


Procedure file

Basic information	
COD - Ordinary legislative procedure (ex-codecision procedure) Decision	Procedure completed
Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS	
Repealed by 2011/0421(COD)	
Subject 4.20.01 Medicine, diseases	

Key players			
European Parliament	Former committee responsible		
	ENVI Environment, Public Health and Consumer Protection	UPE CABROL Christian E.A.	24/04/1996
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	Former committee for opinion		
	BUDG Budgets		
Council of the European Union	Council configuration	Meeting	Date
	Agriculture and Fisheries	2115	20/07/1998
	Social Affairs	2081	07/04/1998
	Agriculture and Fisheries	2025	22/07/1997
	Health	2013	05/06/1997
	Health	1924	14/05/1996

Key events			
07/03/1996	Legislative proposal published	COM(1996)0078	Summary
27/03/1996	Committee referral announced in Parliament, 1st reading		
14/05/1996	Debate in Council	1924	
26/09/1996	Vote in committee, 1st reading		Summary
26/09/1996	Committee report tabled for plenary, 1st reading	A4-0287/1996	
12/11/1996	Debate in Parliament		Summary
13/11/1996	Decision by Parliament, 1st reading	T4-0586/1996	Summary

03/02/1997	Modified legislative proposal published	COM(1997)0031	Summary
22/07/1997	Council position published	07873/1/1997	Summary
18/09/1997	Committee referral announced in Parliament, 2nd reading		
06/01/1998	Vote in committee, 2nd reading		Summary
06/01/1998	Committee recommendation tabled for plenary, 2nd reading	A4-0004/1998	
13/01/1998	Debate in Parliament		Summary
14/01/1998	Decision by Parliament, 2nd reading	T4-0015/1998	Summary
07/04/1998	Parliament's amendments rejected by Council		
27/05/1998	Formal meeting of Conciliation Committee		
27/05/1998	Final decision by Conciliation Committee		Summary
17/06/1998	Joint text approved by Conciliation Committee co-chairs	3615/1998	
09/07/1998	Report tabled for plenary, 3rd reading	A4-0276/1998	
14/07/1998	Debate in Parliament		Summary
15/07/1998	Decision by Parliament, 3rd reading	T4-0424/1998	Summary
20/07/1998	Decision by Council, 3rd reading		
24/09/1998	Final act signed		
24/09/1998	End of procedure in Parliament		
03/10/1998	Final act published in Official Journal		

Technical information

Procedure reference	1996/0052(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
	Repealed by 2011/0421(COD)
Legal basis	EC before Amsterdam E 129
Stage reached in procedure	Procedure completed
Committee dossier	CODE/4/10000

Documentation gateway

Legislative proposal		COM(1996)0078 OJ C 123 26.04.1996, p. 0010	07/03/1996	EC	Summary
Committee of the Regions: opinion		CDR0157/1996 OJ C 337 11.11.1996, p. 0067	12/06/1996	CofR	
Economic and Social Committee: opinion,		CES1068/1996	25/09/1996	ESC	Summary

report		OJ C 030 30.01.1997, p. 0001			
Committee report tabled for plenary, 1st reading/single reading		A4-0287/1996 OJ C 347 18.11.1996, p. 0004	26/09/1996	EP	
Text adopted by Parliament, 1st reading/single reading		T4-0586/1996 OJ C 362 02.12.1996, p. 0091-0108	13/11/1996	EP	Summary
Modified legislative proposal		COM(1997)0031 OJ C 103 02.04.1997, p. 0011	03/02/1997	EC	Summary
Council position		07873/1/1997 OJ C 284 19.09.1997, p. 0010	22/07/1997	CSL	Summary
Commission communication on Council's position		SEC(1997)1483	25/07/1997	EC	Summary
Committee recommendation tabled for plenary, 2nd reading		A4-0004/1998 OJ C 034 02.02.1998, p. 0004	06/01/1998	EP	
Text adopted by Parliament, 2nd reading		T4-0015/1998 OJ C 034 02.02.1998, p. 0057-0070	14/01/1998	EP	Summary
Commission opinion on Parliament's position at 2nd reading		COM(1998)0079	13/02/1998	EC	Summary
Joint text approved by Conciliation Committee co-chairs		3615/1998	17/06/1998	CSL/EP	
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading		A4-0276/1998 OJ C 292 21.09.1998, p. 0005	09/07/1998	EP	
Text adopted by Parliament, 3rd reading		T4-0424/1998 OJ C 292 21.09.1998, p. 0053-0064	15/07/1998	EP	Summary
Follow-up document		COM(2000)0471	07/09/2000	EC	Summary
Follow-up document		COM(2005)0104	29/03/2005	EC	Summary
Follow-up document		COM(2007)0121	20/03/2007	EC	Summary
Follow-up document		C(2008)1589	28/04/2008	EC	
Follow-up document		COM(2009)0228	15/05/2009	EC	Summary

