



EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

**Executive Summary of the ECDC Director's
Annual Report: 2005**



Tomtebodan, Stockholm, Headquarters of ECDC



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List of acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial resistance
BSN	Basic Surveillance Network
CDC	Centers for Disease Control and Prevention, Atlanta, USA
CMO	Chief Medical Officers
CVO	Chief Veterinary Officers
DG SANCO	Directorate General of Public Health and Consumer Protection
DG DIGIT	Directorate General for Informatics
DSN	Dedicated Surveillance Networks
ECDC	European Centre for Disease Prevention and Control
EEA	European Environmental Agency
EEA/EFTA	European Economic Area/European Free Trade Association
EFSA	European Food Safety Authority
EISS	European Influenza Surveillance Scheme
EIWR	Epidemic Intelligence Weekly Report
EMEA	European Medicines Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENVI	Committee for Environment, Public Health and Food Safety
EPIET	European Programme for Intervention Epidemiology Training
EPSCO	Employment, Social Policy, Health and Consumer Affairs Council
ESCON	Surveillance Component of the Community Network
ESWI	European Scientific Working Group on Influenza
EU	European Union
EUMC	European Monitoring Centre on Racism and Xenophobia
EuroHIV	European Centre for the Epidemiological Monitoring of AIDS
EWRS	Early Warning and Response System
FETP	Field Epidemiology Training Programmes
Gideon	Global Infectious Diseases and Epidemiology Network
GPHIN	Global Public Health Intelligence Network
HIV	Human immunodeficiency virus
H5N1	Highly Pathogenic Avian Influenza (Type A/H5N1)
ICT	Information and Communication Technology
MedISys	Medical Intelligence System
NRL	National Reference Laboratories
OIE	World Organisation for Animal Health
PROMED	An electronic Epidemic Intelligence Distribution List
RASFF	Rapid Alert System for Food and Feed
DG RELEX	Directorate General for External Relations
SARS	Severe Acute Respiratory Syndrome
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
WHO	World Health Organization
WHO/EURO	Regional Office for Europe of the World Health Organization

Foreword by Karl-Heinz Florenz MEP, Chairman of the Committee on the Environment, Public Health and Food Safety, European Parliament



Mr. Karl-Heinz Florenz, MEP

In today's world communicable diseases can spread internationally with alarming speed. This was shown by the SARS outbreak in 2003 and more recently by the spread of avian flu. We all know that communicable diseases do not stop at borders and that we have, therefore, to protect all our citizens in an efficient way.

This 2005 Annual Report shows that the ECDC has already had a significant impact in tackling this challenge during its first year of existence. The agency has played a valuable role in identifying and assessing current and emerging threats to human health from communicable diseases such as influenza, or HIV/AIDS, or those posed by the growing problem of antimicrobial resistance. It has also provided scientific advice to underpin action by the Member States and the European Commission, as well as by the Parliament.

When legislation for establishing this new agency was discussed in the European Parliament and especially in the Committee on the Environment, Public Health and Food Safety, it was clear that public health capacity had to be expanded. By reinforcing and developing the European Union's existing systems of continent-wide disease surveillance and early warning, ECDC has thus helped to fulfil the key tasks that were attributed to it by the Council and the European Parliament.

This report indicates that ECDC has started to operate successfully in both a Europe-wide and global context. Citizens in Europe are asking for better protection against health threats. They also expect answers at European and not just at national level, and indeed, health is an issue that brings people closer to Europe by connecting EU citizens and institutions. Moreover, ECDC must also place its work in a global perspective by closely collaborating with WHO and by participating in international efforts to protect people against health threats. ECDC is clearly responding to both these needs.

It is important for the ECDC to secure the highest standards of competence and a broad range of relevant expertise, in order to carry out the above tasks, and to ensure the best advice for European policy-makers

in the field of public health. As this report shows, the ECDC has made a good start in meeting these challenges.

The European Parliament has already established a close relationship with the agency, both with its Director and staff, and, through its two representatives and one substitute on the ECDC Management Board, will continue to monitor its work, and to support it in its various tasks. I hope that the agency can further reinforce its rapidly established capacity to help European political authorities to produce effective responses to serious public health problems, and I wish it all the best for the future.

*Mr. Karl-Heinz Florenz, MEP
Chairman of the Committee on the Environment,
Public Health and Food Safety*

Foreword by Markos Kyprianou, European Commissioner for Health and Consumer Protection

As the Commissioner for Health and Consumer Protection I work to ensure that the EU cares for its citizens' health, an area people genuinely care about, and which touches their everyday lives. I am very aware that Europeans expect to see results from the EU's policy in these areas! Therefore I am very proud and happy that the setting up of the European Centre for Disease Prevention and Control (ECDC) in 2005 was under my watch as the responsible EU Commissioner, and it gives me great pleasure to introduce this first Annual Report of the ECDC by Director Zsuzsanna Jakab.

This is, in fact, a report of just the first 10 months of the ECDC's existence. The progress made has been truly remarkable. Literally from scratch, the ECDC has in record time established itself as a strong force that is ready to protect the health of EU citizens through the prevention and control of communicable diseases, as set out in its mandate and founding regulations. This is crucial for the health of EU citizens, considering the ease with which communicable diseases can spread in an EU without borders, a globalised world, and greater travel to and from the EU.

Recent developments have shown us graphically how important and timely it was for the EU to enhance its defences against communicable diseases. The very close collaboration between Member States, EU Institutions, Agencies and UN organisations has greatly helped the early detection and containment of the deadly H5N1 strain of the avian influenza virus in EU Member States.

I would like to take this opportunity to commend the ECDC for its part and for the professional, immediate and even early advice, interventions and responses to H5N1, even when it had not quite reached EU borders.

During what must have been a period of intense pressure – the Centre was still in its infancy – the ECDC used the best current scientific evidence to produce advice on:

- The health risks that H5N1 avian influenza might pose to EU citizens.
- Protection against occupational exposure to the avian influenza virus.
- A general risk assessment.
- Travel advice.
- National pandemic preparedness plans.

The ECDC also participated in joint missions to affected countries.

I know that when my staff and I were working with Member States to set up the ECDC there was a lot of debate and some scepticism on the need for and nature

of an EU communicable disease centre. Parallels were drawn with CDC Atlanta, and I am pleased that we built on their experience and decided on one centre rather than several centres and we put “prevention” before “control”. This decision is based on the very strong public health systems in Europe and the need for collaborative mechanisms and support to Member States, in order to avoid duplication and parallel interventions. The ECDC has already shown with its actions that it has taken these points to heart and listened to its peers.



Markos Kyprianou.

As this first annual report states: “The speed, content and collaborative nature of the response to avian influenza (especially the immediate presence on the ground in affected and at risk countries) has drawn positive comments and shows that the ECDC listened to the comments and suggestions of its peers. Hopefully, the initial scepticism (“We need G-men ready to hop on a plane within 24 hours, not just swing emails at each other”) has been allayed to some extent and there is now greater confidence in the EU's capacities and capabilities to prevent the spread of communicable diseases in Europe.”

The future will inevitably bring more challenges in an area where we must always be alert. However, from the experience of the ECDC's first year of “baptism by fire” I am confident that it will develop and expand in 2006 and beyond into the strong Centre, envisaged in its Founding Regulations. My staff and I are committed, together with Member States and international organisations such as the WHO, to support the ECDC so that collectively we can provide EU citizens protection against communicable diseases from within and outside the EU borders. I am certain that we can make the ECDC truly a “Centre of the EU – by the EU and for EU citizens”!

I hope you will find this first annual report of the ECDC Director, Zsuzsanna Jakab, as interesting and useful as I did.

Commissioner Markos Kyprianou
Member of the European Commission for
Health and Consumer Protection,

Foreword by Dr. Marc Sprenger, Chairman of the ECDC Management Board



Dr. Marc Sprenger.

In May 2005 the new European Centre for Disease Prevention and Control (ECDC) became operational in Sweden.

There is a strong need to invest in the ECDC. Why is this of utmost importance? All of the Member States of the European Union face common health challenges. Disease threats reappear in new forms and adapt to their new

environment, as we have seen with the appearance – now also in many countries of Europe – of avian influenza.

At the start of 2005, the Management Board adopted the first work programme for the new Centre for that year, fully acknowledging the fact that it was very ambitious especially considering the short period of its operation during 2005 and the limited staff it would have at its disposal.

Nevertheless, as is clearly highlighted in the summary of this report by the Director of the ECDC, all activities of that work programme have been covered. Zsuzsanna Jakab and her devoted team have performed a small miracle, setting the basis for the Centre's position as a key player in the area of human health protection at the European and the international level.

I would like to highlight the active and operational collaboration that has already been achieved with other relevant international organisations, in particular the World Health Organization. Furthermore, a close cooperation creating synergy of activities and avoiding any duplication with what already exists within Europe has been and will further be developed with relevant EU Agencies. Also necessary contacts have been made with the Centers for Disease Control and Prevention (CDC) in Atlanta, USA for example, and with similar stakeholders in Asia, India and Thailand. The ECDC has been put on the map of the world, and it clearly needs to have an eye open to outside the EU.

What lies ahead? I strongly believe that the Centre should get itself into the position to further enhance its activities in order to cope with the variety of other common health challenges within Europe.

The independent external evaluation of the achievements of the new Centre, which will be commissioned by 20th May 2007, should create the necessary basis

for its further development. I am already looking forward to the outcome of that exercise, which will also assess – and I quote from the Regulation establishing the ECDC – “the possible need to extend the scope of the Centre's mission to other relevant Community-level activities in the field of public health, in particular to health monitoring”.

