

# REPORT BACK FROM THE VISIT OF AN ENVI DELEGATION to the ECDC in Stockholm

**1 and 2 September 2011**

## **1 September**

**12.30:** Working lunch in the ECDC premises with the Director, Dr Marc Sprenger and the Management Team

The ENVI delegation was asked to outline their expectations from the visit. Among the wishes expressed were: the role and functioning of the ECDC, the added value of the ECDC for the EU, the alert system in place, the recent case of the E-coli (EHEC) and new upcoming diseases.

**13.30h:** Overview of ECDC's activities and goals

- The ENVI delegation was reminded of the first ENVI delegation visits to ECDC back in 2006 with Ms Haug and John Bowis and also the inauguration of ECDC's Emergency Operations Centre by Mr Ouzký in March 2008 when he was ENVI Chairman.
- ECDC has carefully followed the recent EHEC debate in the Plenary and has taken note of the different remarks made by MEP's

Dr Sprenger gave different examples of current work performed by ECDC in the day-by-day monitoring of several diseases like:

- Six cases of locally transmitted malaria in Greece. Mosquitoes in the two affected districts probably acquired the parasite that causes malaria from migrant workers. If Greece loses its malaria-free status this could have important implications for Greece's tourism industry
- Several cases of Legionnaires Disease among Austrian, Danish, Dutch and German tourists who had visited camp sites and hotels in the village of Lazise (Italy)
- Measles is currently on the rise in Europe where vaccination coverage is insufficient in many EU countries: nearly 30.00 measles cases have been noticed already in 2011 and ECDC is producing monthly updates on the epidemic. For the USA and Japan, which were measles-free, Europe has become a major "disease exporter". But also within Europe, EU Member States with a too low coverage are now exporting measles cases to Member States with high coverage. The high coverage EU countries are no longer able to maintain their measles-free status.

- Over the last few years the West -Nile virus has become endemic in South Eastern Europe. The virus is carried by wild birds, which makes it difficult to eliminate from our continent. It is transmitted to humans by mosquitoes. The biggest outbreak in the EU this summer is occurring in Greece (56 laboratory confirmed cases). However there have also been cases in Romania (7) and north east Italy (3).
- Looking forward to possible threats in 2012, ECDC and its Member State partners are already planning to monitor very closely for possible outbreaks of infectious diseases during mass events such as the European football championships in Poland and Ukraine, and the Olympic Games in London.
- In some Member States the national public health laboratories have limited capacity, and are unable to carry out some of the key tests needed for effective monitoring of infectious diseases. This can lead to some outbreaks going undetected in these countries, which can present risks to other Member States. Some countries may need significant help from their EU partners if they are to upgrade their capacity.
- the added value of ECDC is that it gathers, on a day by day basis, an overview of data, news and analysis on disease outbreaks in the Member States and across the world. Every day of the year it assesses which of these outbreaks pose a threat to human health in the EU, and whether follow up action is needed.
- The value of ECDC's risk assessments could still be increased still further if it were able to routinely include in them advice to policy makers and citizens about how the risks identified can be reduced or avoided. At the moment, a number of ECDC's key partners do not like it to include this kind of advice in its risk assessments, unless the Centre has been explicitly asked to give such advice.
- ECDC provides training programmes for disease outbreak investigators, public health microbiologists, and other infectious disease experts. Nonetheless, ECDC does not have its own laboratories.

Subsequently Dr. Andrea Ammon gave a short presentation on the financial and human resources of ECDC.

Dr. Johan Giesecke reported about ECDC's policy in relation to the scientific advice it produces (how requests for advice are prioritised, how ECDC ensures the independence and excellence of its advice), collaboration with ECDC's Advisory Forum and other forms of networking across the EU and worldwide.

Dr. Coulombier gave a short presentation of the work of the Surveillance and Response Support Unit which is in charge of the daily monitoring and reporting of outbreaks of communicable diseases in the EU.

Prof Ekdahl reported about problems related to "health capacity" and communication, pointing out that health is unevenly distributed in the EU. Some vulnerable groups, such as the Roma, or some countries with low vaccination coverage are weak spots in EU-wide disease prevention and control efforts. During an economic crisis, public health activities such as disease prevention can often be the first victim of budget cuts is the health sector. Climate change as well as tourism and international trade is affecting the character of diseases in the EU, and may be paving the way for diseases from more southern parts of the globe to establish themselves in the EU. Raising awareness of antibiotics resistance and measures to reduce consumption of antibiotics are important for to prevent the emergence of "super bugs" – i.e. infections against which existing drugs are not effective. ECDC's scientific journal "*Eurosurveillance*" is able to publish high quality, peer-reviewed reports and articles very rapidly – often within a matter of days.