Additional information

European Commission

[EUR-Lex](#)

Final act

[Decision 1998/2119](#)
[OJ L 268 03.10.1998, p. 0001](#) Summary

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

- OBJECTIVE: establishment of a network for the epidemiological surveillance and control of communicable diseases in the Community. - SUBSTANCE: The network will be established by creating permanent channels of communication between the national structures responsible for collecting information relating to epidemiological surveillance and coordinating control measures. These structures will pass on to the Community network details of the diseases concerned and the measures taken to control them, along with any useful information about the development of epidemics and any data which might facilitate cooperation among the Member States (for example conservation of disease

samples). The surveillance covers: . the appearance or resurgence in a Member State of serious or rare diseases and diseases requiring measures to be taken at local level (set out in the annex), i.e.: - diseases preventable by vaccination (tuberculosis, tetanus, poliomyelitis, diphtheria, meningitis, measles, mumps, rubella, influenza and influenza syndromes, etc.), - sexually-transmitted diseases (hepatitis B, AIDS/HIV, chlamydia, etc.), - viral hepatitis (hepatitis C and others), - food-borne diseases (listeriosis, salmonellosis, etc.), - water-borne diseases and diseases of environmental origin (legionellosis, etc.), - nosocomial infections, - other diseases transmissible by non-conventional agents (including Creutzfeld-Jakob disease, etc.); . the importation from another Member State or third country of the same diseases and certain diseases (also set out in the annex) requiring exceptional measures to be taken at national and international levels: - diseases covered by the International Health Regulations (yellow fever, cholera, plague), - other diseases (rabies, typhus fever, African haemorrhagic fevers, malaria and any other as yet unclassified serious epidemic disease, etc.). The surveillance network also covers specified zoonoses in animals and products of animal origin (Council Directive 92/117/EEC). The list of diseases to be monitored may be changed by the Commission using the procedure provided for in the decision. The surveillance is carried out by the Commission, assisted by a Committee consisting of representatives from the Member States and chaired by a Commission representative. The Commission submits to the Committee a draft of the measures to be taken, including: - case definitions and the microbiological characterization of the infectious agents, - the type of data and information to be collected, - the surveillance methods to be established, - the protective measures to be taken, in particular at ports and airports in emergencies, - information, recommendations and guides to good practice for the public. When the decision is implemented, due account will be taken of Directive 95/46/EC on the protection of personal data and Decision 95/468/EC on the IDA network. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

The Committee welcomes the establishment of a transnational EU epidemiological network for communicable diseases as a means of effective prevention and control which also offers synergistic benefits. At the same time, the ESC asks to be reconsidered the financial allocation for the establishment of permanent communication between national structures and the implementation of individual measures. The Committee calls for the definition of "control" to stress the preventative aspect as follows: the "formulation of common guidelines and the coordination or harmonization of counter-measures" in respect of communicable diseases. The Committee regards the range of diseases shown in the Annex as an indicative list and thinks that national experts should participate fully in its updating. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

A report on a proposed network for the epidemiological surveillance and control of communicable diseases in the EU was adopted unanimously today by the Committee on the Environment, Public Health and Consumer Protection. The rapporteur, Prof. Christian CABROL welcomed the Commission proposal for the setting up of a legal framework which should allow a coordinated response in the case of an outbreak of transmissible diseases. Prof. CABROL has tabled amendments aimed at establishing an EU early warning network and a European Centre for Communicable Diseases Control. The Commission is being asked to inform Parliament about the ongoing EU/US negotiations on a global warning and response network for the diseases in question. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

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Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

In adopting the report by Mr Christian CABROL (UPE, F), Parliament welcomed the Commission proposal, which aims at establishing a legal framework permitting a coordinated response in the event of an epidemic of a communicable disease. It proposed amendments with a view to setting up an early warning network and a European Centre for the Surveillance of Communicable Diseases. The Community network should forward to the competent authorities of the Member States any information of which it is aware on the subject of any state of emergency arising from the appearance or resurgence of serious communicable diseases within the territory of the European Community or originating in third countries. Moreover, the EP asked to be kept informed of the progress of negotiations between the European Union and the United States concerning the establishment of a world alert and response network in respect of communicable diseases. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

