Expert Consultation on Harmonization of Surveillance Systems for central and eastern Europe

Report on a WHO Meeting

Bucharest, Romania
7–9 December 2000
ABSTRACT

The meeting was organized with the aim of:

- convening an expert group that would help to identify, prioritize and coordinate developments of networks on communicable diseases in the countries of central and eastern Europe (CCEE);
- promoting collaboration between the CCEE in communicable disease surveillance to enable effective public health action; and
- reviewing and facilitating communications so that views and information can be exchanged between those active in the field of communicable disease surveillance in the CCEE and with existing international committees on the surveillance of communicable diseases in other areas.

The expert group, comprising representatives of 15 CCEE, proposed a detailed plan of action for the establishment and running of a network group, whose aim would be to coordinate surveillance activities among the participating countries. The Regional Office was asked to act as secretariat to the network group.

Keywords

COMMUNICABLE DISEASE CONTROL
EPIDEMIOLOGIC METHODS – standards
EPIDEMIOLOGIC SURVEILLANCE
INFORMATION SYSTEMS
EUROPE
EUROPE, EASTERN
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Introduction

Communicable disease surveillance systems are intended to provide information that will alert those responsible for public health to a problem, will reduce uncertainty during decision-making, will maximize the efficacy of the interventions and will facilitate the ongoing evaluation of interventions.

The structures and legal frameworks of the surveillance systems in the central and eastern European countries (CCEE) have some similarities. A list of diseases for which there is mandatory notification is determined at national level on advice from expert committees, and cases are notified and registered by health care facilities when they are detected. Local facilities report cases to regional and national authorities, which then undertake more complex statistical analyses.

However, the link between data-gathering and action is not always apparent. There are marked differences between countries in the number and range of diseases for which there is mandatory notification. In many cases, notification is required for diseases for which no action is taken, or is delayed to the point where it is no longer relevant to take action, or does not lead to action.

During a recent meeting on surveillance,¹ country representatives recommended that WHO should convene a working group which would identify how to maximize the benefits of collaboration and would initiate some practical projects. Areas already identified as likely to be important include the harmonization of case definitions, methods of investigation and monitoring systems, and reaching consensus on setting priority diseases and syndromes to be reported to the WHO Regional Office for Europe (WHO/EURO).

An infrastructure is needed that permits the exchange of data, their analysis and interpretation and the necessary decisions, in order to achieve the goals identified by WHO and the Member States as desirable. These are:

- promoting communication between national surveillance authorities which could facilitate the identification of cases of infectious diseases occurring in the Member States;
- developing active and timely collaborative responses to threats to public health in the Member States.

Objectives

An Expert Consultation on the Harmonization of Surveillance Systems for Central and Eastern Europe was held in Bucharest, Romania, from 7 to 9 December 2000 to take this forward. The main objectives of this meeting were to:

1. convene an expert group, comprising those with responsibilities in communicable disease surveillance at national level to help to identify, prioritize and coordinate future developments; it should meet annually, although more frequent meetings of the group or of a smaller planning group might be necessary in the earlier stages;

¹ Consensus meeting on surveillance of infectious diseases. Copenhagen, WHO Regional Office for Europe, 2000 (EUR/00/5016367).
2. promote collaboration between the CCEE in communicable disease surveillance to enable effective public health action to be taken;
3. consider and learn from similar processes undertaken in the European Union (EU);
4. review and facilitate communications so that views and information can be exchanged between those active in the field of communicable disease surveillance in the CCEE and with existing international committees on surveillance of communicable diseases in other areas.

The meeting addressed a number of key issues around the likely benefits to be gained from developing a network at international level, and the practical issues of running such a network (programme in Annex 1).

Participants in the meeting were technical experts with responsibilities in communicable disease surveillance at national level from the CCEE (Annex 2). The meeting was supported by expert input from individuals with experience of taking similar action in the EU.

Before the meeting a short questionnaire had been circulated which helped to determine the range of opinion about where benefits are likely to be gained from participation in a proposed communicable disease surveillance network.

Proceedings

Opening session

There is a clear need for Member States to collaborate in communicable disease surveillance as well as in relation to other conditions that constitute a threat to health. Some CCEE still work in virtual isolation. Dr Popa reported that the Standing Committee of the WHO Regional Committee for Europe had discussed the proposed agenda for the next meeting of the Regional Committee, and communicable disease and surveillance would be included.

Session 1

Professor Chris Bartlett presented the story of the development of the EU ties in surveillance of communicable disease.

National institutes have always collaborated on international scientific ground but never shared information on a regular basis to detect trends or outbreaks. The development of the Commission Plan of Action on Communicable Disease had facilitated the formalization of collaboration between member states in terms of networks. Political support for this process was essential for mobilizing resources.

Article 129 of the Treaty of Maastricht sets out the legal basis for Community action in the field of public health. Council resolution 92/C 326/01 recognized the serious social and economic consequences of outbreaks of communicable disease.

The objectives of collaboration were to: prioritize disease monitoring, identify training needs, harmonize surveillance methods, share information and material about communicable diseases, apply new communication technology to ensure timeliness of reporting, and coordinate public
health action at community level. The reasons for enhancing collaboration among member states are many and related to the increased risk of the spread of communicable diseases: greater population mobility, food trading, re-emergence of diseases, breakdown of public health infrastructure in the CCEE and the emergence of new diseases.

A working group had been set up by the European Commission to prepare papers and advise on policies. The Delphi consensus methods were used to define criteria for prioritization. The European Parliament and the Council of Europe had decided to set up an information system, with a view to improving the prevention and control, within the Community, of communicable diseases by strengthening the epidemiological surveillance of these diseases and enhancing an early warning and response system for the prevention and control of these diseases.

In setting up such a network, the European Parliament had defined the aims of the international efforts as to create added value and to support (not impede) national efforts. The added values to national surveillance were:

- earlier warning of threats to health
- earlier detection of threats to health
- detection of problems which would not be recognized at national level
- detection of problems which would require international coordinated public health action
- facilitation of coordinated responses.

An example was an effective laboratory-based surveillance network, which had proved useful in this context. SALMNET had been created to coordinate the actions of epidemiologists and microbiologists in EU member states in the detection and identification of, and response to, outbreaks due to enterobacteria. The benefits of such collaboration were the strengthening of national and local level public health practice, prioritization at technical level, application of standard methods for surveillance, improved standards, and coordinated public health action.

In the discussion that followed, participants considered the elements presented relevant to them. In setting up national policies, the CCEE refer to WHO and EU frameworks as advocacy for decision-making. Some of the activities carried out within the Community are replicated in CCEE and have proved beneficial. Recent episodes related to bans on the import of food products by one EU member state from others (e.g. meat-and-bone meal (MBM)) had shown that these had not been effective in stopping the trade in and use of products considered at risk. Increased collaboration and access to early and standardized information is therefore needed.

Most of the CCEE have traditionally had national reference laboratories that set standards at national level with little or uncoordinated support from epidemiological information. This would prove beneficial for the earlier detection of problems and concerted action. In addition, international collaboration will add value to national efforts in preventing and combating communicable diseases that have the potential to spread.

Another example of effective international collaboration in the EU was the European Programme for Intervention Epidemiology Training (EPIET). This programme was one of the European networks, which had so far trained 60 epidemiologists and participated in a number of international outbreak investigation and response activities. There are no formal restrictions on the participation of CCEE trainees in the programme, and the enlargement process will involve

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the accreditation of CCEE institutions to provide a wider network of training sites in Europe. Collaboration with national training programmes, including the exchange of staff between institutions, are options to explore.

Session 2

Dr Massimo Ciotti presented a summary report on the questionnaire for prioritization of criteria (Annex 3). The questionnaire had been circulated to the participants by Professor Julius Weinberg before the meeting.

Raw data showed that there was not a big differentiation among the proposed criteria. Many of the respondents scored most criteria as 4 (agree with statement) or 5 (agree strongly with statement). Conclusions on the first round of the questionnaire were that it would be useful to explore what the real benefits of international exchange are, and to come up with an agreed list of priorities in rank order – or at least in ranked groups (most important, less important, least important).

The focus of the exercise will be on the need to identify which diseases are relevant for international collaboration in surveillance. Different methods, case definition and laboratory standards are being used in the CCEE. Some of the current national regulations are obsolete with little or no laboratory involvement in the surveillance process. Epidemiological and laboratory capacity limit the extent to which national institutes can effectively investigate outbreaks.

More important than the revision of lists of notifiable diseases, countries should develop epidemiological definition of epidemic-prone diseases of public health importance for which notification to international level and sharing of data would add value to their national surveillance.

Following revision of the questionnaire, a working group had proposed a shortened list of criteria for prioritization, similar to that used by the EU Charter Group (Box 1). This list would be circulated among participants after the meeting to score priorities.

### Box 1. Criteria for assessing the value of European collaboration

1. Data/information exchange which provides earlier warning of threats to health.
2. Data/information exchange which results in earlier detection of threats to health through pooling data.
3. Data/information exchange which leads to the recognition of threats to health that would not be recognized at national level.
4. Data/information exchange which leads to recognition of threats to health which require coordinated international action.
5. Data/information exchange which allows the generation of hypotheses from a wider knowledge base.
6. Data/information exchange which improves the evaluation of programmes at national level.
7. Data/information exchange which helps in the pooling of knowledge and resources.
8. Data/information exchange which helps to raise standards at national level.
9. Data/information exchange which helps to develop Europe-wide surveillance and prevention activities.
Session 3

To illustrate how collaboration improves national surveillance, the ENTERNET network was described. Eighteen countries now participate in this network which aims at the early detection of international outbreaks and changing trends. Laboratory methods had been harmonized and an international quality assurance scheme introduced, and the network had set three target areas for collaboration: microbiology, epidemiology and early warning systems.

The value of collaboration had been shown on several occasions when outbreaks affecting more than one country were detected in the pooling of data. The network is now improving the collaborative response to outbreaks. An effective international scheme requires political support, dedicated project managers, a clear protocol and objectives, high quality reference laboratories, standard methods, annual workshops for participants, and information output for effective public health response.

The participation of non-EU member states has not yet been considered by the network, but there is collaboration with WHO and different national institutes in the CCEE. It would be important for CCEE to have access to information about suspected sources of infection in food-related outbreaks that can be facilitated through food trading and would allow authorities to take measures to protect the health of consumers. For this purpose, similar networks are needed in the CCEE, with common nodes to the EU networks, so that information could be shared.

Participation in international surveillance schemes requires national action plans to be developed. It also requires that the risk of duplicating the many existing activities carried out by other European and global networks be avoided. In coordinating the development of new networks, countries should carefully consider links with existing networks.

From a country perspective, improvements at different levels of the national surveillance system need to be undertaken in order to reach a standard level of capacity for fruitful cooperation in international surveillance. Examples of obstacles that should be overcome are the non-specificity of some schemes (i.e. laboratory surveillance not developed), the incompleteness of reporting from all territories, the lack of epidemiological case definitions for many diseases, unclear definition of denominators, and the lack of communication networks linking all levels of reporting sites (districts, regions, national) and sometimes with inconsistent communication protocols.

It appeared evident from the discussion that followed that priorities for surveillance at national level are not necessarily the same for the international level. Early detection of outbreaks and emergence of serious diseases is the major objective for intercountry data-sharing. Data on antimicrobial resistance and epidemic zoonosis should also be considered for networking. Participants considered that the principle of collecting and sharing data on conditions of public health importance that can produce an effective response was central to the future activities of the network.

Session 4

The sharing of data for international surveillance needs clear procedures and objectives. A priority list of diseases, which will be one of the objects of the work of CCEEE networks will be the outcome of the consensus process initiated at the Grottaferrata meeting. It was decided that a small working group should make proposals for a plan of action, which would be discussed during session 6.
Session 5

The major theme for discussion was the existing and proposed bilateral and multilateral collaboration in surveillance of communicable disease. Participants felt that national institutes could develop twinning arrangements with counterpart institutes in other countries. This would increase the capacity and knowledge of technical staff. Some institutions in the CCEE have a wide knowledge and experience of, as well as competence in, specific communicable diseases that can provide useful added value in a collaborative agreement with western and eastern institutions (e.g. Tick-borne encephalitis (TBE) in Latvia). An example of collaboration between national institutes is ALERT (an early warning and response system) implemented in Albania by the national Public Health Institute and the Institut de Veille Sanitaire, Paris, France, with technical input from the Istituto Superiore di Sanità (ISS), Rome, Italy.

Other examples of intercountry collaboration were mentioned. The countries in south-eastern Europe participate in a network for surveillance and monitoring of 11 communicable diseases, which also includes training components (the Balkan Network).

Countries in the Nordic region work closely together in a communicable disease network (EPINORTH), which provides data-sharing, training courses in epidemiology and vaccinology for participants, staff exchanges and scholarships.

The participants felt that the various training activities going on in the CCEE needed better coordination and clear objectives. In addition, training of trainers in field epidemiology and surveillance should be organized by WHO: WHO/EURO should follow up the recommendations of the Grottaferrata meeting concerning training and capacity-building.

Training material is largely available to countries wishing to conduct training. EPIET has developed training modules, curricula, guidelines and manuals for adaptation to local conditions.

The group felt that the development of links with international societies, such as Travel Medicine and the European Society of Clinical Microbiology and Infectious Disease (ESCMID), was of high importance. In particular, the latter should be approached to organize a satellite meeting at their next international conference (April 2001, Istanbul, Turkey).

A working group was formed with the task of defining the objectives of a CCEE network, preparing proposals for a plan of action and proposing follow-up activities.

Session 6

Dr Massimo Ciotti described the computerized information system on communicable diseases (CISID), a web-based platform to manage communicable disease data for WHO/EURO. The architecture of the system allows for integration of multiple interactive databases, and it was proposed as a common platform to host data-sharing for the CCEE network.

The working group on the plan of action reported on its proposals (see below). The participants agreed on the activities proposed for the working group and decided to create a structured network group. Professor Bohumir Kriz was elected chairperson of the group and a specific working group was nominated to develop detailed proposals on criteria for the network.

The working group would also prepare project proposals for the sustainability of the network.
Conclusions

1. The participants confirmed the need for the establishment of a CCEE-Baltics Communicable Disease Network (CEE-CDN), comprising technical representatives of each of the following Member States:

Albania  Latvia
Bosnia and Herzegovina  Lithuania
(unable to attend the meeting)  Poland
Bulgaria  Romania
Croatia  Slovakia
Czech Republic  Slovenia
Estonia  The former Yugoslav Republic of Macedonia
Hungary  Turkey

(The participation of representatives of the Federal Republic of Yugoslavia would be considered when this country became a full member of WHO.)

2. The full network would meet at least annually.

3. A small working group, supported by a secretariat, would be established to develop discussion papers and proposals for consideration by the full CEE-CDN.

4. Professor Bohumir Kriz, Czech Republic, was elected chairman to lead the working group’s activities and moderate the network group for a period of three years. The chairmanship would be rotating. Funds need to be secured for secretarial support to the chairperson.

5. Five other participants agreed to serve as members of the working group, representing the different sub-regions of the CCEE:

Croatia  Dr Ira Gjenero Margan
Czech Republic  Professor Bohumir Kriz
Latvia  Dr Juris Perevoscikovs
Poland  Dr Andrej Zielinski
Romania  Dr Mircea Popa
Turkey  Dr Berrin Esen.

6. The membership of the working group would rotate on an annual basis.

Plan of action for the central and eastern European disease network and the ad hoc working group

The group agreed on the following objectives and plan of action.

1. The objectives of the working group were:
   - to develop discussion papers and proposals for consideration by all network members
   - to define and disseminate a list of epidemiological priorities
   - to prepare a revised list of criteria to be scored by participant countries
   - to propose a set of diseases which should be covered by exchange of information.

The working group would make recommendations to the network group.
2. The members would start by corresponding with Professor Weinberg (who would act as moderator of the working group) on criteria. This should end with 5–10 criteria as a basis for discussion in the working group.

3. The network group would propose a list of diseases for which the exchange of information would increase added value.

4. The network group would plan future meetings of the working group to discuss criteria and finally choose a group of diseases to be covered by the exchange of information. The network group would then prepare a proposal paper (2–3 pages) to state the will to proceed with a programme of activities. This proposal paper would include:
   - the purpose of the exchange of information;
   - information to be exchanged on individual cases;
   - standardization of case definitions and criteria for microbiological confirmation;
   - organization of data collection and means to exchange information;
   - identification of potential internet sites to be used for the collection of data (at first with the assistance of WHO).

5. Invitations to the following network group meeting would be extended to:
   - the EPIET coordinator
   - an observer from the European Commission
   - the coordinator of the Extended Inventory Project from ISS, Rome, Italy.

6. WHO would be requested to provide the secretariat functions for the group for a year (until December 2001). The request should include the terms of reference for and function of the secretariat, i.e.:
   - organization of meetings;
   - provision of technical support and exchange of documentation;
   - provision of necessary communication tools;
   - teleconference planning and organization as required;
   - provision of templates for data-sharing;
   - development of an application for the storage, query and display of data of the network group for one pilot project within CISID;
   - coordination with international partners and country counterparts on an inventory of the involvement of national institutes in international networks on communicable diseases;
   - ensuring that WHO executive management give political support to the development of the network.

7. National public health institutions from EU member states, such as the Institut deVeille Sanitaire, France, would be asked to provide technical support to CEE-CDN in the area of training as well as any other appropriate and feasible support.
8. The group plans to develop proposals for fundraising, and for this purpose to ask the WHO secretariat to identify consultants to assist in developing grant applications to donor agencies.

9. Ideally the people who participated in this first meeting would continue to represent their countries in the network group.

10. The working group would organize its first meeting in April 2001 in Istanbul, in the context of the ESCMID conference. The objectives of the meeting would be to:
   - review the list of 10 priority diseases;
   - determine the existence of international networks;
   - consider whether the group would build its work on those and propose options for joining them;
   - identify one priority disease to plan the development of a new network in the CCEE;
   - review and consider appropriate training needs;
   - review the inventory process led by ISS, Rome;
   - propose, with the support of the secretariat, a methodology for the assessment of the surveillance and laboratory capacity of Member States for the diseases selected for collaboration.

11. The network group proposed to hold its second meeting in Prague, Czech Republic, during the first week of June 2001. The objectives and expected outcomes of the meeting would be to:
   - review the report of the working group and approve the priority list of diseases;
   - adopt targets for future development and begin the task of developing a mid-term strategy to achieve them which should consider training components and evaluation standards;
   - approve the establishment of the a new disease-specific network;
   - approve joining an existing network for another priority disease;
   - draw up an action plan to identify appropriate donor agencies including named individuals who will take the lead in preparing applications, and agree on a timeframe.

12. In addition to the above decisions, the members of the group were asked to provide available epidemiological information on tickborne encephalitis. Professor Kriz would inform the members, by e-mail, on the format of data to be shared, and would then, in collaboration with the WHO secretariat, coordinate the collection, analysis and presentation of data.
Annex 1

PROGRAMME

Thursday, 7 December 2000
13.00–13.30  Registration
13.30–14.00  Opening
14.00–16.00  Session 1 – The need for a network  Moderator: M. Popa
Experiences in the EU including context. Strengths and weaknesses of EU approach  
(C. Bartlett)
Presentation on EPIET and infrastructure developments (C. Paquet)
16.00–16.30  Coffee break
16.30–18.30  Session 2 – Activities of a network  Moderator: M. Popa
Presentation on surveillance priorities at national level (B. Esen & V. Bakasenas)
Report back on questionnaire (M. Ciotti)
Discussant:
Round table on what networks might deliver
Outcome:  Agreement on need for prioritization
Agreed list of criteria for establishing priorities

Friday, 8 December 2000
09.00–10.30  Session 3 – How collaboration can improve national surveillance  
Moderator: K. Kutsar
Examples from the EU networks (identification of legionella outbreaks, salmonella typing, exchanging guidance) (C. Bartlett)
Example of a disease-specific network (Internet) (C. Bartlett)
Presentation on major needs at national level (I. Gjenero Margan)
Prepared discussant:
Discussion of major needs at national level
Exchanging best practice
Outcome:  Priority improvements in national surveillance and training
10.30–11.00  Coffee break
11.00–12.00  Session 3 – How collaboration can improve national surveillance (cont’d)
12.00–13.30  Lunch
13.30–15.30  Session 4 – