaborate to provide advice to policy-makers	1. Vaccine innovation and vaccination strategies 2. Tackling AMR 3. Zoonoses – public health issues & R&D gaps	As qn 2, plus migration and IDs	1. Twice-yearly Council meetings to decide priorities 2. Individual working groups on aforementioned projects	1. Additional funding from European bodies 2. Dedicated representation in Brussels 3. Improved networking with other interested parties	Follow-up to projects on vaccination; AMR; and zoonoses, plus 'neglected diseases'
European Biosafety Association (EBSA)	Biosafety and bio-security	1. Adequate bio-risk management 2. Competence of those responsible for biosafety	1. CEN laboratory standard initiative 2. Funding for CEN standard initiative on bio-safety officer competence	1. International Biosafety & Biosecurity Laboratory Standard Initiative 2. BIOSAFETY-EUROPE project 3. Biosafety Officer Competency & Curriculum Development Initiative 4. European biosafety & biopreparedness 5. EBSA annual conference	1. Find funding for standard initiative on biosafety officer competency 2. Contacts to help countries with weak biosafety cultures to develop and establish local biosafety networks	1. Incorporating bio-risk management into ECDC recommendations 2. Developing curriculum on biosafety/biosecurity 3. Doing some 'train-the-trainer' programmes

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Federation for Medical Informatics (EFMI)	Health data, knowledge & information, health information systems, web portal, two annual conferences, standardisation of data and knowledge, security, privacy	1. Good quality data and knowledge 2. Deriving data from routine data, e.g. hospital information systems 3. Defining standards for public health information systems	1. Data and knowledge acquisition 2. Information and training 3. Standardisation of data	1. MIE (Medical Informatics Europe) 2. EFMI STC (Special Topic Conference) 3. MEDINFO international conference	1. Expand to institutional and industry members 2. Resources expansion for communication and information (EFMI portal) 3. Support of work in the working groups, e.g. Minimum Basic Data Set 4. Networking with other organisations	1. Information & communication 2. Data standardisation & integration 3. Other aspects of EFMI Working Groups
European Federation of Parasitologists	Promotion of scientific research & training in parasitology in Europe through the organisation of meetings and diffusion of information about research grants in this field	1. Malaria and Schistosomiasis 2. Leishmaniasis, Trypanosomiases, Filariases, Onchocerciasis 3. All other important human parasitic diseases	1. Parasitology societies in European countries 2. Organisation of international scientific events 3. Diffusion of information about news in parasitology 4. Supranational agencies related to parasitology & parasitic diseases	1. European Multicolloquium of Parasitology (every 4 years) 2. Young Scientist Awards (every 4 years) 3. Development & maintenance of website 4. Relationships with different supranational agencies, institutions & federations	1. Economic support is needed for the website 2. Additional economic support is needed to cover trip costs of EFP Board members 3. Local support is needed for the EFP Secretariat	1. Information exchange on parasitic diseases, both in Europe and worldwide 2. Organisation of joint expert panels & meetings in fields of mutual interest 3. Collaboration in identifying national experts for concrete health interventions 4. Help in furnishing knowledge about parasites, vectors & parasitic diseases 5. Collaboration in research & training related to parasites, vectors & parasitic diseases

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Health Management Association (EHMA)	Our work focuses on health management and those issues that touch upon the health of European citizens and the delivery of health services throughout Europe.	1. Improving quality and safety in healthcare 2. Reducing health inequalities 3. Improving efficiency and effectiveness of healthcare delivery		1. European Health Policy Forum 2. High-level group on Health Services & Medical Care 3. Health Systems Working Party 4. eHealth Stakeholders Group 5. Platform on Mental Health 6. Organising committees for conferences of sister associations on various topics 7. Coordinator of Health BASKET – Health Benefits and Services Costs in Europe (DG RTD) 8. Coordinator of HealthQUEST – Quality in & equality of access to healthcare services (DG EMPL) 9. Legally eHealth – Study on the legal & regulatory aspects of eHealth (DG INFSO) 10. SHARE – Supporting & structuring HealthGrid activities & research in Europe (DG INFSO)	*[none given]*	1. Management of health threats, particularly management of rapid response 2. Preparedness planning