In its amended proposal, the Commission took over 12 of the 17 amendments adopted at Parliament's first reading, of which five were adopted in full. These amendments sought to: - emphasize the need for a Community network for epidemiological surveillance; - guarantee protection of the public in the event of emergencies by means of a system for the rapid communication of data and useful information in the Member States; - encourage international cooperation in the field through a joint plan of action with the United States aimed at establishing a worldwide early-warning system on communicable diseases; - adapt the committee procedure with particular regard to the amendment of the Annex on controlled and monitored communicable diseases). However, the Commission took over neither the amendments on the creation of an early-warning system for communicable diseases nor those on a European surveillance centre to coordinate European information in the field.

Amendments were included on: - epidemiological surveillance: data concerning communicable diseases should be comparable and compatible; - protection measures to be taken: appropriate measures should be taken at all of the Community's external frontiers (not only at airports); - communication: the Community network must transmit to the relevant authorities all information on emergencies resulting from the reappearance or outbreak of communicable diseases in the Community or in third countries ; - evaluation: the network should be reviewed every five years, a report should be submitted to the Council and to Parliament on its activities. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

The common position of the Council creating a network for epidemiological surveillance in the Community departed significantly from the Commission proposal. Although the Council supported the general idea of creating such a network, it believed that its establishment would mean certain obligations for the Member States which went beyond the scope of Article 129 of the Treaty, on which the proposal was based. Accordingly, the Council drew a distinction between: - 'surveillance': for which Member States were subject to specific obligations regarding the provision of information, and - 'control': for which the Council laid down a more general framework for information, consultation and coordination in respect of national measures for prevention and control. In addition, the common position defined more clearly the role and responsibilities assigned to the Commission and the Member States. More specifically, the Council amended the following main points: - Decision objective: the network had two main tasks: (1) epidemiological surveillance, (2) the establishment of a response system for the prevention and control of communicable diseases; - definitions: the Council introduced the concept of the 'Community network'; - running of the network, epidemiological surveillance section: the network would be adopted in accordance with a type IIIa Committee procedure (regulation). Moreover, the selection of diseases to be covered would be made gradually on the basis of certain criteria defined in the Decision; - response system for the prevention and control of communicable diseases: the Council introduced this new article to organize and implement the response system. It was limited to information, consultation and coordination involving the measures planned or taken by the Member States in this field. Procedures would be carried out within the framework of the regulatory Committee (measures for controlling and preventing diseases were the responsibility of each Member State); - subsidiarity: it was stated that Member States would be totally responsible for their own systems of control and surveillance of communicable diseases: the Decision did not, therefore, aim to harmonize national conventions in this respect; - financial considerations: at Community level, the network would be financed by existing funds and, in particular, through relevant Community programmes and initiatives; - evaluation: regular reports on the implementation of this Decision were provided for; - annex on the categories of communicable diseases covered: the Council stated that this annex was 'indicative'. Only the Committee (acting in accordance with procedure IIIa) could determine diseases to be included in the annex (taking into account, of course, the interests of the Community and the Member States in the surveillance of such diseases at Community level). The Council adopted nine of the twelve amendments taken over by the Commission in its amended proposal. The three rejected amendments involved the comparison and compatibility of information exchanged through the network between the Member States, the definition of agents carrying diseases and the implementation of protection at the external frontiers of the Community. It did include, however, an amendment which the Commission had rejected in its amended proposal, concerning cooperation with the World Health Organization. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

In its assessment of the Council's common position on the Decision creating a network for epidemiological surveillance, the Commission indicated that it could not support the Council's text. In particular, the Commission criticized the Council for not having respected the main aim of its proposal, the setting-up of a network to respond effectively and in a coordinated manner to epidemics or the outbreak of communicable diseases in a Community without internal frontiers. The Commission was especially unhappy with the following points: - financial responsibility: the use of funds from existing programmes might seriously jeopardise their implementation; - response system for prevention and control: the tasks set by the Council were vague and contradictory. Moreover, the Council included measures in this field that should come under intergovernmental cooperation (contrary to the committee procedure provided for); - protection against communicable diseases: the Council did not include the adoption of Community measures in this field, although it was empowered to do so by Article 129 of the Treaty; - evaluation and reports: the drafting of reports every two years was considered unrealistic and unnecessarily costly; - annex: in the Commission's view, this list could not be merely 'indicative': for the selection of diseases covered, it could be indicative, but for the communication of cases or emergencies to Member States, the list should be compulsory. ?