But let's be realistic. If we have a critical look at the impressive and again very ambitious work programme for 2006 of the new Centre, it will even be a real challenge for Zsuzsanna Jakab and her gradually expanding team of experts to cope with the milestones embedded in that document, although the Centre's activities are currently limited to the area of communicable diseases.

There is indeed already much for the Centre to do, even though its activities are within a more or less confined area. I have the deepest confidence in the skills of Zsuzsanna Jakab to cope with the many challenges, which face the ECDC. The Centre may be initially a relative small European agency, but the importance of its mission already now and in the future is certainly large.

I wish Zsuzsanna Jakab and her team all the best in that major task and look forward to our continued efforts to make the ECDC a success story.

*Dr. Marc Sprenger
Chairman of the Management Board*

*Director-General of the Dutch National Institute for
Public Health and the Environment*

Summary by the ECDC Director

The ECDC was established in full awareness that communicable diseases continue to pose a major threat to the citizens of Europe in the 21st century. The Centre is building on previous successful collaborations between Member States and the EU institutions within the EU network for surveillance and early warning and response. After the SARS epidemic in 2003, the ECDC was founded at a record pace to further strengthen the European capacity to deal with these threats and to coordinate joint efforts. I, together with my staff, have taken the responsibility to establish the Centre and make it operational as quickly as possible, so as to be prepared for any unforeseen event within our mandate.

The recent spread of the epizootic avian influenza to the EU has yet again reminded us of the importance of working together in the fight against communicable diseases, and ECDC now stands ready to play an active role in this area.

The Centre's first 10 months have been devoted to speedily putting the infrastructure in place, and at the same time building up scientific capacity. I took office in the first week of March, and with an initially small but dedicated team of experts and administrative staff we had the Centre operational by the end of May, which enabled the new agency to be inaugurated by Commissioner Kyprianou at a ceremony on May 27. In this set-up phase, the strong support we received from the Health and Consumer Protection DG of the European Commission was crucial to its success.

ECDC has in these first months, and with very limited resources, worked together with the European Commission and the Member States to cover all the activities set out in our work programme. In this first annual report, we show that we have been able to meet all these obligations and in many areas move well beyond them.

From our first temporary facilities in Solna City Hall, which the Mayor of Solna generously provided, we moved to our permanent home at Tomtebodan in October. This new site is strategically located on the campus area of the Karolinska Institute. When fully renovated in late 2006, these premises will provide ECDC with prime facilities for continuous growth and future expansion.

The recruitment process has been intense, and by the end of 2005, we managed to have almost all staff positions in our establishment plan not only filled, but actually with staff in place and working. Interest in working for the ECDC has been immense, and I am happy to note that for each position we have filled, we have been able to put several highly competent candidates on reserve lists. I am therefore confident that we will

also continue to attract and recruit some of the best experts in Europe in the coming years. We have also managed to set up the financial systems and internal audit functions, and we have a budget system in place suitable for a results-based management and fully compliant with European Commission regulations and procedures.



Zsuzsanna Jakab
Director ECDC

In the area of scientific advice, we now have a roster of the best experts in Europe from which to recruit ad hoc scientific panels. These have enabled us to already produce guidelines and advice in many areas of communicable disease.

Influenza together with antimicrobial resistance and HIV/STI were identified very early on as priority areas at a time when staff in place was insufficient to cover all diseases with the same depth. For these three areas, horizontal projects have been created, enabling us to react swiftly to the sudden appearance of avian influenza in Europe. Under heavy time pressure, guidelines for the protection against occupational exposure to the avian influenza virus, a general risk assessment and travel advice were issued following the identification of the virus in Europe.

Another main achievement this year has been the formulation of a European Strategy for Surveillance, which includes the transfer of responsibility for funding and coordinating the EU-level surveillance activities to the ECDC. The Management Board has now endorsed this strategy, and the more detailed work with the surveillance networks to ensure a smooth transition will continue in 2006 and 2007 as the network's present contracts with the European Commission run out.

During these first months we have also put the structures for epidemic intelligence, preparedness and response in place, including a 24/7 duty system and an operational "Emergency" Centre. These structures were strongly tested and found to meet all expectations during the two EU communication exercises on smallpox and influenza in October and November. Before that, the ECDC had developed tools for evaluation of pandemic preparedness and together with the European Commission and the World Health Organization (WHO) used these tools to support several European



Anders Gustâv (15 January 1947 - 17 March 2006), Mayor of Solna and a good friend to ECDC, at the inauguration of ECDC in May 2005.

countries – a work that will continue in 2006. ECDC experts have also participated in WHO assessment missions on avian influenza to Romania and China.

Being a small agency, the ECDC needs to build strategic partnerships. My staff and I have now visited most of the Member States (also USA and some Asian countries), met with a large number of organisations and other stakeholders in our area, and signed a Memorandum of Agreement with WHO Regional Office for Europe (WHO/EURO). Partnerships have also been initiated with WHO headquarters and US Centers for Disease Control and Prevention (CDC).

In 2006, the Centre is now ready to move from a few priority diseases to establish itself as an active player in all areas of communicable disease prevention and control. We will continue the work of taking over full coordinating responsibility of the surveillance networks, and we will identify areas where we can strengthen the capacity in the Member States to respond to health threats from infections. In all these areas we will continue to work very closely with all our partners.

*Zsuzsanna Jakab
Director ECDC*

A new Centre for an expanded EU

In the area of communicable diseases, 2005 was a historic year for the European Union and its citizens. It saw the establishment of a new Centre, one that would work with, support and complement the relevant national institutions of EU Member States while being independent and dedicated to strengthening Europe's defences, capabilities and capacities to monitor, prevent and respond to communicable diseases reaching or crossing EU borders. The importance and urgency of the above, following the SARS outbreak in 2003, was reflected in the unprecedented speed with which the Member States and the EU Institutions developed and approved the Founding Regulations in April 2004 for the establishment of the European Centre for Disease Prevention and Control (ECDC) and its location in Stockholm. The speed of implementation continued with the setting up of the ECDC Management Board, its first meeting in September 2004 and the subsequent selection and appointment by the Management Board of the ECDC Director, who started work in the first week of March 2005.



ECDC Management Board.

Setting up the ECDC - The first six months

To build on the momentum already created and following in the footsteps of Member States and EU institutions to ensure that the Centre was ready to provide protection to EU citizens, as soon as possible, the Director of the ECDC started work from temporary locations in Stockholm, rather than from the European Commission in Brussels (as is normal practice for new EU agencies). This facilitated the official inauguration by Commissioner Markos Kyprianou to take place in Stockholm in May 2005, within 3 months of the Director taking office.

By this time the ECDC was operational as an independent EU Agency with Commission administrative and financial procedures in place and key technical and administrative staff recruited and working. The Centre had also made significant progress in the implemen-

tation of its 2005–2006 work programme with a 24/7 monitoring and roster system operational and linked to the EU early warning and response system (EWRS).

As communicable diseases don't respect national borders or sector and agency demarcations, prevention and response to outbreaks and epidemics is an international and multi-agency task based on solid national systems of Member States. As a new player and given its relatively small size, the ECDC had to very quickly establish close contact and build working relations and partnerships with the relevant Member State institutions and EU and non-EU agencies. A number of exchange visits and contacts with institutions and agencies such as WHO (HQ, the European and Southeast Asia Regional Offices) and the US CDC, Atlanta resulted in some key outcomes. These included the secondment of national and international experts, the ECDC's presence and work programme known in technical circles, and ECDC is already part of key global initiatives such as pan-

demographic influenza preparedness. Another outcome was an agreed Memorandum of Understanding between the ECDC and the WHO Regional Office for Europe (WHO/EURO) that provides a framework for cooperation and collaboration and the two-year secondment of a WHO staff member to ECDC.

During the setting up period, with the help and support of the Swedish national and local authorities, a long-term site for the ECDC was also identified, its lease negotiated and renovation started. On October 3, 2005 the ECDC moved to its new long-term premises, strategically located near the Karolinska Institute campus, with the above considerable and unique achievements laying solid foundations for future challenges.

Meeting the challenges

The challenges were not long in coming with the most visible and immediate being the advancement of the H5N1 strain of the avian influenza virus from Southeast Asia (and the first human cases and deaths outside it) to the borders of the EU and its presence in neighbouring and candidate countries. This baptism of fire also provided the most demanding of testing grounds, in the real world of field operations, for the foundations that had been laid and the contacts and agreements reached to date that had earlier been tested and adjusted through two simulation exercises in October and November 2005. The foundations built were not found wanting and during a period of intense pressure the ECDC produced in 2005 guidelines for protection against occupational exposure to avian influenza virus, a general risk assessment, travel advice, support to Member States for national pandemic preparedness plans and also participated in joint missions to affected countries.

The speed, content and collaborative nature of the response (especially the immediate presence on the ground in affected and at risk countries) has drawn positive comments and shows that ECDC listened to the comments and suggestions of its peers. Hopefully, the initial scepticism (“We need G-men ready to hop on a plane within 24 hours, not just swing emails at each other”) has been allayed to some extent and there is now greater confidence in the EU capacity and capability to prevent the spread of communicable diseases in Europe.

The lessons learnt of a fast response with a small constrained budget, limited staff and being in compliance with public sector and European Commission administrative and financial procedures will also help to shape future action. However, this initial positive baptism of fire has perhaps provided the best platform to ensure that the ECDC develops and expands in 2006 and beyond into the strong Centre, envisaged in its

Founding Regulations and reflected in its Mission Statement, that will together with Member States provide EU citizens protection against communicable diseases from within and outside EU borders.