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Public Health Association (EUPHA)	To be the pro-active platform for information exchange between public health research, practice and policy on a European level	1. Information exchange between countries 2. Information exchange between different disciplines 3. Information exchange between research, policy & practice	1. Health inequalities in European countries 2. Health inequalities between countries in Europe 3. Obesity epidemic 4. Public health capacity building	1. Annual Scientific Conference 2. Project – Strengthening Public Health Research in Europe	1. Financial support for infrastructure & personnel	1. Training programmes 2. Joint conference (with our section on infectious disease control) 3. Research 4. Input into European policy
European Respiratory Society (ERS)	The ERS covers all aspects of respiratory diseases, both in children and adults, including asthma, COPD, respiratory infections, interstitial lung diseases, cystic fibrosis, lung cancer and lung transplants, etc	1. COPD 2. Asthma 3. Respiratory infections	1. COPD 2. Asthma 3. Respiratory infections 4. Lung cancer	1. Annual ERS congress 2. Annual Taormina Lung Science Conference 3. Annual congress of American Thoracic Society 4. EU project Respiratory Diseases/European Respiratory Society School 5. Federation of European Respiratory Societies 6. Federation of International Respiratory Societies 7. WHO 8. European Parliament	*[none given]*	1. Prevention & treatment of infectious respiratory diseases 2. Epidemiology of infectious respiratory diseases 3. Ban of environmental tobacco smoke exposure (direct/indirect) 4. Prevention and treatment of (multi-resistant) TB 5. Awareness of health effects of respiratory diseases globally and in Europe

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Science Foundation (ESF) – European Medical Research Councils (EMRC)	EMRC is the membership organisation of the Medical Research Councils in Europe & promotes innovative medical research & its clinical applications towards improved human health	1. Basic science, translational and clinical research 2. Population surveys & biobanking – for understanding etiology, patho-physiology, clinical & preventive aspects of ID, emerging diseases & life-style-related diseases	1. Foresight studies 2. Science policy briefings 3. Research conferences 4. Young investigators awards	1. Bi-annual Plenary meetings of Medical Research Councils of 30 European countries 2. Forward Look reports and science policy briefings on strategic research areas & research policy 3. Research conferences on rare diseases; pharmacogenomics; systems biology 4. Summer School and Research conferences on Nanomedicine 5. Eurocores on Pan-European Clinical Trials and Stem cells	*[none given]*	1. Foresight and Forward Look Reports and Science Policy Briefings on relevant topics, eg non-commercial clinical trials, population surveys, biobanking, etc
European Society for Clinical Investigation (ESCI)	ESCI organises annual scientific conferences & workshops, and publishes the *European Journal of Clinical Investigation*, a journal of molecular & clinical patho-physiology	1. Cardiovascular, gastroenterological & liver diseases 2. Infections & disorders of immunity 3. Metabolic & endocrine disorders	1. Organising high-quality, multi-disciplinary medical meetings 2. Publishing a multi-disciplinary journal of mechanisms of disease 3. Providing the annual ESCI Award for Excellence in Clinical Science	1. Annual scientific meeting of ESCI	1. Contribution of high-quality workshops by members of ECDC 2. Financial support from EC and national agencies for our conferences & workshops	1. Contribution of high-quality workshops by members of ECDC 2. ESCI can organise scientific meetings for members of ECDC, who can become ESCI members and apply for financial support 3. Our journal (Eur J Clin Invest) publishes supplements, which may be based on conferences of ECDC members

