



European Centre for Disease Prevention and Control

# Achievements, challenges and major outputs 2015

Highlights from the Annual Report of the Director

This digest offers a selection of key activities from 2015 but is by no means representative of the entire range of ECDC's work and accomplishments in 2015.

A detailed look at ECDC's range of activities, its organisational and administrative structures, and its work plan can be found in the unabridged version of the Annual Report.

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# Achievements, challenges and major outputs 2015

Highlights from the Annual Report of the Director

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## Foreword by the Chair of the Management Board

Although only recently elected as Chair of the ECDC Management Board, I have been involved in the development of ECDC for many years. Therefore, when the Centre celebrated its tenth anniversary, it wasn't difficult for me to appreciate the full extent of what the Centre had accomplished in the last ten years. But 2015 was more than just a year of looking back. It was a year full of hard work and steady progress:

- In collaboration with WHO and international partners, the Centre contributed to the ending of the unprecedented Ebola pandemic in Africa, with several ECDC-led field missions in Guinea.
- Decision 1082/2013/EU\* on serious cross-border health threats was put into practice.
- ECDC delivered 42 rapid risk assessments to support the Member States and the Commission.
- ECDC developed new tools that give direct data access to health professionals, decision-makers and policy-makers in Europe.

I would like to take the opportunity to extend my sincere thanks to Françoise Weber, who served as an efficient, appreciated and respected Chair of the Management Board, and to Marc Sprenger, who led the Centre from 2010 to 2015. During his tenure, he consolidated ECDC's organisational structure, developed the Centre's long-term strategy, and represented the Centre at many international events.

I would also like to thank Andrea Ammon, who took over as Acting Director in May 2015. The results presented in this report demonstrate her successful commitment to ECDC's mission to protect public health in Europe.

*Daniel Reynders, Chair of the ECDC Management Board  
15 February 2016*

\* Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health



## Introduction by the Director

ECDC's 10th anniversary event on 22 September 2015 was a milestone as well as an opportunity to reminisce, celebrate, and look ahead at the challenges we face in the future. It was thus no coincidence that immediately after the anniversary celebration, ECDC met with its stakeholders for a Joint Strategy Meeting.

During the past year, I met several times with Ms Kateřina Konečná, ECDC's contact Member of the European Parliament who also serves on the Committee on the Environment, Public Health and Food Safety. I informed the MEP about our disease-specific work, upcoming projects and our efforts to find new premises. 2015 also marked the preparation of the first *Single Programming Document 2017–2019*, a new European Commission requirement for all EU Agencies.

European agencies have teamed up to work together on the One Health approach. The Centre also continued its fight against antimicrobial resistance, a problem that needs to receive more global attention.

In 2015, ECDC closely monitored migrant flows into Europe to rapidly identify potential risks of communicable disease outbreaks for refugee populations in the EU/EEA.

ECDC mobilised a total of 89 experts to assist in the Ebola outbreak in West Africa. The Centre highly appreciated the commitment from the Member States, which may prove to mark a new era of collaboration, supported by the legal framework of Decision 1082/2013/EU\*.

Since the first quarter of 2015, ECDC has been monitoring the spread of the Zika virus disease, continuously updating the assessment of the risks for Europe. In December, the Centre published a Rapid Risk Assessment on Zika virus and its potential association with microcephaly and Guillain-Barré syndrome.

It is now almost ten months since I took up office as Acting Director at ECDC. I would like to thank Marc Sprenger for his dedication to ECDC during the past five years. I would also like to express my gratitude to the ECDC Management Board for their confidence and trust in me and for their support to the Centre. As Acting Director, my focus has been on ensuring the seamless operation of the Centre, and I will continue to do so until a new Director takes up post.

*Andrea Ammon, Acting Director ECDC  
20 March 2016*



*The faces behind European public health: ECDC staff members gather outside the main building for the annual staff picture*

## Protecting Europe's public health

Established in 2005 and based in Stockholm, Sweden, the European Centre for Disease Prevention and Control (ECDC) is the European Union agency with the responsibility to strengthen Europe's defences against infectious diseases. ECDC identifies, assesses and communicates current and emerging threats to human health posed by infectious diseases, and supports the Member States of the European Union in their preparedness and response efforts. The Centre provides scientific advice to EU/EEA Member States and is a trusted source of information in its field.

As of 31 December 2015, ECDC had 260 statutory staff members engaged in disease surveillance, outbreak detection, scientific advice, information technology, communication, and administration. In 2015, ECDC had a budget of EUR 58.4 million.

One of ECDC's main strengths is its capacity to respond quickly to the changing epidemiology of infectious diseases. ECDC operates and maintains three systems, each of which is essential to one

specific area of disease control: EWRS (threat detection alerts), EPIS (epidemic intelligence), and TESSy (disease surveillance).

*The Early Warning and Response System on Public Health Threats (EWRS)* lets Member States and the European Commission send alerts about health events that require a coordinated response at the EU level. The system has been successfully used for a number of outbreaks, for example SARS, pandemic influenza A(H1N1) and, most recently, Ebola.

*The Epidemic Intelligence Information System (EPIS)* is a secure web-based communication platform which lets ECDC exchange epidemiological information with its international partners to detect warning signals that precede disease outbreaks.

*The European Surveillance System (TESSy)* is a highly flexible database system for collecting disease data. All 31 EU/EEA countries are eligible to report data on infectious diseases to the system.