The Founding Regulation and mission statement

The mission of ECDC is spelled out in Article 3 of the Regulation (European Commission) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing the ECDC (the Founding Regulation):

Mission and tasks of the Centre

1. In order to enhance the capacity of the Community and the Member States to protect human health through the prevention and control of human disease, 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. In pursuing its mission the Centre shall take full account of the responsibilities of the Member States, the Commission and other Community agencies, and of the responsibilities of international organisations active within the field of public health, in order to ensure comprehensiveness, coherence and complementarity of action.

2. Within the field of its mission, the Centre shall:

- (a) search for, collect, collate, evaluate and disseminate relevant scientific and technical data;*
 - (b) provide scientific opinions and scientific and technical assistance including training;*
 - (c) provide timely information to the Commission, the Member States, Community agencies and international organisations active within the field of public health;*
 - (d) coordinate the European networking of bodies operating in the fields within the Centre's mission, including networks arising from public health activities supported by the Commission and operating the dedicated surveillance networks;*
- and*
- (e) exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.*



ECDC Advisory Forum.

Main strategic thrusts and achievements for 2005

Derived from the mission statement and Founding Regulations the overall aim is to develop a scientific- and evidence-based integrated surveillance and response infra-structure for the EU that will prevent and control human disease. The four main pillars are:

- An integrated surveillance system, which combines systematic monitoring of both routinely reported data and epidemic intelligence, for early detection of communicable disease outbreaks, epidemics and priorities.
- A communication and response system, which provides timely and regular feedback to Member States and EU Institutions and citizens and is ready for urgent and appropriate response to control and prevent the spread of communicable diseases.
- A knowledge system that underpins and supports surveillance and response with the best scientifically based guidelines, definitions and advice and which is at the cutting edge of communicable disease analysis and research.
- Country support to strengthen Member States capacities and to identify best practices for adaptation and dissemination to all.

In 2005, at the same time as starting to build the above, significant progress has been made to establish as a priority a functioning ECDC with its own long-term premises, to recruit key core scientific staff and to set up a network of partners so that together the EU defences against communicable diseases could already be strengthened. (“key milestones” box below).

Key milestones 2005

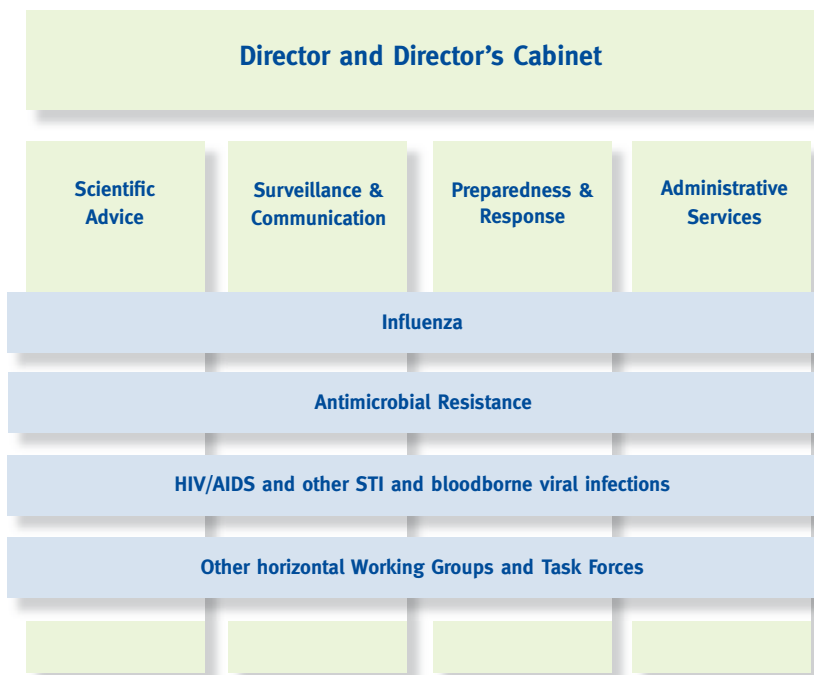
Date	Event
1 March	Director takes office, first expert in place 7 March.
28 April	First Advisory Forum meeting: <i>ECDC work plan 2005-2006; role of Advisory Forum.</i>
2 May	Director addresses the European Parliament HIV/AIDS Workshop
26 May	Third Management Board meeting: <i>Presentation of the New Unit Heads.</i>
27 May	ECDC's official inauguration by European Commissioner for Health & Consumer Protection with Health Ministers for Sweden & Luxembourg, Management Board & other dignitaries.
11-12 July	Second Advisory Forum meeting: <i>Rules of procedures, scientific panels, ToR of Advisory Forum working groups.</i>
22 August – 9 September	ECDC participates in joint EU-WHO missions to evaluate pandemic preparedness in Kazakhstan (22-26 August), Ukraine (28 August-1 September) & UK (5-9 September).
13 September	Memorandum of understanding signed with WHO/EURO.
14 September	Director addresses the European Parliament on avian influenza.
22 September	ECDC participates in first joint CMO/CVO EU meeting to discuss avian influenza.
19 September – 5 October	ECDC participates in joint EU-WHO missions to evaluate pandemic preparedness in Turkey (19-23 September), Greece (26-29 September) and Poland (3-5 October).
29-30 Sept.	Third Advisory Forum meeting: <i>Surveillance strategy, guidelines for uniform response.</i>
1 October	Move to new permanent Tomtebodan premises in the Karolinska Institute campus in Solna.
18 Oct/23 Nov	“New Watchman”(smallpox) & “Common Ground”(pandemic influenza) exercises.
19 October	Press conference on avian influenza guidance for workers protection, risk assessment & travel advice.
21 October	Director addresses the informal Council meeting in UK on influenza.
24-26 October	2nd Joint European Commission-ECDC-WHO/EURO Workshop on Influenza Planning, Copenhagen
27-28 October	Fourth Management Board meeting in Budapest: <i>Surveillance Strategy endorsed.</i>
15 November	Network Forum meeting with coordinators for all surveillance networks.
28-29 November	Fourth Advisory Forum meeting: <i>AMR, surveillance actions, ECDC role in public health crisis, SOP for Outbreak Assistance Teams, HIV/AIDS & other STDs, VPI project</i>
30 Nov/1 Dec.	European training strategy meeting in Stockholm.
13-14 Dec.	Fifth Management Board meeting: <i>2006 budget approved, 2006 work plans and 2007 budget & establishment plan presented.</i>

Overall structure and organigramme

The organisational structure of ECDC reflects its core functions, as spelled out in the mandate above. In order to rapidly build an organisation and technical infrastructure capable of dealing with the many broad and complex tasks of the Centre, it was at an early stage decided by the Director to create a structure that is based on key functions rather than disease groups (figure 1).

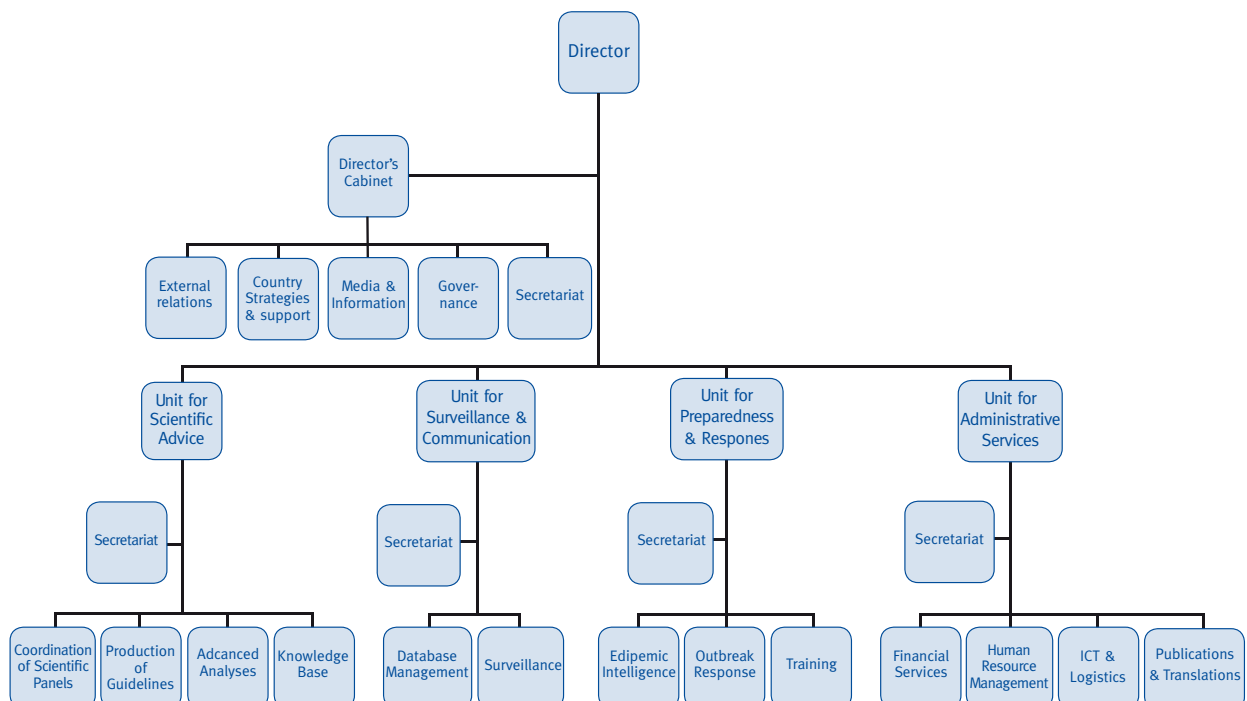
The organisation is based on three technical units (Units for Scientific Advice, Surveillance and Communications, and Preparedness and Response) supported by a Unit for Administrative Services. The overall coordination and external relations functions are with the Director's Cabinet.

Figure 1: ECDC organigramme and matrix structure



The disease specific activities lie horizontally in projects, across the three technical units, thus creating a matrix organisation with two specific entry points: functional and disease-specific. This structure will therefore enable efficient:

- Implementation of the main thrusts of the programme that cover both function and disease specific actions and outcomes.
- Use of the scientific staff, whose numbers during the first two years will be too small to be spread over several disease specific units, each having to build their science base, surveillance activities and response capacities.



The Director's Cabinet

Mission statement

The long-term strategic focus is to ensure that the ECDC is 1) an authority and reference Centre for all Member States in the EU and 2) a major player on the European and the global arena in communicable disease prevention and control.

Organisation

The Director is responsible for the overall coordination and leadership of the ECDC and the functions of Governance, External Relations, Country Support, Information and Communication, and Internal Coordination are with the Cabinet. These functions will be further developed in 2006 as more staff are recruited.

Internal coordination

In 2005, all the structures and procedures to have a functional, streamlined agency in place were developed. As needed, internal procedures continue to be developed and adopted by the Director. The on-going internal coordination is mainly carried out through regular meetings of the Executive Management Team and through regular reporting by the Unit Heads and Project Coordinators on work done and planned.

Governance

The Governance function is responsible for the relations with and meetings of the two external ECDC bodies: the Management Board and the Advisory Forum.

As an independent EU Agency, the ECDC reports to a **Management Board** whose members are nominated by the Member States, European Parliament and European Commission. The Management Board along with appointing the Director ensures that the Centre carries out its mission and tasks in line with the Regulations and approves and monitors implementation of the Centre's work programme and budget. From March 2005 there were three meetings due to the intensity of and urgency for action.

Advisory Forum is composed of members from technical institutes that perform tasks similar to those of the Centre. They are nominated by Member States for their scientific competence and by the European Commission to represent interested parties at European level. The Advisory Forum supports the Director in all scientific tasks and is also a mechanism for exchanging information, pooling of knowledge and for ensuring close cooperation between the ECDC and the competent bodies in the Member States. In 2005 four meetings

were held addressing scientific, technical, organisational and procedural issues especially with relation to influenza and the ECDC strategies on the future Europe-wide communicable disease surveillance.

External relations

One of the key 2005 priority tasks has been to rapidly position ECDC among the various stakeholders and existing bodies concerned with communicable disease prevention and control in and outside Europe. Significant progress has been made with the Director's personal participation in the main strategic meetings with key partners and stakeholders. A draft strategy for the future external relations' work was endorsed by the Management Board in October.

European Union institutions

The key partners of the ECDC are the EU institutions. The ECDC has a number of obligations towards the various EU institutions, which include issuing scientific opinions and evaluating current and emerging health threats as they arise.

Within the European Parliament, **the Committee for Environment, Public Health and Food Safety (ENVI)** closely follows the work of ECDC. The ENVI had a parliamentary hearing with the Director Nominee on the January 10, 2005, prior to her appointment by the Chairman of the Management Board. Director ECDC has, on invitation, addressed European Parliament members on avian influenza and HIV/AIDS threats to Europe. In 2006 there will be regular biannual exchange visits and briefings from both sides.

The Council and Presidency of the European Union: The EU health ministers meet regularly in the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO). Health threats concerning communicable diseases have in the recent years become an increasingly important topic in these meetings. The Director of ECDC has been invited to two informal Council meetings to address these issues. At the request of the European Commission the ECDC contributes to the preparation of specific agenda items, for example influenza.

From the start, ECDC have been in regular contact and supported by **the European Commission**. The closest links have been to the Directorate General of Public Health and Consumer Protection (DG SANCO) and in particular to the units dealing with Public Health and Risk Assessment, Health Threats, Health Measures; and Food safety. This has ensured a smooth transfer of responsibilities from the European Commission to the ECDC and a very effective collaborative response to

health threats, for example for Avian Influenza with the Directorate for Public Health and Risk Assessment and also with the services responsible for veterinary matters. Also the ECDC receives requests from the Director General (DG SANCO) and from the office of the Commissioner, who is also briefed by Director ECDC on ECDC's progress and to discuss topics of common interest. Collaboration with the Directorate General Research relates to the funding of research projects on communicable diseases that apply to its programme.

The remit of ECDC is complementary to those of some other **EU agencies** and ECDC regularly participates in their coordination meetings, for example the European Food Safety Authority (EFSA), the European Medicines Agency (EMA) and the European Environmental Agency (EEA). Close links have been established with **EFSA** also on issues concerning reporting under the Zoonoses Directive (2003/99/European Commission) and avian influenza and with **EMA** on antimicrobial resistance and vaccine issues. A joint workshop on infections in vulnerable groups is planned in 2006 with the European Monitoring Centre for Drugs and Drug Addiction (**EMCDDA**) and the European Monitoring Centre on Racism and Xenophobia (**EUMC**).

Member States and EEA/EFTA countries

In 2005, ECDC worked closely with the 25 Member States and also with the EEA/EFTA countries (Norway, Iceland and Liechtenstein), which are all represented on the Management Board and the Advisory Forum of the Centre. The main contact points in the Member States have been the members of the Advisory Forum and Management Board, in their respective roles. As an expert agency, ECDC has worked closely with the national surveillance institutes and in particular with their Directors and State Epidemiologists.

Non-EU countries

To protect the EU citizens, promote global health security and to represent and play its role in the global communicable disease arena, the ECDC needs to be well connected to the ministries and public health agencies of major countries also in other parts of the world.

Contact points for future work with **neighbouring countries** and the Russian Federation have been established and missions to Romania and Turkey took place, together with WHO, to investigate the human consequences of the outbreak of avian influenza among birds and to strengthen influenza preparedness. Contacts and exchange visits have also taken place with the **United States of America** (Department of Health



"First meeting of ECDC / WHO Joint Coordination Group Stockholm, 1 December 2005"

and Human Services and the CDC Atlanta). Similar contacts and visits have also been made to **Asia** (India, Thailand and the WHO Regional Offices concerned).

Public health agencies including the World Health Organization (WHO)

The ECDC is forming partnerships with all public health agencies, and the **World Health Organisation** is one of the most natural and important of the international organisations in this respect. Considerable progress has been made at the political, strategic and operational levels with WHO/HQ and the WHO Regional Office for Europe (WHO/EURO) on global and European issues, respectively. A Memorandum of Understanding between ECDC and WHO/EURO has been signed and has been followed by regular high-level meetings and mutual attendance at governing body meetings. At the operational level joint activities include participation of ECDC in avian influenza missions to Romania and Turkey. Mutual participation in each other's technical meetings continue as well as joint meetings and workshops (for example, on influenza and HIV/AIDS). A staff member is seconded to ECDC to further strengthen this partnership.

Country strategy and support

Director ECDC paid official visits to half the Member States in 2005 at their invitation, and this will continue in 2006. A directory of key contact points (competent bodies in the field of communicable diseases) in the Member States is being compiled. A plan for mapping the health structures in Member States and for assessing the needs for support in 2006 has also been discussed and approved by the Management Board.



Zsuzsanna Jakab, ECDC Director, talking to the media with Professor Johan Giesecke (centre) and Dr. Denis Couliblier (right).

Information and communication to stakeholders

A number of specific target audiences have been specified, such as national and EU officials dealing with public health, the scientific community, civil society groups, health professionals and the general public. Communications with key contacts in the EU and Member States institutions are an on-going feature and other target audiences are reached through publications, the Internet and the media. Dissemination of information via national public health authorities is often the most effective means to reach the public.

Communication strategy

An external communication strategy, which includes the procedure ECDC will follow prior to making major announcements to the media, has been prepared and discussed by the Management Board. Recommendations on the development of a scientific publications programme, a publication policy and the ECDC's website are also being prepared.

Website

An interim website was set up in March with institutional information, such as ECDC's mission statement

and contact details. The site grew steadily in 2005 with some substantive scientific information and news items, notably in the area of influenza.

Eurosurveillance

A strategic partnership has been initiated with the EU-funded communicable disease journal, Eurosurveillance, to produce and disseminate weekly epidemiological reports. Eurosurveillance's established weekly and monthly electronic (and periodic print) releases will serve as one of the main channels for ECDC's scientific output covering epidemiological information from the networks, scientific advice and opinions, and epidemic intelligence reports. An editorial team member is seconded to ECDC and an ECDC staff member is serving as associate editor of Eurosurveillance.

Media relations

There has been steady media interest in ECDC since its creation, and the Director undertook a number of interviews from January 2005. The intense interest in the human health implications of H5N1 avian influenza (sparked by the arrival of the virus in Europe in mid October) resulted in a step change in ECDC's relations with the media. This continued at a significantly higher level in the last part of 2005 and early 2006.

Scientific advice

Mission statement

The long-term strategic focus is to firmly establish ECDC's reputation for scientific excellence among all partners in international health, and to be the prime resource for the European Commission, European Parliament, Member States and public in matters concerning disease control.

Organisation

The four sections cover ad hoc scientific panels, production of guidelines, advanced analysis and the internal knowledge base and competence building (Figure 1). In 2005, only the first two sections were staffed.

Procedures for answering scientific questions

The procedure for answering scientific questions (which can be asked of the ECDC by the European Parliament, the European Commission and Member States) has been established as follows:

1. The question is assessed for its scientific relevance and Community interest.
2. An opinion is first sought among ECDC staff. As more experts with knowledge of published scientific findings are recruited more answers will be dealt with from within ECDC.
3. If internal expertise does not suffice, the relevant DSN will be consulted for scientific advice.
4. If the DSN cannot answer the question, or if no network exists on the issue, an ad hoc scientific panel with competence in the area will be requested for an opinion, reinforced as necessary by more experts from the larger roster of experts.