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The Committee took on Council and Commission by insisting on the establishment of a European Centre for the Surveillance of Communicable Diseases - on the grounds that the microbial agents responsible for infectious diseases know no borders. Such a centre had been ruled out in the Council's common position on a proposal for a European Parliament and Council Decision on the creation of a network for the epidemiological surveillance and control of communicable diseases in the European Community. The Commission also warned the committee that it was opposed to a centre "at this stage". The diseases in question include sexually-transmitted diseases, viral hepatitis, food-borne diseases, water-borne diseases and diseases of environmental origin, nosocomial infections, Creutzfeldt-Jakob's disease, yellow fever, cholera and plague, rabies, typhus fever, viral haemorrhagic fevers and malaria. Considering the proposal for a second time under the codecision procedure, the committee retabled from first reading a number of significant amendments to the common position in line with the advice of its rapporteur, Mr Christian CABROL (UFE, F), who expressed his great disappointment at the weakness of the Council position, which gave little assurance that the groundwork for an effective system of cooperation and coordination was being laid. Despite Commission opposition at present to a European Centre, its representative agreed with members that the common position represented a "watering down" of the original proposal. Members accepted Mr Cabrol's view that the establishment of a European Centre was the sine qua non of any effective action at European level. 'We cannot delude ourselves into thinking that the information collected at the level of different Member States will just magically coordinate itself into a useful and useable form,' said Mr Cabrol. The centre would have a two-way function, receiving

data from Member States and recycling it among them. The retabled amendments include the incorporation of an early warning system into the Community level structure, the need to use consistent definitions and compatible technologies, the establishment of pre-arranged methods for data collection and the coordination of measures for the control of communicable diseases. Members also rejected the Council's preference for 'gradual' coverage of these diseases: they want action now. The committee also rejected the Council's view that action should be taken according to the 'resources available', as this could well be used as an excuse to take no action whatever. Members agreed that the costs of the operation at Community level should be met by the Community but deleted the Council's suggestion that funds be found from existing programmes, which Mr Cabrol described as 'severely underfunded as it is'. The recommendation by Mr Cabrol, incorporating 22 amendments to the common position, was adopted unanimously by the committee.?

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The rapporteur was keen to stress that setting up a European surveillance centre was central to ensuring effective action at European level. In reply, Commissioner Flynn rejected Amendment No 5 on a surveillance centre as there were already national centres which had acquired considerable experience in this field. The Commissioner then explained that it was clearly preferable to build upon what already existed and had proven to be working well instead of starting again from scratch. In addition, the Community had invested heavily in linking the national administrations in numerous areas, including the surveillance and control of communicable diseases. Citing the case of Asian bird flu, Mr Flynn argued that the European Union must have a network of links allowing Member State authorities to monitor new cases and, in particular in order to prevent chicken flu, to define and coordinate control measures for travellers coming from the Hong Kong region. The Commissioner informed Parliament, however, that he could accept Amendments Nos 2, 4, 6, 7-13, 15, 19, 20 and 22. As regards Amendments Nos 14, 18 and 21, the Commission was prepared to follow Parliament's suggestions provided that the wording was improved. On the other hand, Amendments Nos 1, 3, 16 and 17 had to be wholly rejected together with Amendment No 5.

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

In adopting the recommendation for second reading by Mr Christian CABROL (UPE, F) on creating a network for the epidemiological surveillance of communicable diseases, the European Parliament amended the common position of the Council, retabling a number of the amendments adopted at first reading, including in particular the amendments concerning the setting-up of a European Centre for the Surveillance of Communicable Diseases, a permanent Community body which Parliament deemed essential for the effective monitoring of diseases at European level. The Centre would be responsible for gathering all relevant information identified at national level at Eurocentres based in each Member State. It again called for an early warning system to be set up as part of the Community system for preventing communicable diseases. The other amendments concerned: -the need to use consistent definitions and compatible technologies, -the adoption of emergency measures if communicable diseases appear in a Member State, -the adoption of predetermined methods of gathering information and coordinating measures to control communicable diseases; -the type of diseases covered by the network: Parliament did not accept the option advocated by the Council, which wished the list of diseases in the annex to the proposal to be regarded as purely indicative, -the financing of the measure: Parliament rejected the Council's proposal that existing funds should be tapped from the budgets of existing programmes to pay for the network. The programme should be covered by Community funding. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