Questions were raised by the ENVI-delegation about the EU's alert system, the inequalities in public health in the Member States, the warnings against antimicrobial resistance, the implementation of the Financial Regulation and possible excessive red tape, the role of Sweden as a host country, collaboration with national agencies and preparation against terrorist attacks.

ECDC answered that solidarity with less well resourced Member States to strengthen their prevention and control activities would be "enlightened self-interest" as it would also help prevent diseases in the richer countries (helping Romania and Bulgaria with TB control e.g.).

ECDC answered that it needs guidance on what acceptable budget carry-overs are. Concerning public procurement: in some fields the services being sought by ECDC are so specialised that an "open market" simply does not exist. ECDC has some expertise on bacteria and microbes that could be used in terrorist attacks but risk assessments relating to chemical, nuclear and radiological attacks are not within ECDC's competence.

Some presentations were given on the following specific topics:

- the situation of undervaccinated groups in society which are increasing
- Antimicrobial and antibiotic resistance
- Hepatitis B and C
- the recent A (H1 N1) influenza outbreak, including cases of narcolepsy amongst youngsters in Finland and Sweden that might be linked to one of the vaccines used during the pandemic (Pandemrix).

## **2 September**

- Presentation by Dr Ammon on the budget management by the ECDC and its efforts to reduce excessive "carry-overs" (reduction from 27% in 2010 to 15% in 2011) .Activity -based budgeting reflects better the real cost of some actions.

Staff recruitment has taken place at an accelerated pace, since ECDC is a young agency (from 28 staff members in 2005 to 258 in 2011). Generally the candidates are well qualified and as usual in EU Agencies small Member States are slightly

overrepresented. The requirement of a third language as a condition for promotion was sometimes problematic for very specific scientific posts where English is the dominant language. Both internal and external training facilities are provided.

The recommendations of an internal audit service were taken into account whose reports were always available for the external audit. A quality management model was applied aiming at "excellence by continuous improvement";

In order to put together the annual work programme, the role of ECDC's Advisory Forum (scientific input) and Management Board (strategic priorities) was highlighted. ECDC asked also for an input from the ENVI-committee, preferably in August / September of each year.

- ECDC's premises, Dr Sprenger told, did not fully satisfy the requirements a modern office building suitable for the Centre's purposes. The lease contract expired only in 2018 and the agency is working on alternative solutions for the other smaller buildings with shorter lease contracts.
- Dr Giesecke outlined the possibilities and limitations of ECDC's Founding Regulation and the way the Advisory Forum is used as a tool to get the necessary scientific input. Declarations of interest are an important way to guarantee unbiased information but for very specialised areas it was very difficult to get completely independent experts.

ECDC would be happy to answer directly questions from MEP's and give support if there is a need for specific information.

Dr Coulombier made a presentation about the EU's Early Warning and Response System on public health threats (EWRS). This secure web-based messaging system, supported by ECDC but owned by the European Commission, is the official channel for Member States to notify their EU partners (European Commission, ECDC, other Member States) of disease outbreaks that may be of EU level interest. Once an alert is posted on EWRS, it creates a discussion thread where other Member States can post information relating to the outbreak. EWRS is used on a daily basis by public health authorities across the Union and is a key tool for protecting Europeans against epidemics. It is one of the main sources used by ECDC in its "epidemic intelligence" activities.

Dr Coulombier then took the delegation to ECDC's Emergency Operations Centre to participate in the daily threat monitoring meeting. The Emergency Operations Centre (EOC) is a state of the art communication and coordination facility that was built by ECDC at the request of the European Parliament, and using a € 1.5 million budget voted by the Parliament for this purpose. The EOC was inaugurated by Mr Ouzký in March 2008 when he was ENVI Chairman. This is where ECDC's epidemic intelligence team work, gathering official alerts from sources such as EWRS and WHO and also screening European and international media for unofficial signals of disease outbreaks. Every working day at 11:30 CET experts covering the different diseases ECDC monitors meet in the EOC to review the epidemic intelligence gathered over the previous 24 hours. The meeting is normally chaired by Dr Sprenger or Dr Coulombier and decisions are made regarding what actions need to be taken in

relation to the different threats. For example, an expert may be tasked with writing a Rapid Risk Assessment about an outbreak or contacting counterparts in a national public health institute to get more information about a situation.

At the end of the visit Mr Leinen, Mrs Yannakoudakis and Mrs Ayuso gave ECDC their initial impressions on what they had seen. There was consensus that the visit had been helpful in giving the ENVI members a better understanding of what ECDC does on a day to day basis. Dr Sprenger thanked the delegation, on behalf of ECDC, for having found time to come to Stockholm.

End of the visit: 13.00 h.