During 2005, no official scientific questions were put to the Centre. However, the Unit has offered rapid ad hoc advice, for example during the two simulation exercises run during the autumn.

Scientific panels

To aid ECDC's scientific work, ad hoc scientific panels are being set up to meet two objectives. The first is to help draw up scientific opinions to answer questions from the European Parliament, European Commission or Member States. This function will be fulfilled on an ad hoc basis with the panels being extended for specific questions, using the roster of experts who have declared their interest to serve on the panels.

The second more strategic and broader remit is to help ECDC strengthen its scientific agenda and to issue scientific opinion on its own initiative on matters within

its mandate. This requires close link to panel members and will be met by a stronger ECDC internal capacity when this is in place.

Recruiting the experts for the panels

In October, a wide and broad call to serve on such panels was issued through the Official Journal, The Lancet, the Advisory Forum, the Management Board and some 75 learned societies in the EU. At the close of the call, almost 300 experts had expressed interest (a few from non-EU countries) and those not selected for panels will be placed on a roster for future needs and will also be used in their personal capacity.

Guidelines

Although not in the 2005 Work Programme, the production of guidelines ("guidance documents") is a key element of ECDC's assistance to Member States, and their surveillance and public-health institutes. The process to produce such guidelines has been established as the following:

1. Suggestions for new guidelines will come from the Advisory Forum (who represent the expert group most aware of shortcomings and gaps in communicable disease guidelines in the EU) and also from the ECDC.
2. The need for a guideline is assessed, taking into account public health considerations; present discordance between Member States; lack of updated existing guidelines, etc.
3. When a topic has been agreed, the Advisory Forum members investigate whether good guidelines exist in their country. If so, these may need translation for consideration by all members.
4. At the same time, a search is conducted for good guidelines on the topic in CDCs in non-EU countries (e.g. the US CDC) and in WHO.
5. After advice from the Advisory Forum, and with input from a relevant scientific panel, a working party is set up to start on the guideline production.
6. The product of the working party will be presented to the Advisory Forum for their input and advice, and then finally approved by the Director and put on the ECDC website.

During 2005, a public health based guideline for the protection of people exposed to highly pathogenic avian influenza in birds was produced at very short notice by a working party, disseminated through appropriate channels and put on the ECDC website.

Scientific inputs to all ECDC activities

Although again not a formal task in the work plan, the Unit plays an important role in providing scientific input to ECDC activities. The meeting of the Management Board in May included a two-hour scientific seminar with international experts on epidemiology, immunology and public health.

The Karolinska Institute Medical University – the ECDC's closest neighbour – has agreed on issues for cooperation such as assistance to set up the ECDC scientific library and to hold common scientific seminars

during at least every other Advisory Forum meeting. Furthermore, the ECDC's chief scientist was appointed Adjunct Professor of Infectious Disease Epidemiology at the Karolinska Institute.

External scientific input was provided to the EU Chief Medical Officers (CMOs) and Chief Veterinary Officers (CVOs) meetings in Brussels; the WHO/European Commission/ECDC meeting on influenza in Copenhagen, the European Scientific Working Group on Influenza (ESWI), the European Health Forum in Bad Gastein and the Leibnitz Society in Brussels.



Surveillance and communications

Mission statement

The long-term strategic focus is to strengthen European surveillance in order to reinforce detection, prevention and control of communicable diseases in Europe.

Networking and surveillance

Key tasks for ECDC are to reinforce, coordinate, harmonise and develop the existing system of EU-wide dedicated surveillance networks (DSN), which were funded and developed separately during their research stage as concerted actions by the European Commission and later as actions under the EU Public Health Programme. As a result, the DSN differ in size, details, organisational structure, and development phase. The associated databases are at times incompatible with each other. Finally, due to the above and other reasons there has not been systematic, wide and regular use and reporting of the data and information contained in the networks. An interim EU surveillance strategy for the next three years was approved by the Management Board and preparations for implementation have started. A system of periodic communicable disease reports has also been initiated.

Preparations to assume responsibility for EU surveillance

The Europe-wide strategy for surveillance of communicable diseases in the EU was formulated (see Box) in line with the advice of the Advisory Forum, after a wide and in-depth consultation of key stakeholders across Europe. The in-depth consultation was carried out in two phases by an ECDC, Member States, and WHO/EURO expert team. The stakeholders included Member States governments and institutions, EU institutions and agencies, European surveillance projects, learned societies and the WHO.

The consultation showed many issues where there was clear consensus and agreement on how ECDC, given its mandate, should proceed. It was agreed that ECDC should:

1. Evaluate each network before final decisions are taken on future management of its activities.
2. Develop an outbreak surveillance system.
3. Strengthen EU capacity to detect, identify and characterise infectious agents with the help of National Reference Laboratories (NRL), to facilitate the development of training programs and exchange of laboratory staff. Designation of NRL as European Reference Laboratories should be further explored.
4. Identify effective means of data dissemination and clearance procedures with the Member States.
5. Work closely with the learned societies, scientific institutes and other organisations to ensure the highest possible scientific standards.
6. Strengthen working relations with the neighbouring countries on all aspects of surveillance by building on existing contacts of Member States and networks.
7. Be acquainted with frontline discussions on all aspects of new and alternative surveillance systems to detect outbreaks and bioterror events and assist Member States surveillance institutes in these matters.

Action has already been taken to move forward in these areas. Further discussions will take place where full consensus was not reached.

The surveillance strategy for Europe

The Strategy for Communicable Disease Surveillance, approved by the Management Board, describes the way forward for the transition period of the next three years to enable the current decentralised approach to be strengthened through better management and coordination.

The opinions and expectations of stakeholders were sought in a wide consultation process and were taken into account when shaping the strategy, which has three main components: 1) routine surveillance with a core set of information (that can gradually be enlarged) for all diseases; 2) enhanced surveillance with additional information collected according to public health objectives for priority diseases; and 3) specific projects and feasibility studies to test new methods or approaches to surveillance.

The routine surveillance will be located at ECDC. After an evaluation of all networks and a prioritisation exercise for all diseases, the decision will be made on which networks or parts will be based at ECDC and on which parts there will be calls for tender. Collaborations will be developed with the WHO, neighbouring countries and the scientific community to join forces and gather the best available expertise in Europe.

A longer term 10-year strategy will be developed based on the current concept by the end of 2006.

Preparation for the evaluation of networks

The evaluation and assessment of the existing networks will start in 2006 based on a framework that has been developed and discussed with the Advisory Forum in 2005. Each network will be evaluated covering its current objectives and activities, the usefulness of the activities and outputs, the technical performance of the network; and an assessment of each network's capability to meet the future surveillance objectives for the respective disease. The results will enable objective decisions to be made regarding the integration of each network's functions and activities with those of the ECDC as part of the future Europe-wide surveillance system.

Data collection and analysis

As the current European Commission contracts of the networks expire, ECDC will assume the financial and managerial responsibility. Procedures are needed for the interim period and steps that will facilitate work during the transition phase have been discussed with the Advisory Forum, European Commission and the networks.

These steps include: 1) a draft agreement with the surveillance networks on integrated operation, SOP and ECDC's access to the network databases; 2) a draft agreement with the Member States on data transmission and exchange; and 3) preparations for the revision of EU case definitions for surveillance following a request from the European Commission.

Data dissemination

Data collection, monitoring and analyses are crucial for the identification, assessment and communication of new threats to human health from communicable diseases and to produce understandable information useful for public health decision-making. They allow, for instance, the identification of changes in diseases patterns in terms of demographic conditions, spread to new geographical areas, emergence of microbiological types with different pathogenicity and the prediction of future trends. All this information should be distributed to those who may use it to improve the health of European citizens.

Preparation of weekly epidemiological bulletin

It was decided to use the weekly release of Eurosurveillance as the medium for the weekly epidemiological

bulletin of ECDC. For further information on this strategic partnership between ECDC and Eurosurveillance see the Director and Director's Cabinet section.

European Zoonoses Report

Member States are required (Directive 2003/99/European Commission) to monitor and report to the European Commission data and information on zoonoses and zoonotic agents in humans, feeding-stuffs, animals and foodstuffs along the food chain; food-borne outbreaks; and on antimicrobial resistance in zoonotic agents isolated from humans, animals and foodstuffs.

Data on human zoonotic cases, provided by the Member States (Decision 2119/98/European Commission) using the Basic Surveillance Network (BSN), will be forwarded by the ECDC to EFSA according to procedures agreed with the Advisory Forum. The deadline for the first report is in 2006 requiring that the data are sent by Member States to the ECDC before the end of May 2006. The ECDC has a close collaboration with EFSA for the analysis and interpretation of the human data as well as the reporting of food-borne outbreaks, and is part of the respective EFSA task force.

Preparation of the 2006 annual report

The 2006 annual report on communicable diseases in Europe will give an overview of the epidemiological situation covering the main demographic characteristics and temporal and geographical distribution of communicable diseases in the EU. This first report will be based on 2005 data and the information that Member States and DSN can currently provide. Comparability could be problematic, since much work on data harmonisation still needs to be done. The report will also provide a picture of the different surveillance systems in Europe and provide information on the difficulties that some Member States may have to deliver epidemiological data, and will thus also identify several areas for future strengthening, possibly with ECDC support.

The annual report will evolve in future years, from basic descriptive information to more in-depth analyses as better coordination of data delivery and the convergence of surveillance systems and the development of new epidemiological tools become available.

Preparedness and response

Mission statement

The long-term strategic focus is to assist Member States and the European Commission to prevent, detect, assess, investigate and respond to communicable disease threats.

Organisation

There are three sections (Figure 1) covering Epidemic Intelligence, Outbreak Response and Training.

Epidemic intelligence

Epidemic intelligence can be defined as the process to detect, verify, analyse, assess and investigate public-health events that may represent a threat to public health. It includes activities related to early warning, signal assessments and outbreak investigation.

Standard operating procedures, tools and feedback

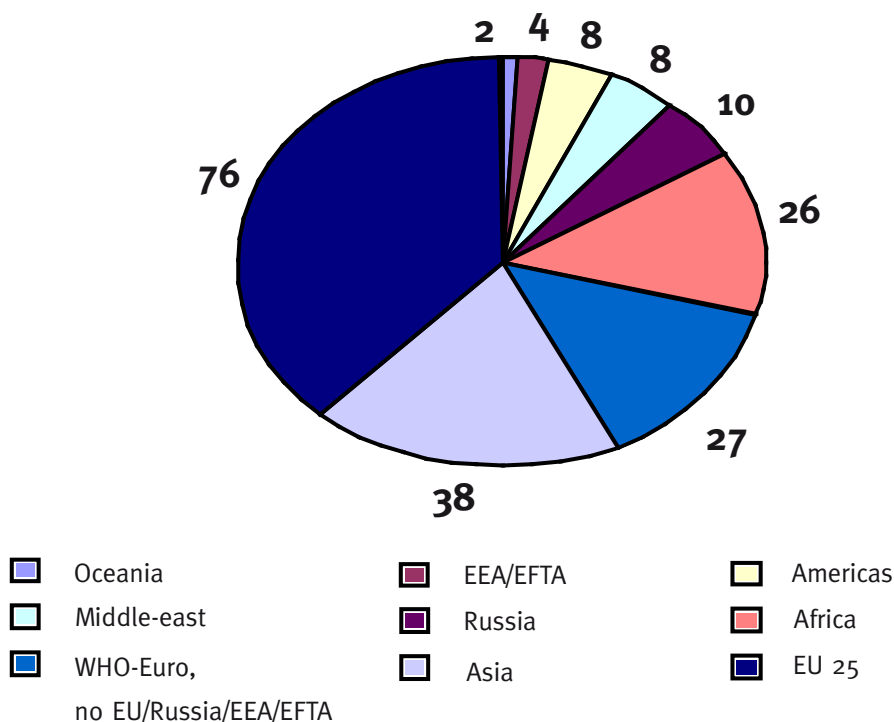
ECDC collects information for the detection of threats from the DSN, calls received by the ECDC duty officer, the Early Warning and Response System (EWRS) and other European Commission alert systems (RASFF, RELEX), European epidemiological bulletins, partner agencies (WHO outbreak verification list, Pacific network forum, OIE etc.) epidemic intelligence dist-

tribution lists (PROMED), specialized Internet search engines (MedISys, Gideon, GPHIN) and from the network of Member States' epidemic intelligence officers.

Signals detected through these sources are assessed to determine the risk they pose to European citizens and possible responses. An ECDC developed "threat tracking tool" helps capture, verify and assess relevant public-health events which are discussed at daily epidemic intelligence briefings and decisions are taken on the basis of the advice of the ECDC team. Every Friday morning, a conference call with the European Commission jointly reviews current threats and prepares the Epidemic Intelligence Weekly Report (EIWR) for the Commissioner for Health and Consumer protection.

The regular and on-going dissemination of public-health threats is done through the EWRS, the weekly threat report, Eurosurveillance weekly and the ECDC website (currently for influenza). From April to December 2005, 102 separate threats were processed, of which many were multi-country, amounting to 199 national incidents (figure 2) and some 900 follow-up events took place with 51 ECDC actions resulting from the threats. Yearly summaries will be part of the "communicable diseases in Europe" annual reports.

Figure 2: Distribution of threats by geographical areas, April–Dec. 2005



Agreement with epidemic intelligence stakeholders

Member States: The January 2006 epidemic intelligence meeting will involve Member States representative in charge of epidemic intelligence activities, and European and international partner agencies. The objectives of the meeting are:

- To strengthen the network of epidemic intelligence officers in Europe.
- To establish a informal rapid information exchange mechanism with Member States.
- To determine the feedback mechanisms for regular information to the Member States.
- To capitalise on the epidemic intelligence experience acquired by Member States, in term of organisational models, source of information used and verification mechanisms.
- To define the added value Member States expect from ECDC.
- To consider areas of harmonisation of epidemic intelligence process among Member States.

European Commission: The procedures for communication on public health threats, which were defined with the European Commission and have been operational since June 2005, are as follows:

- Weekly teleconference to review current threat and joint preparation of the EIWR bulletin for the Commissioner.
- Ad hoc calls and teleconferences when required.

- The operation of EWRS to assist the European Commission.

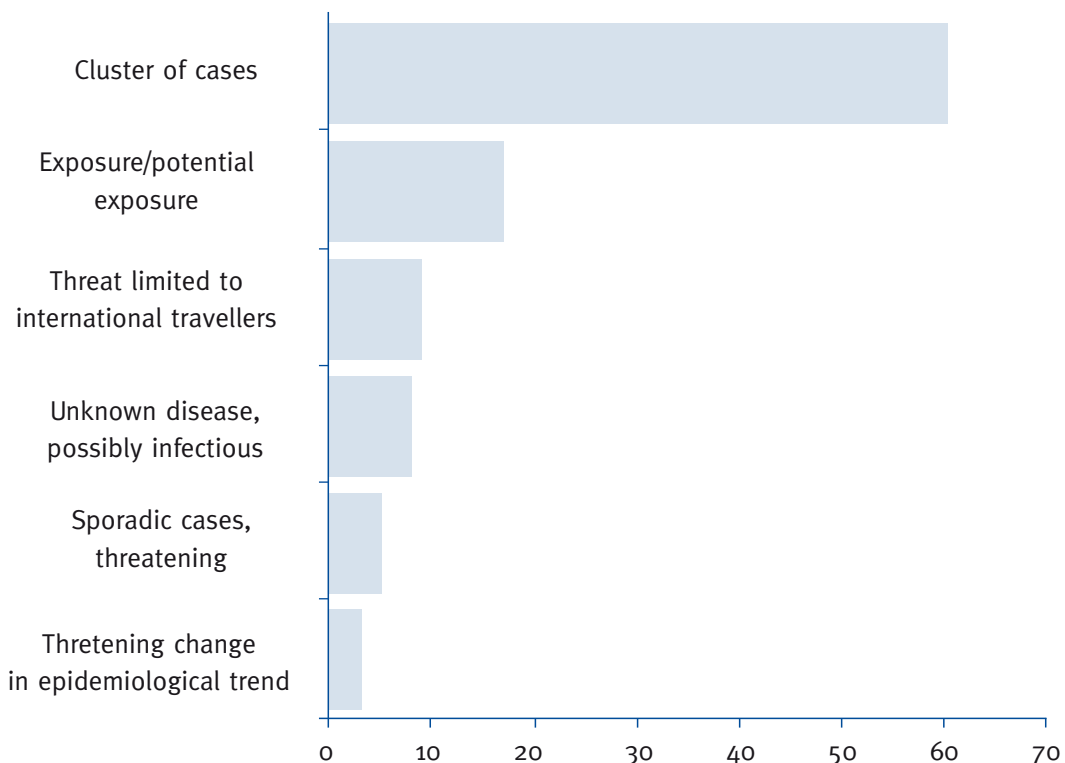
WHO: Collaboration mechanisms have been established with WHO/EURO and the Alert and Response department of the WHO headquarters in Geneva. Under this agreement, the WHO outbreak verification list is provided routinely to ECDC and access to EWRS is granted for WHO, subject to the decision of the Member States.

Early Warning and Response System (EWRS)

From April 28, 2005, ECDC has been linked up to and operational as the focal point for EWRS. Messages from Member States are monitored, reviewed and acted upon and 102 events were reported and reviewed in 2005 (Figure 3).

While ECDC is now fully operational regarding the follow-up of Member States messages, the transfer also of the EWRS technical (IT) operations requires a transition period until ECDC has sufficient IT capacity available in its new premises and various options are being reviewed with the European Commission. These include use of an IT service provider and keeping the technical IT operations in European Commission until ECDC has full technical IT capacity. In the interim, DG-DIGIT of the European Commission has been approached to continue servicing the EWRS server.

Figure 3: Distribution of threats by nature of the threat, April-December 2005



24/7 on duty procedures

ECDC implemented in May 26, 2005, a 24 hours, 7 days (24/7) on duty system through a unique telephone number (+46 841 04 78 78) and email address (support@ecdc.eu.int). From May to December 2005 two calls have been processed, not related to emergency issues. These channels of emergency communication with ECDC have been communicated to Advisory Forum, EWRS, ESCON, European Commission and DSN focal points.

Emergency operations

ECDC public health event plan

ECDC developed a public-health event plan, which covers activation mechanisms, setting the level of public-health alert, scaling ECDC intervention, implication for reassignment of duties and maintaining core ECDC functions. This was presented to the Advisory Forum and also successfully tested during the two simulation exercises in 2005. The lessons learnt will be the basis for further improvements (see below).

Role of ECDC in public health crisis

The role of ECDC in the event of a European public-health crisis has been defined for risk monitoring (leading role), risk assessment (leading role), risk management (support role) and risk communication (co-ordination role) as well as for preparedness activities (provision of scientific evidence and support to drafting of preparedness plans).