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Society of Clinical Microbiology & Infectious Diseases (ESCMID)	Promote and support research, education and training in the infection disciplines by scientific exchange, educational programmes, grants & awards, certification and consultation with professional and government agencies	1. Overcome AMR 2. Reduce healthcare-associated infection 3. Develop vaccines against the main 'scourges of mankind' (malaria, HIV, etc)	1. Disseminate knowledge (journal, meetings) 2. Provide postgraduate training & education 3. Convene study groups on specific issues 4. Foster dialogue between professional organisations	1. Annual ECCMID congress 2. EU-funded projects (EUCAST, GRACE, IPSE) 3. 15 different study groups on various issues 4. Large educational & conference programme (including summer school)	In the field of professional affairs (specialty training & recognition, certification, (re-)licen-sing, accreditation of CME, etc) Europe is still very fragmented. Harmonisation of professional matters across Europe is proceeding slowly. It would help if the EU had a political mandate in this respect	1. ECDC Advisory Forum 2. EUCAST (antibiotic & antifungal breakpoint determination) 3. Joint action plan (inc EMEA) on overcoming resistance (educational & regulatory measures re antibiotic policies & fostering drug research) 4. Medical guidelines
ESCMID Study Groups – ESGNI, ESGEM, ESGAP	Healthcare- associated infections (HAI) – surveillance, audit, review & design of policies; increasing evidence for interventions; several workshops	1. Consensus on clinical governance framework & HAI prevention & control 2. Educational activities (extend to all HCWs), ESCMID 3. Improve evidence base for effectiveness of HCAI & AMRIX interventions 4. IT systems & HCAI	1. IPSE WP2 – (HPA lead) national priorities 2. IPSE WP1 – Syllabus re curriculum competencies 3. ARPAC FP6 – improve evidence base 4. Fill gaps in surveillance	1. Participant in FP5 ARPAC project 2. Participant in DGSanco IPSE project – education & performance indicators 3. Run educational workshops annually 4. Run sessions & workshops at every ECCMID of ESCMID (annual conferences) 5. Run surveillance projects – identify gaps in current systems	1. Funding for core staff 2. Mechanisms to ensure greater collaboration via ECDC 3. Ideas how to avoid duplication & synergies of EU societies 4. Use expertise of ESCMID & Clinical Microbiology & ID 5. Help close loop between Depts of Health and multi-disciplinary professional organisations in each country	1. Expert advice, guide-lines, surveillance, interventions 2. Collaboration on investigations, grant proposals 3. Conferences/ publications intercept 4. Through members, close loop between country policies – implementation & effectiveness, bottlenecks 5. Meeting rooms in other countries (reduce cost, carbon, time

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Society for Clinical Virology (ESCV)	To bring together scientists and clinicians throughout Europe and to promote public health & advance education, particularly medical education, in clinical and basic virology	1. Appropriate viral laboratory diagnostics including quality control 2. Appropriate clinical interpretation of viral diagnostics 3. Appropriate treatment and prevention of viral diseases	1. Educational meetings in clinical virology 2. Participation in European QC activities 3. Promotion of research in the field 4. Grants and awards to stimulate students	1. Annual meetings in clinical virology, organised by ESCV 2. Co-organising of national meetings or meetings in specialised fields of virology 3. Eurovirology meetings every third year 4. Sole organisation of specialised meetings, such as the meeting on respiratory viruses, Lyon 2007	1. An ECDC person with microbiology competence to be co-opted to the ESCV Council 2. Spread of information on ESCV activities 3. Link to relevant persons in epidemiology, to recruit as lecturers, etc 4. A centralised secretariat for small to medium-sized organisations to handle membership matters & economy in a rational way	1. Organisation of education in microbiology, aiming at harmonisation of diagnostics and typing 2. Harmonisation of quality control & accreditation 3. Reliable info on availability of standards and other QC material 4. Collection of info on available virus assays, inc independent evaluation on their performance for important diagnostics 5. Creation & implementation of norms for evaluation of microbiological assays
European Society for Paediatric Gastro-enterology, Hepatology & Nutrition (ESPGHAN)	Paediatric gastroenterology, hepatology & nutrition, both clinical & research-driven activities. Promoting knowledge of paediatric gastroenterology, hepatology & clinical nutrition, stimulating research in these fields, & disseminating such knowledge.	1. Undernutrition and obesity in children 2. Policies for infant nutrition 3. Vaccination for gut and liver infections	1. Preparation of guidelines for infant nutrition 2. Education programmes for paediatric gastroenterology, hepatology & nutrition in Europe 3. Promoting research in paediatric gastroenterology, hepatology & nutrition	1. Annual Meeting of the Society 2. Postgraduate courses in Paediatric Gastroenterology, Hepatology & Nutrition 3. Educational programmes in Eastern Europe	Epidemiological surveillance of gut and liver infections.	1. Surveillance on gastrointestinal infections 2. Viral hepatitis 3. Vaccination programmes

