

EPHA Briefing for members

Subject	European Centre for Disease Prevention and Control
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The **European Centre for Disease Prevention and Control (ECDC)** was launched in Stockholm, September 27 and is expected to operational in May 2005. This briefing will introduce the **ECDC** and compare this new agency with its American counterpart based in Atlanta, the '**Centrs for Disease Control**' (**CDC**).

The commission drafted the legislation to create the ECDC in July 2003 and final regulation was signed into Law by the European Parliament and Council in April 2004.

Since 1999, the Commission has managed a **Communicable Diseases Network**. This is currently based on *ad hoc* cooperation between Member States. However, there is a need for a substantial reinforcement of this system if the European Union is to be in a position to control **communicable** diseases effectively. Europe' s communicable disease network already links experts monitoring specific diseases or following specific issues such as antimicrobial resistance. The new centre will take over this role on a systematic basis.

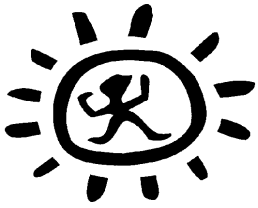
The Aims of the ECDC and CDC

- The main focus of the **ECDC** is on **communicable diseases** (see end of document for diseases covered). Article 7 of the founding regulation (851/2004/EC), states that the Centre mission should be to;

“ass ess and communicate current an emerging threats to human health from communicable diseases.”

In addition, the ECDC will,

- **Undertake epidemiological surveillance** within the EU and Norway, Iceland, Lichtenstein, Bulgaria, Croatia, Romania and Turkey and aim to work with all countries neighbouring the EU.
- **Organise and fund outbreak investigation teams.**



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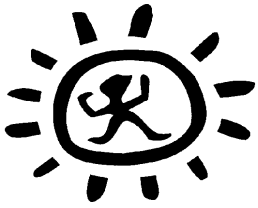
- **Run training programmes for all of Europe.**
- Provide an '**Early warning and response mechanism**' to inform authorities and the public of any disease outbreak threat. The ECDC will work with other 'alert systems' such as those arranged by WHO.
- Foster the exchange of **best practise with regard to vaccination.**

Speaking on the 28th of September at the inaugural meeting of the ECDC Management Board the Deputy Chair, **Dr. Malliori** said: "In the longer term, I would like to see the Centre play a role in promoting all aspects of physical and mental well-being, for example driving back obesity and helping to address problems such as suicide and depression."

The **CDC** has a larger remit than the **ECDC**, and this is reflected in its mission statement;

' To promote health and quality of life by preventing and controlling disease, injury, and disability' .

- The **CDC** seeks to accomplish its mission by working with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviours, foster safe and healthful environments, and provide leadership and training.
- The works on Infectious diseases, such as HIV/AIDS and tuberculosis, and new diseases that have the potential to spread across the world in a matter of days, or even hours, making early detection and action more important than ever. CDC plays a critical role in controlling these diseases.
- **"But disease outbreaks are only the beginning of the protective role."** The **CDC** assists state and local health departments on projects from working to evaluating a family violence prevention program in an urban community; from training partners in HIV education, protecting children from vaccine preventable diseases through immunizations and improving the working environment of employees.
- Speaking March 31 2004, The Director of the **CDC**, **Dr. Julie Gerberding** stated CDC' s central governing principle will undergo a fundamental reshaping in the process, moving the CDC away from a focus on disease control to a more holistic aim of health protection.



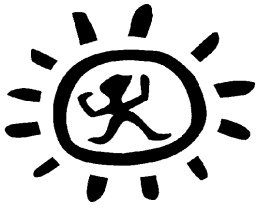
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The Structures of the ECDC and CDC

- The staffing of the ECDC will be relatively small to start with but once fully developed in 3-5 years will have a staff of approximately 100. The ECDC will however be able to tap into, and draw together the expertise of hundreds of scientists around Europe forming a network of expertise. The ECDC will act as a focal point to pool all European Scientific knowledge. Although the size of the ECDC will increase, it will remain a relatively small agency.
- The **CDC** in 2000, had a workforce comprising approximately 8,500 Full Time Equivalents in 170 disciplines with a public health focus. Although CDC's national headquarters is in Atlanta, Georgia, more than 2,000 CDC employees work at other locations, including 47 state health departments. Approximately 120 are assigned overseas in 45 countries.
- Unlike the **CDC** in America the **ECDC** will not actually possess laboratories and as such it will work in partnership with Member States to provide facilities.
- The European parliament approved a 4.8 million EUR budget for the agency in 2005, 14 million EUR in 2006, and 29 million EUR in 2007, long term funding – vital in identifying trends in infection rates of diseases.

During the opening speech of the ECDC, **Mr David Byrne, Health Commissioner**, stated that the **CDC** and **ECDC** had the same objectives but had a different way of achieving them. The ECDC would be built on a '**Europeanmodel**'. The staff of the ECDC, unlike their CDC counterparts will not be in the front line of investigating disease outbreaks or conducting research. Instead the scientists and officials based at the centre in Stockholm will act as a hub for a network of expertise and manage studies and put together outbreak investigation teams.

The European Centre for Disease Prevention and Control will not replace the existing member states agencies, instead the ECDC will provide support to National experts, enabling them to work together more effectively.



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Communicable diseases and special health issues to be covered by ECDC

Diseases preventable by vaccination

Diphtheria
Infections with Haemophilus influenza group B*
Influenza*
Measles*
Mumps
Pertussis*
Poliomyelitis
Rubella
Smallpox
Tetanus

Sexually transmitted diseases

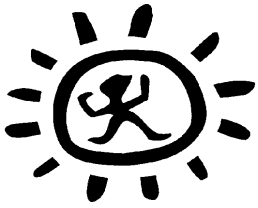
Chlamydia infections
Gonococcal infections
HIV-infection*
Syphilis

Viral hepatitis

Hepatitis A
Hepatitis B
Hepatitis C

Food- and water-borne diseases and diseases of environmental origin

Anthrax
Botulism
Campylobacteriosis
Cryptosporidiosis
Giardiasis
Infection with Enterohaemorrhagic E.coli*
Leptospirosis
Listeriosis
Salmonellosis*
Shigellosis



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Toxoplasmosis
Trichinosis
Yersinosis

Diseases transmitted by non-conventional agents

Transmissible spongiform encephalopathies, variant Creutzfeldt-Jakob's Disease*

Air-borne diseases

Legionellosis*
Meningococcal disease*
Pneumococcal infections
Tuberculosis*

Zoonoses

Brucellosis
Echinococcosis
Q-fever
Rabies
Tularaemia

Serious imported diseases

Cholera
Malaria
Plague
Viral haemorrhagic fevers
Special health issues

Nosocomial infections

Antimicrobial resistance*

*Those communicable diseases and special health issues for which a dedicated surveillance network is in place are marked with an asterisk.