*Personal protective equipment: EPIET fellows get a glimpse of what it is like to be a health worker in an Ebola outbreak zone*

## Teaching and training

ECDC has a clear training mandate. Every year the Centre conducts an impressive number of training activities. Its EPIET training programme is the only Europe-wide programme for field epidemiology. The programme is based on the premise that maintaining and improving public health in Europe requires a common set of epidemiological standards. EPIET fellows, who, as part of their education, work for a substantial amount of time in public health facilities outside their home countries, are in an ideal position to bring this unique perspective back to their national institutes.

EUPHEM complements EPIET and offers hands-on training in testing techniques in microbiology laboratories across the EU and in Norway.

## Capacity building

ECDC, in collaboration with experts from all EU countries, routinely develops standardised methodologies, training materials, and train-the-trainer courses for use in the Member States. Fellows and alumni of ECDC training programmes not only improve their technical knowledge, they also develop a truly European perspective on epidemiology which helps

them, for example, to conduct cross-border disease investigations or implement new European standards such as case definitions for notifiable diseases.

## Preparedness

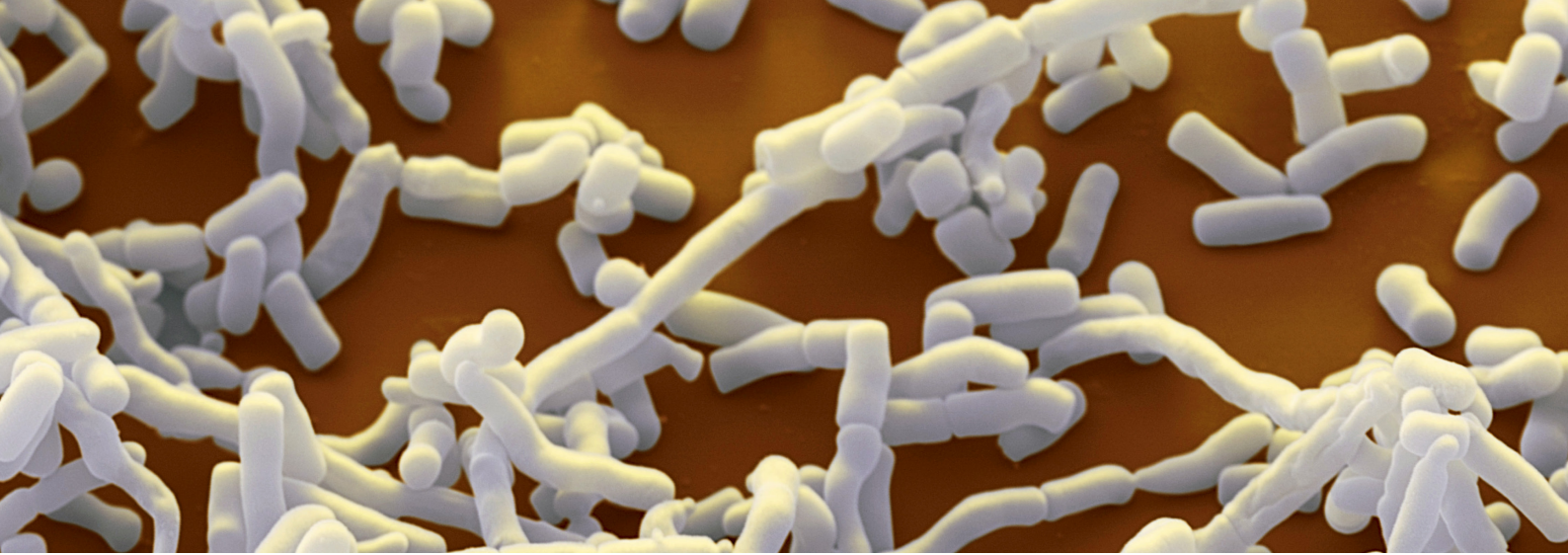
ECDC supports Member States in developing preparedness plans designed to minimise the impact of health emergencies such as pandemic influenza outbreaks or the importation of highly contagious viral haemorrhagic fever cases. Emergency responses are regularly tested through simulation exercises. Additional training modules are available that enable Member States to conduct their own simulation exercises.

## Scientific advice

ECDC routinely convenes expert panels to develop scientific advice on infectious diseases for the EU. Depending on the level of evidence and the methodology, this advice is typically conveyed through a *Guidance* document, a *Systematic Review* or an *Expert Opinion*. These categories were introduced in March 2015, and all publications in the scientific advice category are marked accordingly.

# 2015

The year in review:  
Disease programmes and  
programme activities



*Streptomyces* is the largest antibiotic-producing genus, producing antibacterials, antifungals and immunosuppressants

## Antimicrobial resistance and healthcare-associated infections

Despite recent successes, awareness of the prudent use of antibiotics is poor in many Member States, particularly in conjunction with infection prevention and control measures. Until recently, Member States did not share best practices for the prevention and control of antimicrobial resistance and healthcare-associated infections. ECDC and its partners are working to change this.

Together with the European Medicines Agency and the European Food Safety Authority, ECDC published the first joint report on the integrated analysis of the consumption of antimicrobial agents and occurrence of antimicrobial resistance in bacteria from humans and food-producing animals. The framing of the report draws on the One Health approach to antimicrobial resistance and recognises that human health is intricately connected to the health of animals and the environment.

ECDC published its second assessment on the spread of carbapenemase-producing Enterobacteriaceae in Europe, documenting that 34% of all EU/EEA countries

reported either interregional spread or an endemic situation. Two years earlier, in 2013, the percentage was only 15% (six countries).

In November, ECDC released its yearly update of EU data on antimicrobial resistance and consumption. The update included all data available from the dedicated EARS-Net\* and ESAC-Net databases\*\*.