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
European Sociological Association	Raising the level of awareness of sociology of health in European contexts.	1. Imparting sociological knowledge and awareness of PH 2. Working with PH officials on various key health issues in Europe 3. Making an impact on medical education with regards to sociology	1. Education of professionals 2. Imparting knowledge 3. Networking with others in the health field 4. Raising sociological awareness in PH	1. European sociological societies 2. EC 3. European medical schools 4. Health delivery in European countries	1. More linkages with key experts in the above fields. 2. We would perhaps like to have joint conferences with key PH experts.	*[none given]*
Federation of European Microbiological Societies (FEMS)	FEMS main mission is to advance and unify microbiology knowledge. FEMS brings together 46 member societies from 36 European countries, covering over 30 000 microbiologists.	1. FEMS considers all aspects of micro-biology, including health issues 2. Infectious diseases 3. Food-related infectious diseases	1. Publishing 5 journals 2. Financial support to young scientists 3. Financial support for meetings 4. European congress organisation	1. Organisation of European Congress of Microbiology 2. FEMS-ESCMID Conference on New Frontiers in Microbiology and Infection 3. Teaching microbiology in schools	*[none given]*	1. Teaching and continuous education 2. Help for scientific matters 3. Laboratory know-how
Federation of European Societies for Chemotherapy and for Infections (FESCI)	Antimicrobial chemotherapy, infectious diseases	1. Antibiotic resistance 2. Antibiotic misuse 3. Infection control		European Congress of Chemotherapy and Infection (ECC), national workshops, educational meetings	Cooperation within Europe – ISC, EMEA, EC in Brussels	1. Antibiotic resistance – development & control 2. Development of new antibiotics 3. Antibiotic stewardship and policies 4. Public and professional education
Federation of European Societies for Tropical Medicine & International Health	Tropical medicine & international health	1. Human resource crisis 2. Access to health care, inequity 3. Research (HSR)	1. Platform & advocacy 2. Scientific improvement 3. Education	All European congresses on tropical medicine and international health (Hamburg, Liverpool, Lisbon, Marseille, Amsterdam)	1. Sponsorship to make the conferences affordable 2. Professional support to create a platform function	1. Global health 2. Poverty-related diseases (AIDS, malaria, TB) 3. Neglected diseases

Organisation	Qn 1: Main area of work	Qn 2: Most important public health issues in field of interest	Qn 3: Top 4 action priorities (if different from Qn 2)?	Qn 4: Main meetings/ projects involved with	Qn 5: Further support or capacity required	Qn 8: Potential areas of collaboration with ECDC
International Society of Chemotherapy	Clinical microbiology, infectious diseases, AMR	1. Antibiotic resistance 2. Antibiotic misuse 3. Infection control		1. International Congress of Chemotherapy 2. Disease management series 3. Scientific Working Groups 4. Education of professionals	Cooperation within Europe – ECDC, OIE, EMEA, EC in Brussels and Luxembourg	1. Antibiotic resistance – development & control 2. Development of new antibiotics 3. Antibiotic stewardship and policies 4. Public and professional education
Public Health Genomics European Network (PHGEN), run by Institute of Public Health NRW (lögd)	Working towards the responsible and effective translation of genome-based knowledge and technologies into public policy and into health services for the benefit of population health	1. Informing public policy with regards to Genomics and PH 2. Health Service Development and Evaluation 3. Training the workforce and educating the public	1. Advising the EC 2. Initialising National Task Forces on PH Genomics in all 31 PHGEN member states 3. Identification of legal diversities & barriers in Europe (with regard to cross-border market) 4. Conducting networking exercise in this field	1. EuroGentest 2. Orphanet 3. GRaPH Int 4. Council of Europe, OECD	1. Support to conduct the PHGEN National Task Forces 2. Steady funding for expert meetings and research staff	1. Coordination of efforts of PH Genomics 2. Genomics & ID 3. Ethics & disease prevention 4. Rethinking PH approaches with regard to genomics 5. Surveillance systems

