On 7 June 2007 Minister Ulla Schmidt, Germany’s Federal Minister for Health, and ECDC’s Director Zsuzsanna Jakab presented the first ever comprehensive report on the multiple threats posed by communicable diseases in the EU. The event took place at the European Centre for Disease Prevention and Control (ECDC) in Stockholm and was organised in partnership with the European Commission and the German Presidency of the EU. The report contains a large volume of epidemiological data on 49 communicable diseases (together with healthcare-associated infections and antimicrobial resistance) collected from 25 Member States, Norway and Iceland for 2005.

The incidence of most of the diseases looked at in the report has either fallen or remained stable over the past decade. Not all the trends are positive though. For example, incidence of campylobacter has risen in recent years. The key areas of concern highlighted in ECDC’s report are: 1) Rising rates of healthcare-associated infections, especially those due to antibiotic-resistant bacteria, 2) the continued threat from tuberculosis in Europe, 3) the threat posed by influenza and pneumococcal infections and 4) rising rates of HIV infection.

A summary of the report has been distributed to policy makers, scientists and other interested parties. The full report is available on ECDC’s website and print copies can be ordered from ECDC. ECDC acknowledges and appreciates input received from the Member States’ surveillance staff and the Dedicated Surveillance Networks. ECDC’s analysis is largely built on the existing EU and European data sets in order to maximise the return on investment made by the Member States and EU institutions. The report notes that important challenges remain relating to disease surveillance.

Minister Ulla Schmidt & Director Zsuzsanna Jakab present ECDC’s first report on communicable disease epidemiology in the EU
Editorial by Director Zsuzsanna Jakab

Welcome to the first edition of ECDC Insight! Our aim with this newsletter is to keep our stakeholders briefed about ECDC’s activities and letting you know what we are doing. I thought it would also be interesting to say a bit about who we are.

ECDC’s mandate is clearly spelled out in our founding regulation (851/2004). The main objective of the Centre is to strengthen the defences of the EU against communicable diseases. We are an EU agency operating in close partnership with the EU institutions and other public health institutions like WHO.

While ECDC has still not reached adulthood, it is becoming a strong European teenager! I can very well remember the time when we started in May 2005 with a handful of colleagues. The key challenge was to kick off the recruitment process so that we could build up a critical mass of staff in order to quickly move on our overall programmes.

As of September 2007, ECDC has well over one hundred staff members. In 2006 we welcomed around 70 new colleagues, a figure that will be exceeded in 2007.

Considering these numbers, I would say that the growth has been remarkably smooth thanks to the flexibility and good work of the administration and the four technical units: the Scientific Advice Unit (SAU), the Surveillance Unit (SUN), the Preparedness and Response Unit (PRU) and finally the new Health Communication Unit (HCU – see page 4).

Apart from the growth in numbers, I am glad to see our Agency truly becoming European. Today 20 nationalities work together in ECDC, Gender equity is a key challenge, with the balance currently in favour of women!

Therefore, I shall confess that I am proud to see the beautiful European and human equilibrium ECDC is becoming.

Chikungunya fever: ECDC led team visits Italy

At the invitation of Italy, a joint mission, led by ECDC and including experts from WHO and France, was sent to Ravenna in mid-September to examine the implications of the chikungunya outbreak for other European countries.

This mission to Ravenna confirmed ECDC’s assessment performed in March 2006. It stressed the risk that mosquito-borne outbreaks of chikungunya can happen in Europe. The Aedes albopictus mosquito – the vector for the Ravenna outbreak – is present in some southern European countries. Therefore, the ECDC team went to Ravenna to get a better understanding of the risk facing other EU countries. The ECDC team also offered expertise from other EU countries to the Italian authorities, such as insights gained by the French authorities in tackling the chikungunya outbreak in Réunion in 2005–2006.

For more information: www.ecdc.europa.eu
Four European networks’ coordination activities to be managed at ECDC

Enter-NET: from 1 October 2007

Enter-net is the international surveillance network for Campylobacter, Salmonella and Verotoxigenic Eschericia coli (VTEC) infections.

While the transition has been discussed during the network’s annual meeting held in Vienna in July 2007, an upcoming workshop will be scheduled at ECDC in early winter to offer an opportunity for network members to provide input and recommendations for future ECDC-directed activities.

Enter-net, a continuation of the Salm-Net surveillance network (1994–97), was hosted by the Health Protection Agency of England and Wales. The 27 Member States of the European Union as well as a number of countries outside the EU are involved in the network.

For more information: http://www.hpa.org.uk/hpa/in-ter/enter-net_menu.htm

EU IBIS: from 3 October 2007

The European Union’s Invasive Bacterial Infections Surveillance Network (EU-IBIS) is the European network for the surveillance of invasive diseases caused by Neisseria meningitidis and Haemophilus influenzae.

The coordination of the network, which has been hosted by the Health Protection Agency since September 1999, will be based in the Surveillance Unit of ECDC from October this year. The annual workshop held in Rome on 30–31 May 2007 was the occasion to inform gatekeepers about ECDC’s planned approach for the transition period.

Countries covered by the Neisseria meningitidis sub-network are 25 Member States (Romania and Bulgaria not yet covered) plus Switzerland and Iceland. The same 27 countries as well as Israel belong to the Haemophilus influenzae sub-network.

For more information: http://www.euibis.org/index.htm

EuroHIV: from 1 January 2008

Since February 2007 ECDC has been working with the French Institut de Veille Sanitaire (InVS) to prepare the transfer of network activities which had been successfully hosted by InVS since 1984.

ECDC experts met twice with their counterparts in France and a major ECDC / WHO-EURO joint event was held in Stockholm on 6–7 September 2007 to prepare for the transition of HIV and AIDS surveillance in Europe. The mission of EuroHIV so far is to understand, improve and share European HIV/AIDS surveillance data in order to better inform disease prevention, control and care.

To cover the 53 countries of the WHO European Region – a broader area than the ECDC mandate – ECDC will work in close cooperation on HIV/AIDS surveillance with WHO-EURO.

For more information: http://www.eurohiv.org/

Evaluation and assessment of EU-wide surveillance network

Evaluations and assessments have been completed for 11 networks: BSN, ESAC, EUCAST, DIVINE, EuroCJD, EWGLINET, EuroHIV, EuroTB, EARSS, EISS, and Enter-net. Reports for three networks (EU-IBIS, ENIVD, and IPSE) are awaited. Short summaries of the evaluations by networks will be provided on the ECDC website. At present, the summaries are available for BSN and ESAC evaluations. Three networks (EUCAST, ESSTI and DIAPNET) remain to be evaluated and will be assessed in 2008.

For more information: http://ecdc.europa.eu/Activities/surveillance/EU_evaluation.html

EuroTB: from 1 January 2008

EuroTB’s mission is ‘to improve the contribution of surveillance to TB control in Europe’. The network has been hosted by InVS since 1996. Like EuroHIV, EuroTB covers the 53 countries of the WHO European Region and ECDC is collaborating with WHO-EURO to ensure the continuation of the future surveillance of TB in Europe.

The annual meeting of EuroTB national correspondents, held on 19–20 September, was an occasion for the participating laboratory experts and epidemiologists to discuss a new surveillance organisation scheme.

ECDC thanks InVS for its friendly cooperation and acknowledges the excellent management of EuroHIV and EuroTB.

For more information: http://www.eurotb.org/
A new Unit at ECDC: Health Communication Unit (HCU)

On 1 May 2007, the Health Communication Unit (HCU) was established under the leadership of Prof Karl Ekdahl. It became ECDC’s fourth technical unit.

The creation of this new unit fulfills ECDC’s mandate on communication. Currently with some 16 staff, the unit is responsible for communicating the scientific and technical outputs of the Centre to European health professionals and the general European public, as well as supporting the Member States’ communication activities.

Its internal organisation is being formalised around three sections: (i) the Scientific Communication section (under Dr Ines Steffens), also Managing Editor of *Eurosurveillance* (see below); (ii) the Public and Media Communication section (under Mr Ben Duncan), focusing on media activities, risk communication, visits, information stands and information to the public; and (iii) the Web Development section (under the Head of unit), developing the next generation of ECDC’s website, due to be operational by 2009.

Two main challenges await the new unit in 2008: to further develop the services/products (publications, website, press reports and information services); and to extend country support services on health communication.

For more information: http://ecdc.europa.eu/About_us/Health_Comm.html

*Eurosurveillance* has joined ECDC: the first six months

On 1 March 2007, *Eurosurveillance*, the independent scientific journal on communicable disease prevention and control, was fully integrated into ECDC. Six months later, the editorial team can look back to assess what has been achieved so far.

After a smooth transfer with no interruption in publication, the strengths of the journal have been maintained and further developed. In its weekly edition, the journal continues to provide authoritative information on outbreaks relevant to its European readership in a timely manner. In urgent cases, the team is able to publish peer-reviewed articles within 24 hours of submission.

In the past six months, *Eurosurveillance* has established close links with collaborators, experts and scientists within the EU Member States and ECDC. These links have helped to ensure the quality of articles for both the weekly and monthly editions. The number of Associate Editors has also been increased: 15 experts were selected for their personal merits and expertise in the field of communicable diseases and public health, further supporting the editorial team and strengthening the scientific credibility of the journal.

A first step toward merging the electronic editions of the journal more visibly has been taken by adapting the lay-out of graphs and tables. The lay-out of the print version was also refreshed. The launch of a new website is planned for the beginning of 2008.

The good collaboration established with Member States’ representatives in the Editorial Board is of primary importance to the journal and will be strengthened at a meeting scheduled in Stockholm on 16–17 October 2007.
Expert mission to Latvia: strengthening ties and training support

From 28 to 30 August 2007, three of our colleagues, Mr Alain Lefebvre, Dr Carmen Varela Santos and Mr John O’Toole and Norwegian State Epidemiologist Dr Preben Aavitsland visited Latvia.

In particular, they met with officials from the Latvian Public Health Agency, the Infectiology Center, the State Sanitary Inspectorate, the State Agency for Tuberculosis and Lung Disease, the Paul Stradins Clinical University Hospital and the Centre of Emergency and Disaster Medicine.

The overall objective of the mission was to strengthen ties and build mutual understanding on how to collaborate in the future. More concretely, the delegation presented to their hosts ECDC actions to meet their needs. Additional areas of collaboration were identified in the fight against antibiotic resistance and the implementation of minimum standards to link to the ECDC operational emergency room.

Joint EC / WHO-EURO / ECDC assessment mission for influenza

By the end of October, visits will have been conducted in the 30 countries participating in ECDC to help them assess preparedness against influenza pandemic. The mission in Estonia took place from 27 to 31 August 2007.

The joint mission team had the opportunity to share views with colleagues from Estonian institutions such as the Ministries of Social Affairs, Interior and Agriculture as well as the Health Protection Inspectorate (and its laboratory), the Veterinary and Food Board, Harju County and Tallin Infectious Disease Hospital.

The team concluded its mission with a presentation to the Ministry of Social Affairs on preliminary findings highlighting the strengths of Estonia’s system and also areas where further work is needed.


The overall objectives of the fourth joint workshop on Pandemic Influenza Preparedness are to update participants on the current situation of human flu worldwide, to maintain the motivation to continue refining preparedness plans, to further understand the concerns and possible solutions that could be developed at pan-European level, to help countries to develop and share innovative solutions that can be applied in their national and regional planning and to be focused to reach conclusions and operational recommendations.

This year, the meeting will focus in particular on the following more specific issues: update on science and research, the new surveillance plan, the next generation of indicators and public health measures.

The ECDC team at the meeting includes Director Zsuzsanna Jakab, Prof Angus Nicoll, Mr Howard Needham, Dr Karoline Fernandez de la Hoz, Dr Peter Kreidl, Ms Andrea Würz, Dr Paula Vasconcelos, Dr Carmen Varela and Dr Bruno Ciancio from the influenza project, as well as Prof Johan Giesecke, Dr Massimo Ciotti and Dr Todd Webber.
The ‘diseases of environmental and zoonotic origin’ project focuses on the group of diseases that pose a risk for human infections from reservoirs in the environment and animal populations. This group includes vector-borne diseases, diseases related to intentional release agents, or other (re-)emerging diseases. Changes in the global climate and the occurrence of newly emerging diseases such as SARS provide the challenge to be prepared on the level of surveillance, preparedness, response and scientific knowledge as a basis for an adequate control strategy for Europe. Under the coordination of Dr Evelyn Depoortere, the project team comprises seven staff members.

**Vector-borne diseases: assessment of the importance in Europe**

ECDC’s mandate is to strengthen the capacity of the EU for the prevention and control of infectious diseases. Vector-borne diseases are a specific group of infections that represent an emerging (or re-emerging) threat to Europe and therefore require special attention. For this reason ECDC launched a tender aimed at assessing the current magnitude and importance of vector-borne diseases in Europe and developing a plan of action for the coming years.

A selected group of experts will, in close co-operation with ECDC staff, identify hazardous vector-borne diseases and conduct a multi-disciplinary risk assessment in order to identify priorities for action. The first phase of the assessment is starting in September.

**ECDC’s Influenza Project: actively promoting prevention and control of influenza**

ECDC’s Influenza Project represents the sum of efforts from all parts of the Centre on influenza. As such it includes a wide range of activities to improve the prevention and control of seasonal influenza in Europe and to support preparations for a possible influenza pandemic in the EU and EEA Member States. Its activities are performed in collaboration with Member States, the EC, WHO, other relevant international bodies and European networks, notably the European Influenza Surveillance Scheme (EISS).

During 2007 the Influenza Project, coordinated by Prof Angus Nicoll, has continued to build on the portfolio of advice in areas such as: H5N1 vaccines and childhood immunisation, menu of public health measures to reduce the impact of an influenza pandemic, antiviral use against seasonal and pandemic influenza and the project of surveillance in a pandemic. Additionally, it is completing the series of EU Pandemic Preparedness Self-Assessment visits to all Member States.

Work is underway in the preparation of the updated EU/EEA Pandemic Preparedness Status Report, to document the progress since the benchmark survey and report of autumn 2006 and identify key areas where work should focus in the period 2008–2010. The updated report will draw on the results of the self-assessments of preparedness undertaken since the summer of 2005 by EU and EEA countries, as well as the results from a survey conducted in August 2007 which investigated the current status of progress since the 2006 report.

In the area of communications, the Influenza Project developed together with an external consultancy (Burson-Marsteller) the ‘Influenza Communication Toolkit’. It aims at assisting health communicators in the Member States in devising communication campaigns to help tackle seasonal influenza. It is not intended to replace what countries have already done but rather offers inspiration on how to develop campaigns and includes prototype materials.

The Influenza Project also produces a weekly influenza update with a ‘science watch’ function, to disseminate information and commentaries on public health related influenza research. It is also a regular contributor to *Eurosurveillance* and other EU public health journals.

*For more information:*


http://www.eiss.org/index.cgi

The main goal of ECDC training activities is to develop human resources in the field of intervention epidemiology.

The purpose is to strengthen the capacity of response to epidemics in the EU as well as reinforcing collaboration with international counterparts. The consultation focused in particular on agreeing on a list of core competencies in intervention epidemiology in the EU and to determine priorities in training activities.

The document was presented to the Advisory Forum of ECDC in September 2007 for consultation and guidance.
**Insight**

**September 2007**

**Expert Advisory Groups on Human H5N1 Vaccines:**

1. **Scientific Questions, Technical Report, August 2007**

2. **Technical Public Health And Operational Questions, Report, August 2007**

At a meeting of the ECDC’s Advisory Forum in September 2006, Dr Terhi Kilpi (Finland) presented the scientific and public health thinking behind that country’s decision to invest in enough human H5N1 vaccine to offer a single dose to all its population in the event of an H5N1 pandemic. On the latter’s advice, ECDC convened two Expert Advisory Groups (EAG 1 and EAG 2). EAG 1 focused on highly technical scientific questions over whether and how well and safely a vaccine prepared against the current H5N1 antigens would work against an H5–based pandemic. EAG 2 dealt with public health and operational questions concerning when such vaccines might be used, including the specific triggers and for which groups in the population. As a result, two separate reports have been produced.

**Outbreak Assistance Laboratories (OALs) meeting report**

ECDC called a consultation of experts involved in outbreak investigations, diagnosis of imported, rare and unknown diseases, members of European laboratory networks, the European Biodefence Laboratory Network, the European Commission and WHO as a first step to establish a collaboration with identified laboratories – called Outbreak Assistance Laboratories (OALs). The objectives of the meeting were to discuss the modes for collaboration, to review draft terms of reference and to develop shared operating procedures for OALs. As a result, the needs for European laboratory expertise within various outbreak settings were highlighted and the modes for collaboration with ECDC on how to best build and maintain collaboration with OALs were explored. The publication of the meeting report is expected this autumn.

**Networking for public health: ECDC European Scientific Consultation Group Workshop, 27–28 February 2007, Stockholm**

On 26–27 February 2007, ECDC organised an exchange of views with European scientific societies with a view to establishing a scientific consultation group. This unique event was designed to introduce ECDC to the scientific societies and to facilitate networking between the participating organisations. This first meeting brought together 21 associations and scientific societies representing a wide range of specialisations. ECDC expressed its commitment to developing the network further and to identifying ways to address the many proposed cooperative action areas. The publication of the meeting report is expected this autumn.

**Upcoming events...**

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<td>30.09–03.10.2007</td>
<td>4th Congress of European Society for Emerging Infections, Lisbon</td>
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<td>8–9.10.2007</td>
<td>ECDC Director’s presentation to the European Parliament Environmental Committee</td>
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<td>10–11.10.2007</td>
<td>International Conference on Risk Management in Production Activities, Porto</td>
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<td>16–17.10.2007</td>
<td>Eurosurveillance annual meeting, Stockholm</td>
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<td>16.10.2007</td>
<td>Raising the public awareness of antimicrobial resistance lunch debate, European Parliament, Brussels, co-hosted by John Bowis, MEP, and ECDC</td>
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<td>18–20.10.2007</td>
<td>European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), Stockholm, organised by ECDC, EPIET, EPIET Alumni Network</td>
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<td>22.10.2007</td>
<td>Ministerial Conference on Tuberculosis in Europe, Berlin</td>
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<td>26.10.2007</td>
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<td>13–14.11.2007</td>
<td>Advisory Forum meeting, Stockholm, ECDC</td>
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<td>5–6.12.2007</td>
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