In its amended proposal following the opinion of Parliament at second reading, the Commission has incorporated in full or in part 17 of the 22 amendments adopted on 14 January 1998. These amendments aim in particular: - to provide that the costs resulting from operation of the network at Community level should be met from specific Community resources (and not as provided by the Council from existing Community programmes); - to define the procedures to ensure adequate consultation and coordination between the Member States with a view to not only monitoring but also controlling the spread of communicable diseases, - in the context of epidemiological surveillance, to gather comparable and compatible data, - to consider the list annexed to the decision of communicable diseases to be monitored as obligatory rather than indicative (particularly in emergency epidemic situations), -immediately to inform the authorities of all the Member States, via the Community network, of the appearance of serious communicable diseases in the Community or originating in third countries, -to evaluate the effectiveness of the network every 5 years. The main amendments rejected by the Commission and considered essential by Parliament concern: - setting up an early warning system in the context of the surveillance network, -setting up 'Eurocentres' or national databanks on communicable diseases responsible for forwarding national data to a central Community surveillance body to be set up. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

The Conciliation Committee adopted a joint draft text on the decision setting up a network for the epidemiological surveillance and control of communicable diseases in the EU. The meeting was chaired jointly by Mr Sam GALBRAITH, UK Health Minister and President of the Council, and Renzo IMBENI, Vice-President of Parliament, and was attended by Commissioner Padraig FLYNN. Parliament's rapporteur was Christian CABROL (UPE, F). The delegations from the two institutions have thus reached agreement on the most contentious point: whether a "European Centre" should be part of the network. The Commission will coordinate the network in conjunction with the Member States. In place of the term "permanent structure", initially preferred by Parliament, the Conciliation Committee opted for "permanent network". The other

amendments on which agreement was reached concern the incorporation of an early warning system into the Community network, the need to use consistent definitions and compatible technologies, the establishment of pre-arranged methods for data collection and the coordination of measures for the control of communicable diseases.

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Commissioner Flynn welcomed the cooperation shown by Parliament and the Council in the conciliation procedure. He reiterated the statements made in this context by the Commission with regard to the appropriate staffing and structures needed to achieve the objectives of the decision in question and also the prudent use of the financial resources available to the committee which would assist the Commission.

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In adopting the report by Mr Christian CABROL (UPE, FR) Parliament approved the joint text, following the agreement reached in the conciliation committee on a European surveillance network for communicable diseases. The most controversial point was to know if the network should include 'Eurocentres' which was taken up at the end of the negotiation (establishment of a network ensuring permanent communication between the Commission and the national structures). The network thus established should enable effective and coordinated action to be taken in the event of epidemics or outbreaks of communicable diseases in a Community without internal frontiers. It would not be restricted to the transmission of data concerning surveillance. The Commission would coordinate the network in collaboration with the Member States. The diseases in question included sexually-transmitted diseases, pollution-related diseases, nosocomial diseases, Creutzfeldt-Jakob disease, yellow fever, cholera, plague, rabies, typhus fever, viral haemorrhagic fever and malaria. Other amendments included in the agreement covered the incorporation of an early warning system in this Community network and the need to use consistent definitions and appropriate technologies. ?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

PURPOSE : establishment of a network for the epidemiological surveillance and control of communicable diseases in the Community. COMMUNITY MEASURE : Decision 2119/98/EC of the European Parliament and of the Council setting up a network for the epidemiological surveillance and control of communicable diseases in the Community. CONTENT : The Decision seeks to promote co-operation and co-ordination between Member States and with the Commission with a view to improving the prevention and the control of certain transmissible diseases. The network will bring into permanent communication with one another, through all appropriate technical means, the Commission and those structures and/or authorities which, at the level of each Member State and under the responsibility of that Member State, are competent at national level and are charged with collecting information relating to the epidemiological surveillance of communicable diseases, and by establishing procedures for the dissemination of the relevant surveillance data at Community level. An early warning and response system will be set in place and will, in order to operate efficiently, each national structure will communicate the following information to the network : - diseases preventable by vaccination; - sexually transmitted diseases; - viral hepatitis; - food-borne diseases; - water-borne diseases and diseases of environmental origin; - nosocomial infections; - other diseases transmissible by non-conventional agents (including Creutzfeldt-Jakob's disease); - diseases covered by the international health regulations (yellow fever, cholera and plague); - other diseases (rabies, viral haemorrhagic fevers, malaria and any other as yet unclassified serious epidemic diseases, etc.). This list may be amended or supplemented at any time. Each structure and/or authority will also communicate to the network : - any relevant information concerning the progression of epidemic situations for which it has responsibility for information collection; - information on unusual epidemic phenomena or new communicable diseases of unknown origin; - information concerning existing and proposed mechanisms and procedures for the prevention and control of communicable diseases, in particular in emergency situations; - any relevant considerations which could help Member States to co-ordinate their efforts for the prevention and control of communicable diseases, including any counter-measures implemented. For the purposes of implementing this Decision, the Commission shall be assisted by a committee composed of representatives of each of the Member States and chaired by a representative of the Commission. The representative of the Commission shall submit to the committee a draft of the measures to be taken. The committee shall deliver its opinion on the draft within a time limit which the chairman may lay down according to the urgency of the matter. The opinion shall be delivered by the majority laid down in Art. 148 (2) of the Treaty in the case of decisions which the Council is required to adopt on a proposal from the Commission. The votes of the representatives of the Member States within the committee shall be weighted in the manner set out in that Article. The chairman shall not vote. The Commission shall adopt the measures envisaged if they are in accordance with the opinion of the committee. If the measures envisaged are not in accordance with the opinion of the committee, or if no opinion is delivered, the Commission shall without delay submit to the Council a proposal relating to the measures to be taken. The Council shall act by qualified majority. If within three months of the matter being referred to it the Council has not acted, the proposed measures shall be adopted by the Commission. Each Member State shall designate, within 6 months of entry into force of this Decision, the necessary structures and/or authorities and notify the Commission thereof. The competent authorities of the Member States and the Commission shall foster co-operation with non-member countries and international organisations competent in the field of public health, in particular the WHO. The Commission shall submit regular reports evaluating the operation of the Community network to the European Parliament and the Council. The first report, which shall be submitted 3 years after the entry into force of this Decision shall, in particular, identify those elements of the Community network which should be improved or adapted. An evaluation of the network should take place thereafter every five years. ENTRY INTO FORCE : 03/01/1999.?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

The Community Network for the epidemiological surveillance and control of communicable diseases, established by the European Parliament and Council Decision 2119/98/EC, has completed its first year of operation. It has been shown to be an effective network for health protection in the Community. Its future development and sustainability, however, requires a substantial resource commitment from the Commission and Member States in order that the momentum is not lost. Several systems on communicable diseases surveillance (e.g. legionellosis, salmonellosis, tuberculosis) are already functioning in the Community. The progressive expansion of comparable systems to other priority communicable diseases is now underway. The Early Warning and Response System has been established and is now capable of addressing outbreaks from whatever source, although its relative immaturity means that its development requires nurturing. The Commission has also identified the need for a rapid response capacity at Community level to assist in outbreaks of disease within and without the frontiers of the European Community. The next period will see the Community Network's extension on the international stage through European Union cooperation with applicant countries, the Mediterranean partner countries, under the Northern Dimension, and through the European Union - third country co-operation arrangements (e.g. Canada, US). This communication outlines how the Commission has implemented this Decision in its first year and puts forward its proposals for future action in this area.?

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

The European Commission has presented its report on the operation of the early warning and response system of the Community network for the epidemiological surveillance and control of communicable diseases (Decision 2000/57/EC) during 2002 and 2003.

The Annual Reports from the Member States and the preparation of the related Commission report 2003 were delayed due to the work overload caused by the SARS event which developed abruptly starting on mid March 2003.

The report concludes by stating that the analysis of the content of messages transmitted through EWRS indicates that notifications are sometimes delayed with respect to the date of onset of the event. This is because Member States have to be certain about the facts and about Community relevance before making formal notifications via the EWRS. Analysis of the content of messages transmitted through EWRS in 2002 and 2003 indicates that a gradual but clear improvement in the notification process is taking place. To improve timeliness of notifications, a check-list of criteria for the assessment of Community-relevant events was introduced in 2003. Application of the list facilitates a more uniform and timely notification of events to EWRS. The notification to EWRS of cases of SARS, an event which dominated EWRS activity during 2003, with clear Community relevance, was very rapid.

The SARS event represented a significant test for the usefulness of EWRS. EWRS fulfilled effectively its institutional function, not only with the timely circulation of the alert among the national authorities, but also by facilitating the exchange of information, the provision of technical-scientific advice and the formulation of common positions among the national public health authorities.