Organisation	Qn 6: Other organisations with whom collaborating	Qn 7: Key European spokespeople in the field
EASAC	1. Federation of European Academies of Medicine – www.feam.eu.com 2. European Science Advice Network for Health – via Sinapse	1. Prof Volker ter Meulen – volker.termeulen@mail-uni.wuerzburg.de 2. Prof Jos van der Meer – j.vandermeer@aig.umcn.nl 3. Prof David Spearman – david.spearman@tcd.ie 4. Prof Sir Brian Heap – rbh22@cam.ac.uk
EBSA	1. WHO (Biosafety Advisory Group, polio) 2. EC-JLS & SANCO biosecurity & biopreparedness 3. International Biosafety Working Group (IBWG) 4. European Federation of Biotechnology 5. EuropaBio	Depends on the area of biosafety
EFMI	1. IMIA International Medical Informatics Association – www.efmi.org 2. EU DG INFSO – http://ec.europea.eu/dgs/information_society 3. EuroRec Institute – www.eurorec.org 4. WHO – www.who.org 5. Koch-Metschnikow-Forum – www.kmforum.eu	1. EFMI Board members – separate list or see www.efmi.org, Prof George Mihalas 2. EFMI WG Chairs, separate list or see www.efmi.org 3. EFMI national representatives, separate list or see www.efmi.org 4. Georges de Moor, EuroRec President 5. Reinhold Haux, IMIA President Elect
EFP	1. WHO 2. European Commission 3. FAO Roma, OIE Paris 4. International Commission of Trichinellosis 5. SOIPA	1. S Mas-Coma, Universidad de Valencia, Spain (S.Mas.Coma@uv.es) 2. F Bruschi, Scuola Medica Pisa, Italy (fbruschi@med.unipi.it) 3. Y Carlier, Université Bruxelles (ycarlier@ulb.ac.be) 4. J F Sluiters, Erasmus MC, Rotterdam, Netherlands (j.f.sluiters@erasmusmc.nl) 5. J Dupouy-Camet, Université Paris, France (jean.dupouy-camet@cch.ap-hop-Paris.fr)
EHMA	1. EuroHealthNet – www.eurohealthnet.eu 2. WHO EURO – www.euro.who.int 3. NHS Confederation – www.nhsconfed.org 4. European Commission – www.europa.eu/health 5. European Investment Bank – www.eib.europa.eu	*[none given]*
EUPHA	1. ASPHER – www.aspher.org 2. WFPHA – www.wfpha.org 3. IUHPE – www.iuhpe.org 4. EHMA – www.ehma.org 5. EACH – www.each.nl	1. Martin McKee, LSHTM, London 2. Louise Gunning-Schepers, AMC, Amsterdam 3. Fred Paccanci, IUMSP, Lausanne, Switzerland 4. Walter Ricciardi, Catholic University, Rome 5. Ruth Gellethe, HPA, UK
ERS	1. American Thoracic Society – www.thoracic.org 2. European Lung Foundation – www.european-lung-foundation.org 3. Asian Pacific Society of Respirology – www.apsresp.org 4. South African Thoracic Society – www.pulmonology.co.za 5. Union Européene des Médecins Spécialistes – www.uems.be	1. Prof Bill McNee, President, ERS (see ersnet.org) 2. Prof Giovanni Viegi, Past President, ERS (see ersnet.org) 3. Prof Leonardo Fabbri, President Elect, ERC (see ersnet.org) 4. Prof Patricia Haslam, Head, ERS School (see ersnet.org) 5. Assembly Heads, ERS (see ersnet.org)
ESF – EMRC	1. DFG – www.dfg.de 2. MRC – www.mrc.ac.uk 3. CNR – www.cnr.it 4. Inserm – www.inserm.fr 5. Swedish Research Councils – www.vr.se	1. Prof Liselotte Hoejgaard, Chair of the Standing Committee of EMRC (University of Copenhagen, Denmark) 2. Prof Martin Röllinghoff (DFG, Germany) 3. Prof Colin Blakemore (MRC, UK) 4. Prof Christian Bréchot (Inserm, France) 5. Prof Gianluigi Condorelli (CNR, Italy)

Organisation	Qn 6: Other organisations with whom collaborating	Qn 7: Key European spokespeople in the field
ESF/EMRC Strasbourg & University Erlangen/ Germany	1. Paul Ehrlich Institute 2. Robert Koch Institute 3. University of Mainz	1. Prof Reinhard Kurth, Robert Koch Institute, Berlin 2. Prof Johannes Löwer, Paul Erhlich Institute, Langen 3. Prof Manfred Dierich, Innsbruck 4. Prof Rolf Zinkernagel, Zürich
ESCI	1. Blackwell Publishing – www.blackwellpublishing.com 2. ESCI Trust Foundation 3. ESCI Journal Foundation 4. European Journal of Clinical Investigation www.esci.eu.com/default.asp?page=pubs	We have members in almost all fields of medical science
ESCMID	1. ERS – www.ersnet.org 2. ECDC – www.ecdc.eu.int 3. UEMS – www.uems.net 4. 40 national societies in the infection field	1. Prof Ragnar Norrby, Stockholm (ragnar.norrby@smi.ki.se) 2. Prof Herman Goossens, Antwerp (Herman.Goossens@uza.be) 3. Prof Marc Struelens, Brussels (marc.struelens@ulb.ac.be) 4. Prof Roger Finch, Nottingham (r.finch@nottingham.ac.uk) 5. Prof Albert Osterhaus (a.osterhaus@erasmusmc.nl)
ESCMID Study Groups	1. IPSE (DG Sanco) 2. CDC 3. WHO 4. ESGEM/ESGAP 5. EARSS/ESAC DG Sanco 6. Federation of European Academies of Medical Associations	1. Bart Godts – new Chairman ESGNI 2. ESGEM – Epidemiological Practices – new Chairman 2007 3. ESGAP – Antibiotic Policies – Inge Gyssens
ESCV	1. Society of General Microbiology – www.socgenmicrobiol.org 2. Pan-American Society of Clinical Virology – www.virology.org 3. Asian Society of Clinical Virology – www.aspmv.org 4. WHO – www.who.org 5. Qual Control of Mol Diagnostics – www.qcmd.org	See list of Executives and councillors at www.escv.org
ESPGHAN	1. United European Gastroenterological Federation (UEGF) 2. Federation of Paediatric Gastroenterology, Hepatology and Nutrition Societies (FISPGHAN)	1. Prof Alfredo Guarino 2. Prof Hania Szayewska
ESA	International Sociological Association	*Will need to enquire at Head Office about this information*
FEMS	1. ESCMID – www.escmid.org 2. American society for Microbiology – www.asm.org 3. FEBS – www.febs.unibe.ch 4. EMBO – www.embo.org 5. ISME – www.microbes.org	
FESCI	1. International Society of Chemotherapy (ISC) 2. Mediterranean Society of Chemotherapy (MSC)	1. Prof Helen Giamarellou (President) hgiama@ath.forthnet.gr 2. Prof. Milan Cizman Milan.cizman@mf.uni-lj.si 3. Prof. Andrea Novelli andrea.novelli@unifi.it 4. Prof. Juan J. Picazo jpicazo@microb.net

Organisation	Qn 6: Other organisations with whom collaborating	Qn 7: Key European spokespeople in the field
FESTMIH	1. NVTG – www.nvtg.org 2. DTG – www.dtg.org 3. Soc Path Exotique – www.pasteur.fr/sante/socpatex 4. Belgian Society of Tropical Medicine – www.be-causehealth.be 5. TMIH – www.blackwell-science.com	Many – see website: www.trop-amsterdam2007.com
International Society of Chemotherapy	1. European Society of Clinical Microbiology & Infectious Diseases 2. Federation of European Societies of Chemotherapy 3. American Society of Microbiology 4. Alliance for the Prudent Use of Antibiotics 5. Western Pacific Association of Chemotherapy	1. kurt.naber@nabers.de 2. teresita.mazzei@unifi.it 3. a.m.geddes@bham.ac.uk 4. f.m.mackenzie@abdn.ac.uk
PHGEN	1. CDC Atlanta, National Office of Public Health – www.cdc.gov/genomics 2. Public Health Genetics European Network – www.phgu.org.uk 3. German Centre for Public Health Genomics – www.dzphg.de 4. TOGEN – Turkish Centre for Public Health – www.itt.gen.tr 5. UK DNA Biobanking Network – www.dna-network	1. Ron Zimmern (ron.zimmern@srl.cam.ac.uk) 2. Angela Brand (angela.brand@fh-bielefeld.de) 3. Jean-Jacques Cassiman (jean-jacques.cassiman@med.kleuven.be) 4. Serdar Savas (ssavas@itt.gen.tr) 5. Walter Ricciardi (wricciardi@rm.unicatt.it)

Section 2: Organisation profile

Organisation	Qn 9: How many organisations?	Qn 10: Countries in which operational	Qn 11: Annual Budget (in euros)
EASAC	27	Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK	*[not given]*
EBSA	1	Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Ireland, Italy, Netherlands, Norway, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK, Japan, Canada, US, Australia, Hong Kong, New Zealand	50–250 000
EFMI	> 31 in 31 countries	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, UK, Bosnia-Herzogovina, Croatia, Israel, Moldova, Russia, Turkey, Ukraine	< 50 000
EFP	29	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland, UK, plus Turkey, Israel, Russia, Ukraine, Georgia, Belorussia	
EHMA	210	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK	500 000–1 million
EUPHA	62	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK, Albania, Armenia, Bosnia-Herzegovina, Croatia, Kazakhstan, Macedonia, Turkey, Serbia, Israel, Moldova	50–250 000
ERS	many	All 30 EEA countries	> 1 million