Simulation exercises – New Watchman and Common Ground

ECDC contributed to the planning, as well as being a key participant, of the two European Commission simulation exercises which took place in October (New Watchman: Smallpox) and November (Common Ground: Influenza pandemic preparedness) 2005.

The New Watchman exercise highlighted the need to better define ECDC's role when intentional release of biological agents is suspected, taking account of the forensic dimension of the investigation, as these events remain a high public health concern. The Common Ground exercise showed the value of a clear understanding and agreement by Member States, European Commission and ECDC on ECDC's role in risk monitoring, assessment and management. However, more discussion is needed regarding coordination of risk communication.

Both exercises proved the ECDC's ability to communicate effectively via video conference with Member States, the European Commission and WHO. However, the EWRS showed its limitation for communications during a crisis of European scope with increased traffic of messages. EWRS should be enhanced with new fun-

ctionalities that allow structuring access to circulating messages and logging of events and decisions.

The exercises also showed the need for ECDC to further develop its SOP when the public health event operation plan is activated, in particular, the interactions between the public health event management team and ECDC executive management team.

ECDC emergency operations centre

From October 1, 2005, a temporary emergency operations room has been set up and equipped in the new ECDC premises with video conferencing and communication equipment. These will be transferred and enhanced when the ECDC premises are fully renovated in 2006. The specification of a state-of-the-art public health crisis Centre will be decided with a company experienced in designing such Centres. The US CDC has been visited to learn from their experience.



Eastern Turkey, January 2006.

Outbreak assistance mechanisms

Mobilisation of outbreak assistance teams

Procedures for mobilising outbreak assistance teams have been developed and presented to the Advisory Forum stipulating that outbreak assistance can be triggered by Member States requests, third countries or WHO. In addition, ECDC can offer assistance to Member States as a result of a threat assessment. The call for assistance is then circulated to Member States through nominated outbreak response country focal points (EWRS focal points and the DSN for diseases and areas that they cover will be used in the interim). ECDC will then propose identified experts to the requesting country and cover travel and subsistence costs of the field team.

Assistance provided in 2005

In 2005, ECDC provided assistance of one expert through the WHO Regional Offices for Europe and for the Western Pacific, in Romania and China respectively, for assisting national authorities in dealing with human issues related to outbreaks of avian influenza in birds. In January 2006 this assistance was significantly scaled up as avian influenza reached EU borders and the first human cases were detected outside the Far East.

Training

Training strategy

A five-year training policy has been prepared, in collaboration with the European Programme for Intervention Epidemiology Training (EPIET) and presented to the Advisory Forum. This sets out the objectives, targets and training approaches respectively at the national, EU and international level.

Activities proposed at Member States level include the organisation of workshops, short courses, the design of training material, and it considers the distance learning approach and implementing new field epidemiology training programmes (FETP). At the European

level, it refers to conducting a needs assessment, an inventory of resources and the continuation and expansion of EPIET, the development of joint microbiologists-epidemiologists training courses, the exchange of senior experts, scientific seminars, the organisation of workshops, training courses and modules and the publication of a European field epidemiology manual.

Member State consultation

Following the presentation of the training strategy to the Advisory Forum, Member States representative in field epidemiology training activities met to develop a set of recommendations for the formulation of the 2006-2007 implementation plan.

EPIET

The EPIET programme will continue with ECDC support after the end of the current European Commission contract. The transition will take place over 2006-2007 – the programme is organised in cohort of fellows spread over two years. As agreed with the EPIET steering committee, for the next cohort of 12 fellows ECDC will pay as contract agents eight fellows in 2006 and take over the cost of the training activities for this cohort (introductory course and scientific seminar).

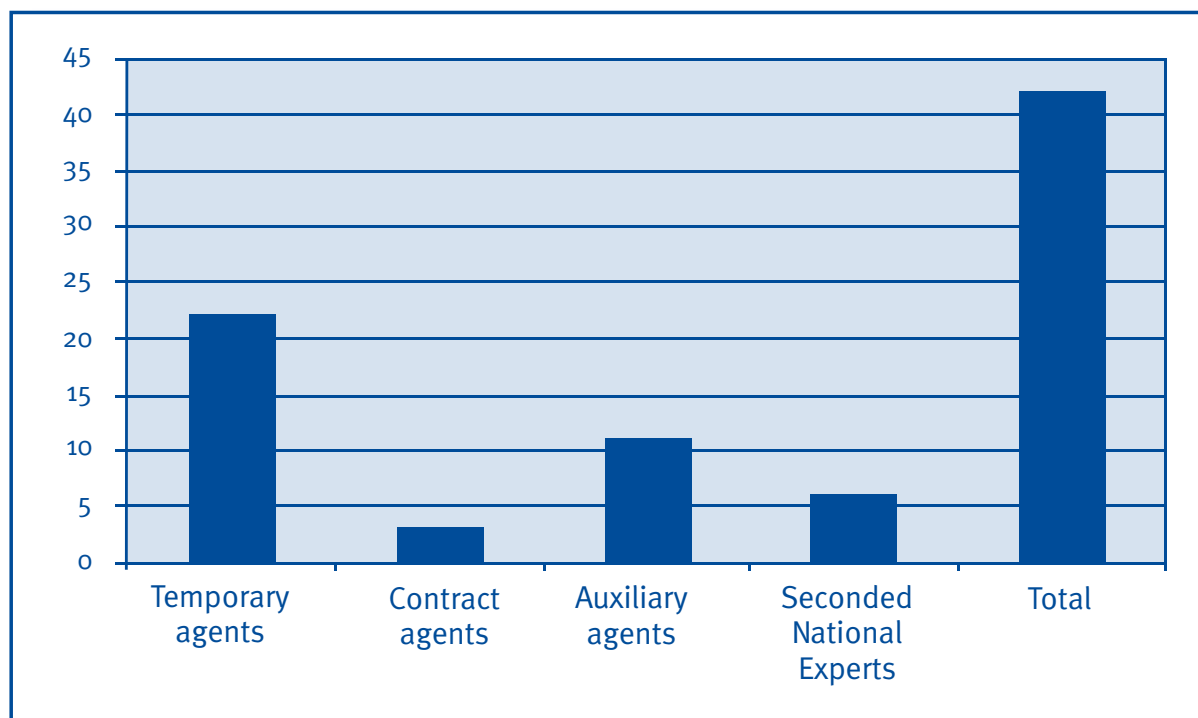


Figure 4: Distribution of posts, March – December 2005

Administrative Services

Mission statement

The main aim is to facilitate the operational activities of ECDC, to help ensure that the human and financial resources are properly and well managed and to make ECDC a good place to work.

Organisation

In 2005, the Human Resource and Financial Sections (Figure 1) were established as a priority to enable the rapid build up of the ECDC technical staff as well as the internal capacities to manage the financial resources in line with European Commission regulations. A core nucleus Information Technology (IT) and logistics support was also set up and in 2006 will be expanded as full support teams and a new publications section developed.

Financial services

Substantial progress was made to complete the above tasks in 2005 while ensuring that the systems developed conformed to EU financial and administrative procedures. The basic capacities are now in place for the finance group to develop further along with the future growth of the ECDC.

The ECDC's approved budget of 4,853,000 euro was the responsibility of the European Commission until Director ECDC took over as the financial authority from July 1, 2005. This made the establishment of the accounting function a key priority and initially the accountant of EMEA assumed this function, until ECDC's own accountant was appointed.

A Finance group was established in the very early phase of ECDC's development to support procurement, contracting and to manage travel and reimbursement. These functions will be further strengthened in 2006, especially the travel support capacity to meet the ECDC needs for intensive interactions with governance bodies, stakeholders and networks. The financial system installed in 2005 will be further developed in the coming years into a full, IT based management system.

An internal Audit Committee, established as a sub-committee of the Management Board, is mandated to exercise oversight on the internal and external audit functions of ECDC and to report to the Board. In 2005 the Committee defined and set up the Internal Control Standards for ECDC.

Human resources management

Staff recruitment in 2005 was very intensive with 740 applications screened and 200 interviews conducted between March and December

by when 42 posts were filled with staff in place or appointed with specific start dates (figure 4).

The ECDC 2005 establishment table specifies 29 Temporary Agents posts to cover long-term core functions. This quota will be met in early 2006 with recruitment processes that have been initiated.

To complement the above staffing capacities of ECDC a number of initiatives were taken to facilitate recruitment in 2006 and beyond. A call for expression of interest for experts in epidemiology and a vacancy notice for Seconded National Experts (SNE) were published as was a call for tender for IT consultants.

Parallel to building up staff capacity, there has been a strong focus on the integration of new ECDC staff and the setting up a staff development framework.

ECDC facilities and ICT

From March 1 2005 the ECDC was generously provided free of charge temporary accommodation by the Mayor of Solna in Solna City Hall, with considerable savings over the option of use of hotel or business facilities mentioned in the 2005 work plan. ECDC moved on October 3 from the above premises into the new "Tomtebodan" building strategically located on the Karolinska Institute campus in Solna, Stockholm and which provides the opportunity and potential for extra office space with the continued expansion of the ECDC. Jointly with the landlords, the premises are being renovated and refurbished to meet the current and immediate future needs of ECDC. It is planned that the renovated and refurbished building will be in full use from early 2007 onwards.

The basic Information and Communication Technology (ICT) and other core facilities for ECDC were established immediately with a temporary but fully functioning telephone, PC (partly laptop based) and intranet system. To develop the above, and also the logistics services, into a permanent system for the long-term and planned operational and administrative needs of the ECDC, several calls for tender were organised. These will establish the basis for outsourcing services and procuring materials and equipment for ECDC for the coming years.

Horizontal projects

The horizontal projects are one of the corner stones of ECDC's scientific output. The projects bring together all disease-related Unit activities under the responsibility of a project coordinator (who leads the project team that has representatives from all involved Units). Unit specific products are delivered according to respective work plans and the projects build on these, integrate them, ensure synergy, and avoid gaps and overlaps. In 2005 three horizontal projects were set up as priority; **influenza, antimicrobial resistance and HIV/AIDS** and other communicable disease areas will be covered in 2006, building on the experience of horizontal project work.



Professor Angus Nicoll of ECDC in Ankara as part of the international assistance team, January 2006. Also pictured is Caroline Brown of WHO Europe.

Influenza

The influenza and acute respiratory infections project developed fast mainly because of the 2005 events around influenza (human influenza, avian influenza and pandemic influenza) and the need to respond. A 10-point project plan was devised focusing on: risk monitoring and threat assessment; strengthening EU, ECDC and country preparedness; strengthening surveillance of seasonal and epizootic influenza and devising pandemic surveillance based on these; ensuring effective communication among Member States, EU agencies, European Commission, international partners, decision makers and especially to the public; monitoring important scientific developments, providing opinion and promoting issues; undertaking advocacy; developing with others, countermeasures and

interventions tools and guidance; supporting early investigation/response by Member States especially for Avian Influenza; establishing an internal ECDC "crisis co-ordination" system; developing key partnerships.

The implementation of the plan in 2005 was to an extent driven by the need to respond to the appearance of Highly Pathogenic Avian Influenza (Type A/H5N1) in Europe. However, the achievements and deliverables cover both seasonal and avian influenza.

Seasonal influenza and pandemic preparedness

Routine clinical and laboratory surveillance is undertaken with the European Influenza Surveillance System (EISS), which identifies circulating influenza strains through surveillance and networking of NRL. For the 2005 winter season, the EISS and ECDC increasingly worked together for important components of influenza surveillance and risk monitoring. Weekly updates are under the influenza part of the ECDC website, which also has "Frequently Asked Questions and Answers"; fact sheets including "Ten things you must know about Influenza"; travel and occupational guidance.

An assessment tool for Member States was jointly developed by ECDC, European Commission and WHO/EURO (using the WHO global plan and checklist) and piloted in Sweden. It was used to review and analyse the national preparedness plans of six countries, Greece, Poland and UK (in the EU) and Kazakhstan, Turkey and Ukraine (outside the EU). The joint ECDC/European Commission/WHO-EURO teams produced formal reports for the countries and summary reports for the European Commission and WHO. The 2006 assessments will pay specific attention to interoperability of plans.

ECDC played a prominent role in the Second Joint European Commission/ECDC/WHO-EURO Workshop on Influenza Planning, Copenhagen, October 2005 (the third Workshop will be held in Stockholm hosted by ECDC). These workshops are landmarks for influenza planning in Europe (along with the command-post exercise "Common Ground") and reported in *Eurosurveillance*.

A two-part review of the scientific basis for non-pharmaceutical public health measures against Influenza (hand washing, face masks, travel restrictions etc) was carried out and published in the *Emerging Infectious Diseases* journal in December with joint authorship of a WHO group of specialists from ECDC, WHO (Geneva), CDC (US), the Health Protection Agency (UK), Canada and other scientific partners. The results were also used by WHO in its pandemic plan.

Following initial discussions with the EISS and Advisory Forum, a paper on "Surveillance and Information Demands during an Influenza Pandemic Affecting Europe" is being prepared and will be considered by

a workshop in January 2006. It will be a substantive item for discussion at the Third Influenza Workshop.

Other specific issues covered during the year include ongoing discussions with EMEA on the two important topics of antivirals and pandemic vaccine; and publication of weekly "Risk Monitoring" (including one-page summaries). ECDC played a full part in the command-post pandemic exercise "Common Ground" in late November. Communications with WHO and European Commission worked well (aided by video and teleconferencing) but processing of EWRS messages was often difficult (for example, distinction between important messages and 'noise').

Avian influenza (H5N1) activities

When H5N1 was confirmed in birds around the same time close to major sites of wild and domestic birds in Romania and Turkey, ECDC activity reached a peak when the Commissioner announced that ECDC would produce "Occupational and Travel Guidance" (see below). Documentation for the public was published on the ECDC website. In addition, the Director held a press conference with international coverage, and briefed the EU Ministers of Health at the Informal Health Council in October (earlier the European Parliament had also been addressed). In all these communications a three-fold scientific message was given:

- Mixing up of the three types of influenza (human seasonal influenza, bird flu and pandemic flu) was unhelpful and they should be considered as separate but related topics each with their own risks.
- Risk of humans being infected with bird flu was low, though on the rare occasions when a person was infected with H5N1 the risk to their health was serious.
- It was crucial to continue the work on general pandemic preparedness.

Given a lack of clear occupational guidance for those who may be exposed to H5N1, an expert group (drawn from the ECDC Advisory Forum, EFSA, the European Commission and Occupational Health Specialist) was set up to produce draft Guidance. This was discussed and approved by the Advisory Forum and then discussed as Interim Guidance by the EU CVOs and CMOs at their second joint meeting in December.

Surveillance for human avian influenza (A/H5N1) in Europe was established in the autumn with EISS. No human cases of HPAI (and H5N1) were seen in Europe in 2005. The situation changed in early January 2006 when the first human cases of HPAI and H5N1 outside of the Far East were detected in Tur-

key. There was an immediate and coordinated response and ECDC experts joined WHO led inter-agency teams for mission to the affected countries.

ECDC attended the first two joint meetings of EU CVOs and CMOs in Brussels. At the second meeting, ECDC presented the "Interim Occupational Guidance" and an update of its October risk assessment

Regular European Commission, ECDC and EFSA avian influenza tele-conferences, convened by ECDC, were established in the autumn.

ECDC staff joined two WHO led external missions to Romania and China, to advise on the public-health measures related to outbreaks of H5N1 in birds.

Antimicrobial resistance

Antimicrobial resistance (AMR) is one of ECDC's priority projects because it is a complex, significant and growing public-health problem as mentioned in the Health Council Recommendation on the prudent use of antimicrobial agents in human medicine (2002/77/European Commission).

The AMR project follows the strategy in the Council recommendations and is planned to run for a number of years with the input of all ECDC units, existing projects and close collaboration with all stakeholders. ECDC will identify areas not covered and the need for technical and external support; and coordinate and support technical activities especially interventions. The work plan for 2006 has been prepared and discussed in the Advisory Forum and presented to the Management Board.

A number of AMR projects and networks generate data on usage of antibiotics and resistance patterns. The functions and activities of those funded by the European Commission will be reviewed and assessed before integration with those of the ECDC as part of the future Europe-wide surveillance system

ECDC has participated in discussions with the European Commission and the IPSE network to strengthen infection control in healthcare settings and also in WHO workshops on immunizations.

A self-assessment tool and as a basis for discussions for Member States is being developed and work with localising Member States contact points has started. There will be a website on the ECDC home-page.

HIV/AIDS, sexually transmitted infections & blood-borne viruses

Human immunodeficiency virus (HIV) infection and its severe disease presentation Acquired Immune Deficiency Syndrome (AIDS) are both sexually transmitted conditions and blood-borne viral infections. Effective prevention activities need to span both groups and it is important to consider HIV/AIDS with other sexually transmitted and blood-borne viral infections.

European Union policy on HIV/AIDS

The European Commission has pointed out that after the interest and investment of the 1980s and early 1990s, HIV/AIDS has fallen down policy priorities while hepatitis B and C have never been adequately recognised as preventable health burdens. Therefore, the European Commission stimulated the 2004 Dublin and Vilnius Declarations, which built on the United Nations approach outlined in its special AIDS meetings of 2001, 2003 and 2005. An European Commission “Communication on Combating HIV/AIDS within the European Union and in the Neighbouring Countries for 2006-2009” is also being prepared. For these and other reasons work around these infections is an ECDC priority.

The Draft Action Plan in the European Commission Communication specifies the ECDC role and Member States contributions and largely sets the ECDC agenda. It includes making HIV surveillance universal in Europe, developing behavioural surveillance, consolidating antiviral resistance surveillance and a number of advocacy and research initiatives. ECDC will also work to ensure that surveillance links with policy and practice such as

in the area of ensuring voluntary but universal opt-out antenatal HIV testing in all European countries where data indicate this is desirable.

Initial actions by ECDC

- The Director has set HIV/AIDS as a priority area and spoken on it to the European Parliament.
- Discussions are taking place with the European Commission and EuroHIV on use of established coordination structures (Think Tank, Civil Society Forum, inter-service group) and how ECDC's work can complement activities after the Dublin and Vilnius Declarations.
- An ECDC and EuroHIV media briefing was released on World AIDS Day (November 25th) with good impact.
- One of ECDC's Scientific Panels is on HIV/AIDS, STIs and blood-borne viruses
- A broad work programme is being developed across ECDC Units in support of the European Commission's Action plan and a Project Team has been established.



ECDC Staff.

Annex 1: Members of the Management Board

Members and alternates in 2005

Austria	Dr <i>Hubert Hrabcik</i> (member) Prof <i>Robert Schlögel</i> (alternate)
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European Public Health Association	Dr <i>Ruth Gelletlie</i> (member)
European Society of Clinical Microbiology and Infectious Diseases	Dr <i>Elisabeth Nagy</i> (alternate)
European Patient Forum	Ms <i>Jana Petrenko</i> (member)
European Federation of Allergy and Airways Disease Patient's Association	Dr <i>Anna Doboszyńska</i> (alternate)

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