In partnership with WHO's first World Antibiotic Awareness Week, over 40 countries across Europe participated in European Antibiotic Awareness Day on 18 November. The Day was marked by national events and campaigns on prudent antibiotic use, including a European Twitter chat on 18 November which connected Europe, the United States, Canada, Australia and New Zealand with the hashtag *#AntibioticResistance*.

\* European Antimicrobial Resistance Surveillance Network

\*\* European European Surveillance of Antimicrobial Consumption Network





*Powered by propane gas, this mosquito trap emits a plume of CO<sub>2</sub>, heat and moisture to attract and trap mosquitoes*

## Emerging and vector-borne diseases

With more than 28 000 people infected and over 11 000 deaths, the Ebola outbreak in West Africa dominated the work of the Emerging and vector-borne diseases (EVD) Programme.

But 2015 also saw several other significant EVD outbreaks and epidemics: Zika virus, louse-borne relapsing fever, bornavirus, chikungunya, Q fever and schistosomiasis.

In parallel to its work on outbreaks, the EVD Programme released updated distribution maps on disease vectors like mosquitoes, ticks and sandflies and continued to publish real-time data on West Nile fever cases in Europe.

The Ebola epidemic that emerged in West Africa in March 2014 was the first emergency event addressed by ECDC and its partners under Decision 1082/2013\*. In November 2014, when Guinea was still experiencing a significant number of local Ebola outbreaks, the US Centers for Disease Control and the World Health Organization requested ECDC to support surveillance control activities in Guinea through the deployment

of French-speaking experts. Only four weeks later, ECDC sent the first experts to Guinea. All ECDC expert deployments were coordinated through WHO's Global Outbreak and Response Network and coordinated with the European Commission. By the time the mission officially ended in October 2015, ECDC had mobilised 89 experts for deployment in West Africa.



*On location in Guinea: ECDC epidemiologist Tarik Derrough (standing) on location in Guéckédou, Guinea*

\* Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health



*The adoption of vaccination and other measures in management of poultry production has led to a reduction in the number of Salmonella enterica serovar Enteritidis infections in the United Kingdom. Despite this reduction, there have been several outbreaks of S. Enteritidis phage type 14b (PT14b) in the UK which have been associated with chicken eggs originating from outside the UK.*

## Food- and waterborne diseases and Legionnaires' disease

New technologies such as automated molecular typing and whole-genome sequencing of pathogens show promise of delivering accurate and cost-effective disease surveillance. ECDC supports this development and gives assistance to all Member States that want to implement whole-genome sequencing, both for routine surveillance and outbreak investigation of food- and waterborne diseases.

Automated whole-genome sequencing will eventually become the standard method for identifying food- and waterborne pathogens for public health purposes. Organisations which embrace this new technology can expect substantial savings in time and money.

ECDC, EFSA and the European reference laboratories developed the technical and operational infrastructure for an ECDC-hosted molecular typing One Health database, which covers three major pathogens (*Listeria*, *Salmonella* and VTEC) and isolates from food and feeds, humans and animals. EU-level surveillance is increasingly using molecular data because this provides an efficient way to detect signals that would otherwise go undetected.

In October 2015, the FWD-NEXT-expert group published an expert opinion on the introduction of next-generation typing methods for food- and waterborne diseases in the EU. The document covers the entire typing process, from sample provision and sequencing to data analysis and data sharing.

In 2015, ECDC continued its external quality assessment scheme to raise the standards of public health microbiology and ensure sufficient capacity for microbiological testing in all Member States.



Hepatitis B: 'The virus lurks where you least expect it.' Public health campaign poster in a train station, Düsseldorf, Germany

## HIV, sexually transmitted infections and viral hepatitis

Many Member States have fragmented prevention and care services for HIV, sexually transmitted infections and viral hepatitis – which jeopardises visibility, financial sustainability and, ultimately, effective prevention and control. ECDC supported Member States in their efforts to overcome this fragmentation by pointing out evidence-based best practices.

ECDC continued to monitor the Dublin Declaration on fighting HIV/AIDS in Europe and Central Asia and published a comprehensive monitoring report, supplemented by six evidence briefs and six technical thematic reports.

During the European HIV–Hepatitis Testing Week in November, ECDC released *Test Finder*, an online search tool which returns the closest HIV testing site by simply entering a post code or city name. ECDC also produced an HIV modelling tool to assist Member States in estimating the HIV incidence and prevalence in their population. The tool makes use of surveillance data to estimate the number of people living with HIV, the annual number of new infections,

the average time between infection and diagnosis, and the number of people in need of treatment.

Throughout the year ECDC continued to coordinate the EU-level surveillance of HIV infection. The annual *HIV/AIDS surveillance in Europe* report, prepared jointly with the WHO Regional Office for Europe, was published for World AIDS Day on 1 December.

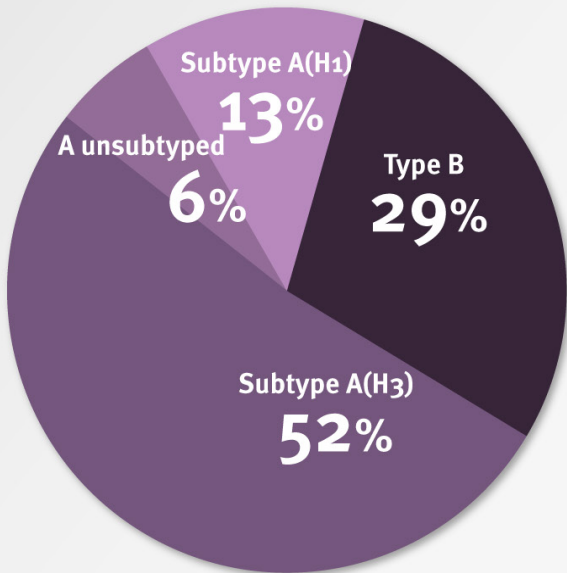
In July, ECDC published a surveillance report showing the recent trends in gonococcal antimicrobial resistance.