The SARS outbreak also demonstrated the utility and flexibility of the new mechanism of the Scientific Support to Policies present in the 6th Framework Programme for RTD.

The messages on the events notified in 2002 and 2003 do not indicate which criterion, among those indicated in Annex I of Decision 2000/57/EC, had been considered relevant by Member States when reporting. Indicating the relevant criterion for notification by the notifying authority is important for evaluating the relevance and functionality of the criteria as well as their consistent application. Efforts are being made to ensure that such indications are provided.

In 2003, the EWRS has been used occasionally by the national health authorities as a working tool for the exchange of different types of information, as exemplified by messages related to events 12 (poultry influenza in the Netherlands), 28 (West Nile virus in France), and 33 (influenza in EU). However, the use of EWRS as a practical tool to provide and receive information, with the aim of improving awareness and knowledge about events in a framework of co-operation among national public health authorities, was still not fully exploited. The reasons for this are being considered with the authorities of the Member States and conclusions will be drawn on improvements needed.

Analytical annual reports of the events and on the EWRS procedures applied and additional reports on specific events of particular significance have been provided by some Member States. There is clear preference for additional reporting on specific events only where there is added value besides that provided by the initial notification and report. This, together with a number of operational improvements that are deemed necessary are under active consideration.

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

This report examines the operation of the EWRS during 2004 and 2005. Its conclusions are drawn from reports submitted to the Commission by the Member States as well as from experience learned during the operation of the EWRS during the period examined.

In the course of 2004 a total of 105 events were notified through the EWRS. Of the 105 messages, 30 were information messages, 32 activation ?Level 1? messages; 18 activation ?Level 2? messages and 2 activation ?Level 3? messages. Twenty one of these messages were related to influenza; eight to legionellosis; six to vCJD; five to acute diarrhoea; four to tuberculosis and meningitis; three to cholera and hepatitis; two to anthrax, encephalitis, malaria, rabies, haemorrhagic fever, dengue fever, measles and fever; and one concerning diphtheria, shigellosis and mumps.

Only a few events, however prompted specific measures at Community level and most were controlled by applying public health measures at national level. Nine events required a more complex response, including: two outbreaks of legionellosis in Italy and Germany; six messages and 55 comments on the notification of the first human cases of the highly pathogenic avian influenza virus type A/H5N1 in Vietnam; two events associated with the West Nile virus infection which were notified by Ireland and France; one event associated with a rabid dog in France; an outbreak of hepatitis A that clustered in an Egyptian resort and which was notified by Germany; the reporting by Belgium of two birds of prey coming from Thailand and which were infected with the highly pathogenic avian influenza virus type A/H5N1 virus; and the notification of SARS related events.

In the course of 2005 six events required a co-ordinated response involving contact between health authorities in the Member States. Four of them were related to the propagation of the avian influenza threat to the European region (Romania, Russian, Ukraine and Turkey). These six events include: notification of the highly pathogenic avian influenza virus type A/H5N1, which entered Russia in 2005; passing on information regarding a large outbreak of Marburg hemorrhagic in Angola and helping Member States prepare special isolation units in hospitals to quarantine the contacts and to ship or transport samples for laboratory diagnosis across the EU; and the circulation of an EWRS message concerning an event related to a mistakenly distributed samples of live influenza A/H2N2 to carry out quality control tests.

To conclude, the Commission finds that the EWRS system is being used more and more by the Member States. It is deemed an appropriate tool for the rapid dissemination of information as well as a useful tool for the co-ordination of measures and risk management at a Community level. The total number of notifications circulated through the EWRS has doubled in 2004 and 2005 compared with previous years and the new Member States have managed to utilise the EWRS efficiently.

However, further analysis of the use of 'information' and Level 1 messages shows that a number of them were focused on risk assessment issues and that a large part of them were requests to know if events similar to those which have been notified were identified in other Member States. Future involvement of the ECDC in assisting the Commission to operate the EWRS should improve the situation.

There are still too many messages listed in the 'non-applicable', 'unknown' and 'unlisted' categories. Nevertheless, the new application for the EWRS is appreciated by the Member States and has resulted in real improvements in the performance of the system.

Public health: network for epidemiological surveillance and control of communicable diseases in the European Community EWRS

This report is intended to inform the Council and Parliament about the events due to communicable diseases of Community relevance notified during 2006 and 2007 through the Early Warning and Response System (EWRS) under Decision 2119/98/EC of the Council and Parliament and Commission Decision 2000/57/EC.