Organisation	Qn 9: How many organisations?	Qn 10: Countries in which operational	Qn 11: Annual Budget (in euros)
ESF-EMRC	75	Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, UK, Turkey, Croatia	> 1 million
ESCI	3	Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK	250–500 000
ESCMID	40	All 30 EEA countries plus Turkey, Russia	> 1 million
ESCMID Study Groups	*[none given]*	All 30 EEA countries	< 50 000
ESCV	0	Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK, Turkey, US	50–250 000
ESPGHAN	more than 390 hospitals, clinics, etc	Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, UK, plus Russia, Taiwan, Turkey, USA, Republic of Serbia, Japan, Israel, India, Croatia	250–500 000
ESA	*[none given]*	*[none given]*	*[none given]*
FESCI	48	The European countries where the affiliated societies are based and operating defined as: all European countries according to the WHO definition; all countries of the Mediterranean border; all countries bordering the Black Sea	50–75 000
FEMS	46	All 30 EEA countries	> 1 million
FESTMIH	17	Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Portugal, Slovakia, Spain, Sweden, Switzerland, UK	< 50 000
International Society of Chemotherapy	76	Austria, Bulgaria, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK	250–500 000
PHGEN	22	All 30 countries plus USA, Canada	500 000–1 million

Section 3: Communications

Organisation	Qn 12: Website	Qn 13: Newsletter	Frequency	Readership	Qn 14: Press releases last year	Qn 15: Websites accessed regularly
EASAC	www.easac.com	No			0–6	Cordis; www.scidev.net; SPIN (www.wellcome.ac.uk)
EBSA	www.ebsaweb.eu	Yes	c. 3 a year	C. 200, electronic	0	WHO; US CDC; PROMED
EFMI	www.efmi.org	Yes	monthly	National Reps, electronic	7–12	www.cordis.lu; www.AMIA.org; different newsletters and then access
EFP	Yes, under construction	No			0–6	PUBMED; www.cdc.gov; www.cdc.gov/ncidod/eid
EHMA	www.ehma.org	Yes	monthly	800–1 000 electronic	0–6	www.bbcworld.com; http://ec.europa.eu/health

Organisation	Qn 12: Website	Qn 13: Newsletter	Frequency	Readership	Qn 14: Press releases last year	Qn 15: Websites accessed regularly
EUPHA	www.eupha.org	Yes	monthly	4 000 electronic	0–6	www.observatory.dk; www.euro.who.int; www.glc.gov
ERS	www.ersnet.org	Yes	quarterly	9 500 electronic & hard copy	> 24	ECDC; CDC; WHO
ESF – EMRC	www.esf.org	Yes	quarterly	200, hard copy	> 24	bulletinaccounce@who.int; iomnews@lsw.nas.edu
ESCI	www.esci.eu.com	Yes	other	2 000 electronic & hard copy	0–6	*[none given]*
ESCMID	www.escmid.org	Yes	monthly	15 000 electronic 3 000 hard copy	0–6	www.epha.org; www.eurosurveillance.org; www.eupha.org
ESCMID Study Groups	www.escmid.org					Eurosurveillance; PUBMED; AMM News/Chat page
ESCV	www.escv.org	No			0–6	Not relevant for the organisation
ESPGHAN	www.espghan.org	Yes	other	400	0–6	*[none given]*
ESA	Yes *[no URL given]*	Yes	*Not given*	*Not given*	Don't know	*[none given]*
FEMS	www.fems-microbiology.org	Yes	other	30 000	0	*[none given]*
FESCI	www.fesci.net	No			0–3	*[none given]*
FESTMIH	www.festmih.net	No			7–12	*[none given]*
International Society of Chemotherapy	www.ischemo.org	Yes	quarterly	6 000, electronic	0–6	ECDC ; PROMED ; HPA
PHGEN	www.phgen.eu	Yes	other	250 electronic	0–6	http://ec.europa.eu/health