Work on evaluating the impact of the ECDC chlamydia guidance was completed and published: *Qualitative evaluation of the impact of the 2009 ECDC guidance document 'Chlamydia control in Europe'*.

Guidance on antenatal screening for various sexually transmitted infections, hepatitis and HIV was developed in 2015 and published in the spring of 2016.

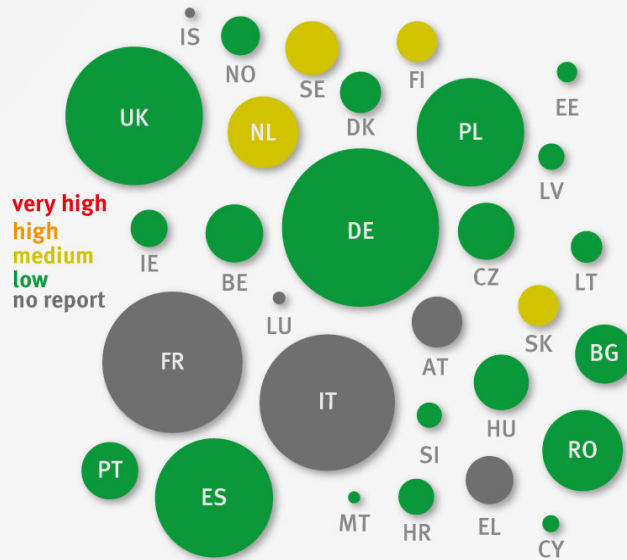
## Influenza viruses circulating in 2014–2015

Only sentinel specimens are included



## Influenza intensity in week 16

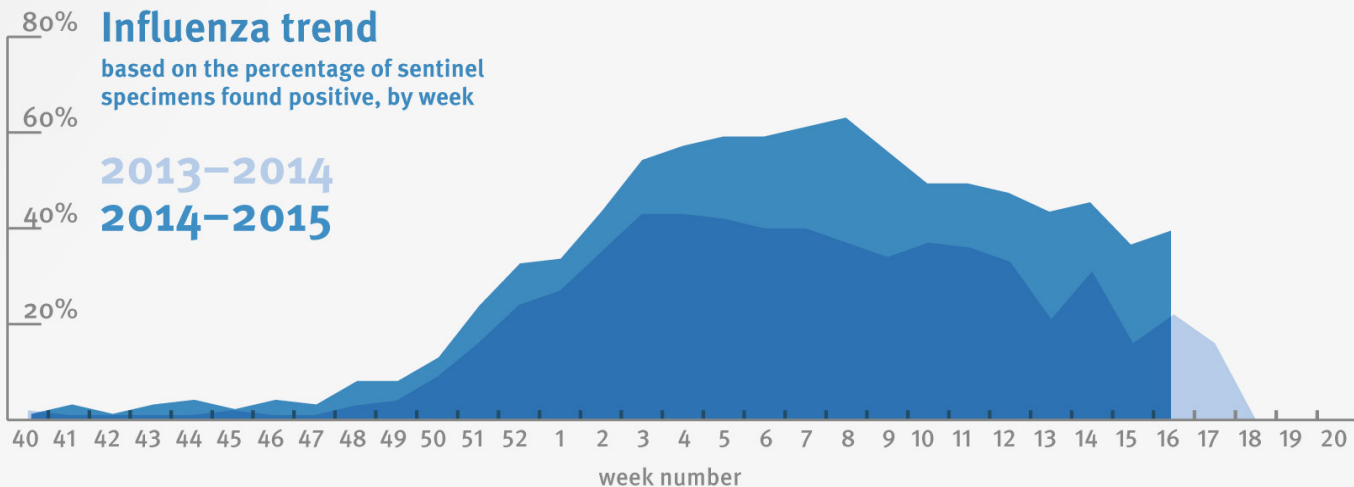
based on sentinel reports of influenza-like illness and/or acute respiratory infections



Bubble size is indicative of country population

## Influenza trend

based on the percentage of sentinel specimens found positive, by week





Testing samples for avian flu strains

## Influenza and other respiratory viruses

Every year, seasonal influenza is responsible for substantial morbidity and mortality. The burden of seasonal flu is aggravated by zoonotic influenza and other emerging respiratory viruses that also threaten public health.

Strong virological and epidemiological surveillance is needed to guide European vaccination programmes for seasonal influenza. In 2009, the Council of the European Union adopted a Recommendation which sets a 75% vaccination target for the elderly and other risk groups.

ECDC supports EU Member States in their efforts to provide strong (pandemic) preparedness, for example by stepping up influenza surveillance or by supporting measures in line with Decision 1082/2013/EU on serious cross-border threats to health.

ECDC continued its joint surveillance programme for influenza with the WHO Regional Office for Europe. Also in collaboration with WHO, ECDC influenza

experts contributed to the weekly seasonal influenza bulletin for Europe, *Flu News Europe*.