During 2006 a total of 138 messages were posted (2.6 messages/week), with 223 comments. 43 events were related to influenza; 18 to acute diarrhoea; eight to diarrhoea and salmonellosis; 7 to measles; 6 to legionellosis; 5 to tuberculosis; 2 to cholera, death of unexplained origin, fever, food poisoning, haemorrhagic fever, hepatitis, haemolytic uremic syndrome, mumps or vCJD; and 1 each to campylobacteriosis, leptospirosis, listeriosis, septicaemia, shigellosis, soft tissue infection, sexually transmitted infection, and typhoid fever.

During 2007 a total of 85 messages were posted (1.6 messages/week), with a total of 300 comments. 10 events were related to tuberculosis and influenza; 7 to legionellosis; 5 to diarrhoea and salmonellosis; 4 to cholera and measles; 3 to acute diarrhoea; 2 to fever, food poisoning, haemorrhagic fever and multi-drug resistant tuberculosis; and 1 each to cryptosporidiosis, laryngitis, melioidosis, meningitis, mumps, pneumonia, rabies, septicaemia, shigellosis, syphilis, trichinosis and vCJD.

The Commission details the response and follow up to the main events for these years.

It notes that figures for the EWRS in 2006 and 2007 confirm previous years' trends. The number and typology of messages notified were comparable to 2004 and 2005. 'Information level' messages accounted for most of the EWRS messages. The total number of messages circulated in 2007 was fewer than in 2006. This most probably results from the higher number of messages related to avian influenza events notified in 2006 rather than from a change in the notification process. Additional analysis of the messages notified since the EWRS IT tool was launched (1999) is planned and should generate further evidence on the trend of EWRS use over time and will be instrumental in streamlining the use of the system, focusing more on management issues than on assessment.

As in previous years, only a limited number of the events reported in 2006 and 2007 required Community-wide coordination. This report has focused on the events which triggered such responses at different levels and which have spotlighted a number of specific areas calling for closer attention.

The Chikungunya outbreak in Italy highlighted the potential role of climate change in modifying vector-borne disease epidemiology in the EU and the need for a regional approach to monitoring and responding to these diseases (e.g. West Nile virus). In particular, it demonstrated that a disease that has never been reported in the EU can always challenge the capacities to respond and coordinate at Community level.

The upsurge of measles cases reported by a number of Member States highlights the importance of having a coordinated approach to achieving and maintaining a high level of vaccination coverage throughout Europe, with a view to the elimination of measles targeted for 2010.

Contact tracing procedures were implemented on several occasions. The results revealed that, although coordination procedures were swiftly put in place, mechanisms should be strengthened so as to trace rapidly the persons concerned and at the same time comply with current legislation on the protection of personal data. The major difficulties in obtaining data from airlines still persist.

A number of events required agreement on media messages addressed to large audiences. Coordination meetings of the EWRS authorities in Member States proved particularly useful for sharing common lines to be taken with the media. However, it was clear that further work is still needed to develop a more structured form of response.

The Commission and Member States, assisted by the ECDC, adapted swiftly to the challenge of the new International Health Regulations which entered into force on 15 June 2007. Existing legislation on communicable diseases has already been adapted and will be followed in 2010 by a proposal for a package of legal instruments covering health threats from non-communicable diseases. In the short term, specific instruments to strengthen contact tracing for public health purposes will be proposed. Mechanisms to address the global dimension of events reported outside the EU but with possible impact at Community level were activated, when needed, in order to facilitate and strengthen the management of those events taking stock of the available resources like the European Programme for Intervention Epidemiology Training (EPIET), that is now coordinated by the ECDC with close collaboration of the WHO.

A substantial upgrade of the EWRS IT application is planned in order to achieve consistency with the new communication platforms which the Commission and the ECDC are developing. In particular, the link with the ECDC EPIS platform will provide solid ground for exchanging epidemiological information on specific events. The Commission's tools for helping Member States to share data and information during crisis situations will help the EWRS to work smoothly whenever a large number of messages are posted through the system.

Lastly, some minor modifications to the 'simple search' application (closure of events, message content, syndrome/disease, pathogen,

reporting reason, and country of occurrence) are necessary and will be introduced soon. The need for these ?minor? modifications was identified in the previous report too, but the EWRS transfer phase prevented this kind of upgrading.