Zoonotic influenza viruses and other emerging respiratory viruses were monitored in real time through ECDC's epidemic intelligence function. ECDC regularly assesses the risk posed by these viruses, especially when unusual or unexpected human cases are reported, and published the results: in 2015, 14 of the 42 rapid risk assessments published by ECDC in 2015 (33%) were related to influenza and other respiratory viruses.

ECDC supported several studies on the effectiveness of seasonal influenza vaccines in Europe. Evidence of the low effectiveness of the vaccines used during the 2014–15 season provided an important signal to health authorities in Member States, enabling them to consider additional options such as antiviral drugs for population groups at high risk.

*Left: Keeping abreast of influenza case numbers: Throughout the influenza season ECDC published weekly graphics that visually summarised all flu data.*



*Tuberculin vial. A dose of two tuberculin units in 0.1 ml solution is injected under the top layer of skin and read 48 to 72 hours later. This intradermal injection is called the Mantoux technique.*

## Tuberculosis

On the occasion of World TB Day, ECDC and the WHO Regional Office for Europe launched an updated edition of their comprehensive TB report: *Tuberculosis surveillance and monitoring in Europe 2015*.

For the 2015 World TB Day, ECDC focussed on three key messages:

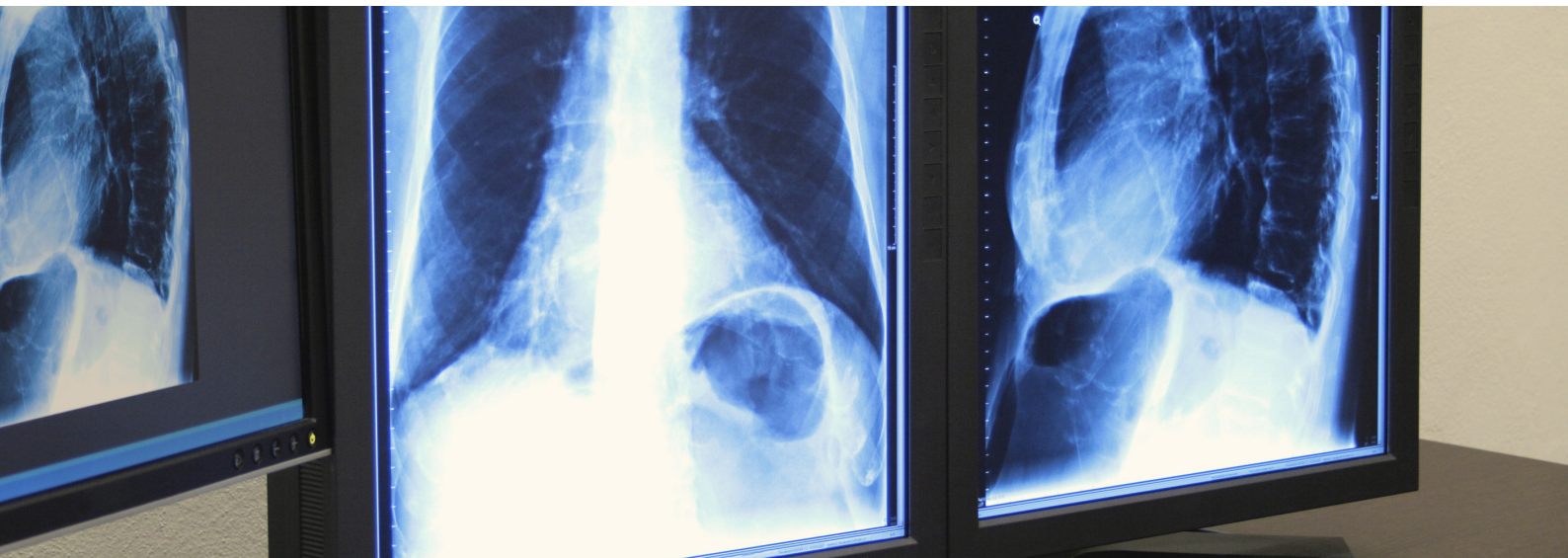
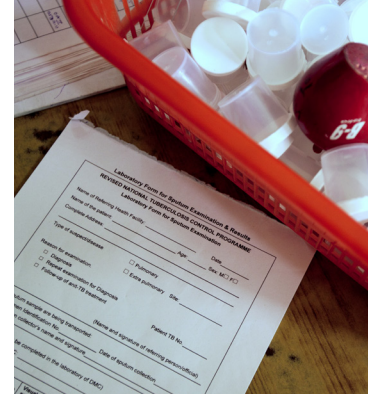
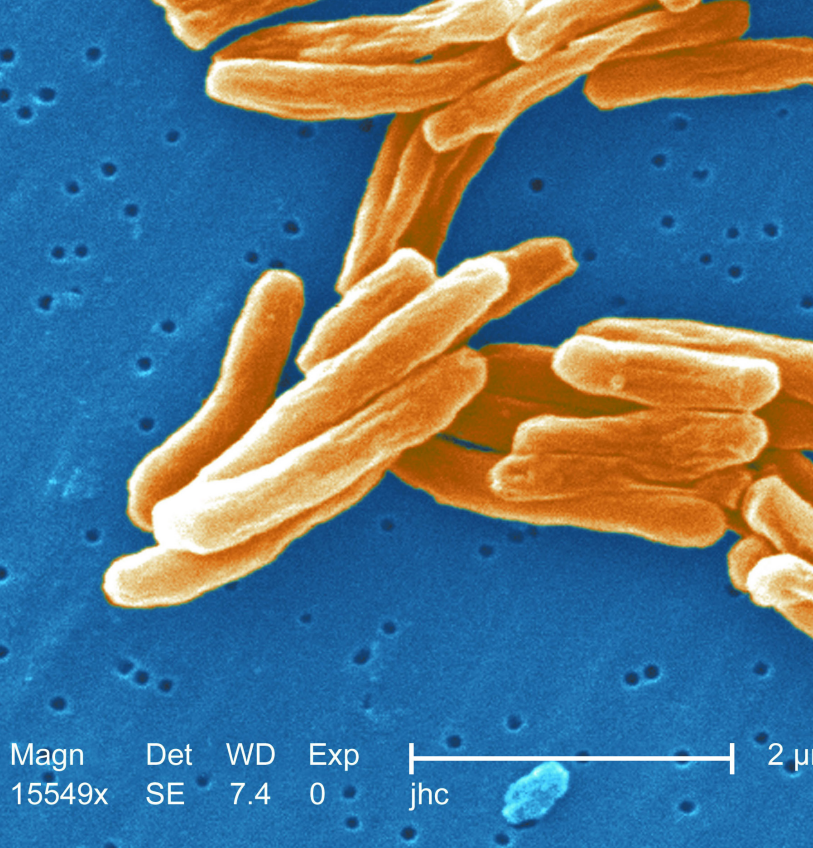
- At the current pace of an annual decline of 6%, the EU/EEA will only be free of tuberculosis in the next century. In order to achieve elimination by 2050, for example, Europe would have to reduce the number of cases at least twice as fast.
- Europe needs tailored interventions. In most low-incidence countries, TB rates are stable or going down only very slowly, and the majority of patients are of foreign origin. Countries with high TB incidence face higher rates of re-infection and relapses and report many more multidrug-resistant TB cases.

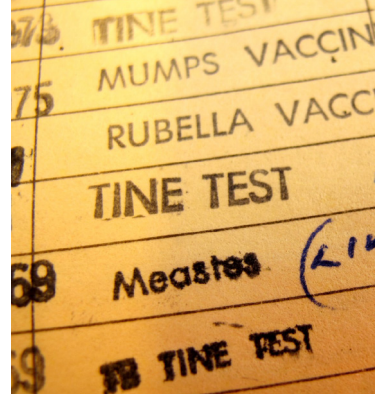
- The goal to eliminate TB can only be achieved if the current tools and interventions are used more efficiently and are complemented by new and more effective methods.

In March, ECDC supported the *First Eastern Partnership Ministerial conference on TB and multidrug resistance*, organised by the Latvian EU Presidency.

In an evidence brief for policymakers, ECDC outlined options for the active elimination of TB. Several scientific guidance reports on TB were produced, and work was initiated to support five WHO high-priority countries.

*Top left: Gram-positive Mycobacterium tuberculosis bacteria.  
Top centre: Tuberculosis drugs, TB hospital for children, Romania  
Top right: Containers for sputum examination: International Federation of Red Cross and Red Crescent Societies  
Centre right: Dispensary at TB hospital for children, Romania  
Bottom: Radiography workstation*





Top left: 'This may hurt a tiny bit.'  
Top right: Vaccination card  
Top right: Flu shot at ECDC  
Centre right: Vaccination campaign run by the NHS Employers organisation, UK  
Bottom: Infant at the doctor's office





# Vaccine-preventable diseases

The implementation of effective national vaccination programmes across Europe has been one of the major public health successes of recent decades. Infectious diseases that used to kill thousands of children each year have now become very rare.

Vaccination programmes are not uncontested, and ECDC is increasingly called upon to play a proactive role as knowledge agent and provider of technical guidance. Examples of these challenges include: the threat of polio (eliminated in Europe in 2002) returning to the continent; sizeable un- or undervaccinated populations across the EU (clustered or scattered); continued outbreaks of diseases such as measles and rubella; and evidence that waning of vaccine protection, or changes to the pathogen, may be undermining some vaccination programmes, for example the one for pertussis.

Eight vaccine-preventable diseases were added to the new online *Surveillance Atlas of Infectious Diseases*, which has quickly established itself as a helpful tool for people in public health who need fast and reliable historical disease data. Vaccine hesitancy was covered in two reports, a pan-European conference explored vaccine hesitancy in healthcare workers, and, at the request of the European Commission, ECDC monitored the shortage of a number of vaccines in Europe.

The *EU Vaccine Scheduler* tool remains one of the most popular features on ECDC's web portal, with around 400 000 visits in 2015.

A number of new vaccines have reached the marketplace, often targeted at adults to help them avoid serious diseases in middle age and fight opportunistic infections in old age. In 2015, ECDC has started to explore the area of adult immunisation, with the goal to establish vaccination schedules that reach beyond childhood and adolescence and cover an entire lifespan. In this context, more multi-country studies on vaccine effectiveness, vaccine safety and vaccination coverage are needed.

In 2015, ECDC improved the sentinel surveillance systems for pertussis and invasive pneumococcal disease. Surveillance for both diseases is conducted through hospital-based networks in which laboratory experts, epidemiologists and clinicians work together to detect and diagnose cases as early as possible.



*Vaccinations are arguably the number one success story in public health.*

# Salmonellosis

## Just the tip of the iceberg

*Salmonella* infections are among the most common food-borne infections affecting humans in the EU. However, the reported case numbers are much lower than the actual number of circulating infections. ECDC has developed a tool that estimates the frequency of exposure to *Salmonella*, which is much closer to the true incidence of *Salmonella* in the population than the reported number.



Numbers are rounded to the nearest ten thousand. For some countries, cases were reported by year, and for others it is an average of two or more years depending on the years of serum collections. Original article: Mølbak K, Simonsen J, Jørgensen C, Krogfelt K, Falkenhorst G, Ethelberg S, et al. Seroincidence of human infections with non-typhoid *Salmonella* compared with data from public health surveillance and food animals in 13 European countries. *Clin Infect Dis.* (2014) 59 (11): 1599-1606.

# Health communication

Risk and crisis communication, based on an independent evaluation of public health risks, is an essential aspect of ECDC's work. Being able to quickly supply scientifically and technically sound information on threats to public health can, in many cases, help to de-escalate a crisis situation.

In 2015, ECDC published a total of 170 reports, including 42 rapid risk assessments and 83 surveillance reports. The number of subscribers to the monthly email on publications increased to 2312. ECDC's *Weekly Influenza Surveillance Overview* merged with the web-based *Flu News Europe*, which is jointly produced with WHO.

The ECDC Strategic Multiannual Programme 2014–2020 emphasises the need to make the Centre's data available in value-added, interactive online formats. This is one of the reasons why ECDC is increasingly publishing data, graphs, maps and infographics as downloadable, copyright-free assets on its web portal. This approach makes it easy for partners and stakeholders to use ECDC content in their own communication products.

The section *Data and Tools* on the ECDC web portal was extended and now serves as entry point to a wealth of interactive data, maps, and infographics. New tools such as the interactive ECDC *Surveillance Atlas of Infectious Diseases* are also accessible through the ECDC website.

Despite a decreasing interest in Ebola, the number of visits to ECDC's web portal remained stable. Overall, 1 160 000 website sessions were recorded in 2015,

compared with 1 200 000 in 2014. The number of followers that ECDC has on Twitter grew, rising from 9 000 to 12 600. The number of followers of ECDC's Twitter account on outbreaks grew from 700 in 2014 to around 1 100 in 2015, a trend that was observed for all ECDC Twitter accounts.

Throughout the year, ECDC provided a professional press office service for health journalists. In close cooperation with the European Commission and the Health Security Committee, ECDC contributed to the EU-wide communication response to Ebola, for example by contributing to the *Ebola Lessons Learned* conference held by the European Commission in October 2015.

In November, over 40 countries across Europe participated in activities surrounding European Antibiotic Awareness Day 2015, which was marked by campaigns on prudent antibiotic use. ECDC also partnered with WHO for the first World Antibiotic Awareness Week and organised a global Twitter chat on 18 November.

ECDC continued with the development of health communication tools and supported countries in their risk communication efforts. One example of this is the campaign materials and toolkits on vaccine-preventable diseases that ECDC's communication team produced in 2015.

*Left: ECDC infographic on salmonellosis. ECDC shares infographics, which are copyright-free, through its social media accounts and its website.*



*ECDC EUPHEM graduate Zoltán Kis and colleague Anne Brüggemann (Marburg University, Institute of Virology) at work in a field laboratory operated by the European Mobile Laboratory Consortium; Guéckédou, Guinea*

## Training

The two branches of the ECDC Fellowship Programme, EPIET and EUPHEM, continued to thrive. In 2015, a new cohort of 38 fellows was recruited. At year's end, a total of 77 fellows was enrolled, including the first programme participant from Croatia. The programme conducted 20 training site visits and organised nine training modules and courses.

Senior-level exchanges continued in 2015, with another 12 experts already enrolled for 2016. A total of 105 mid-career and senior experts from EU Member States participated in courses on multidrug-resistant organisms, rapid risk assessment in complex emergencies, epidemiology and surveillance, and time series analysis. The ECDC Summer School hosted 30 participants from 20 EU/EEA Member States, 15 from MediPIET countries, and 18 internal experts.

MediPIET, the regional field epidemiology training Programme for the Mediterranean region, developed by ECDC in 2012/2013, is now coordinated by a Spanish consortium, but remains under ECDC's scientific leadership. ECDC also chairs the Scientific

Advisory Board of MediPIET. Funding is provided by the European Commission.

In 2015, the ECDC Virtual Academy, a platform for online and combined learning, became operational. A first e-learning course on scientific abstract writing was developed, and 30 participants successfully pilot-tested the first course offering.

ECDC published a working paper on core competencies for experts in immunisation and vaccine-preventable diseases and formulated a public health training strategy, which the Management Board endorsed in June 2015.

EPIET and EUPHEM fellows and graduates continued to play an important role in supporting the international response to the Ebola outbreak in West Africa: A total of three EPIET coordinators and 25 EPIET/EUPHEM fellows was deployed in the field.



The interactive ECDC Surveillance Atlas of Infectious Diseases now provides data on 25 communicable diseases

## Disease surveillance, preparedness and response

The *Surveillance Atlas of Infectious Diseases*, available on the ECDC web portal, is now in full operation. By the end of 2015, 25 notifiable diseases were included in the Atlas. The Atlas presents EU-level surveillance data in an interactive online format.

ECDC launched a Surveillance System Reengineering project to improve user experience of ECDC surveillance tools. Data comparability was further improved.

New case definitions for dengue and chikungunya were agreed upon, and revised case definitions were released for syphilis. Discussions on a case definition for Lyme disease started.

ECDC made further progress in gradually introducing molecular typing for the surveillance of a select number of diseases.

Epidemic intelligence and response: ECDC published a total of 42 rapid risk assessments. In addition, 20 epidemiological updates went online.

ECDC actively supported the implementation of Article 4 of Decision 1082/2013/EU on serious cross-border threats to health. ECDC was instrumental in developing a template for outbreak preparedness arrangements in Member States. ECDC also worked on methodologies, indicators and tools for assessing preparedness in the Member States.

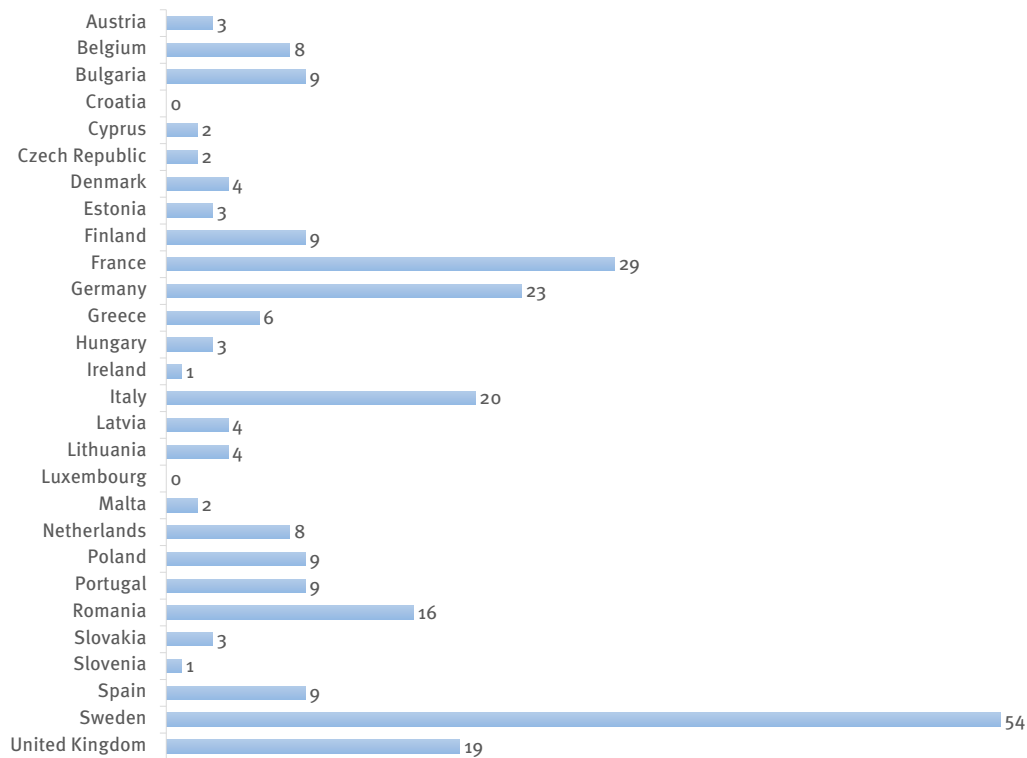
ECDC provided technical support to Belgium, Portugal and Romania in an effort to improve emergency preparedness for Ebola. Aspects covered by the ECDC team included case definitions, the isolation and treatment of highly infectious patients, and risk communication. To test emergency preparedness, ECDC developed training modules for simulation exercises and updated its simulation exercise handbook.

ECDC organised a meeting of national focal points for preparedness and response and developed several technical products: a series of case studies on Middle East respiratory syndrome coronavirus and polio, a project on risk ranking, and a study on the public health impact of the increasing influx of migrants.

# ECDC at a glance: numbers and figures

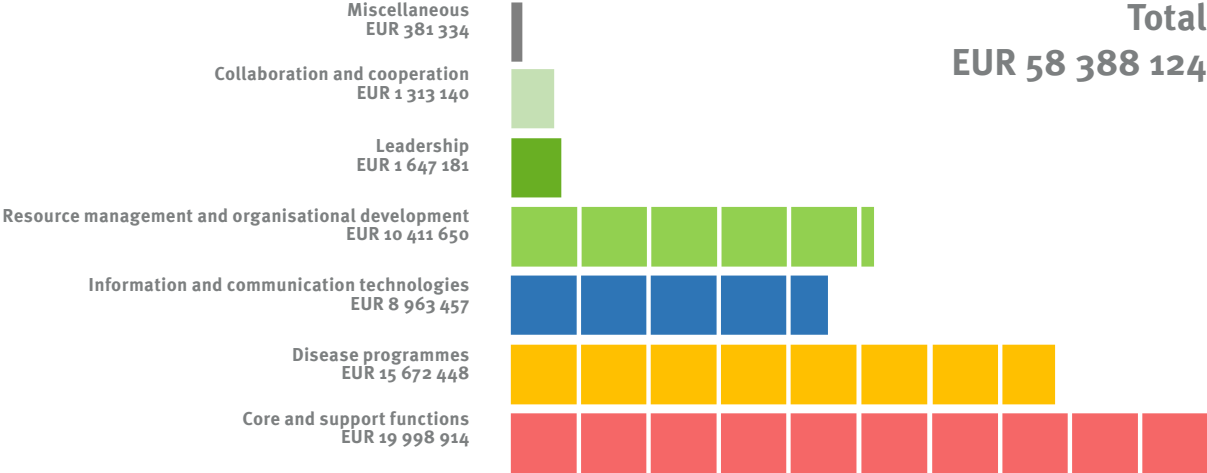
At the end of 2015, ECDC had 260 full-time staff members. All EU Member States, with the exception of Luxembourg and Croatia, are represented among the Centre's staff.

## Staff numbers



*Geographic balance of statutory ECDC staff (contract agents and temporary agents), 31 December 2015*

# Budget 2015



*Note: Only major budget categories are included*



*Acting ECDC Director Andrea Ammon addresses staff outside the ECDC main building during the ten-year anniversary celebration*

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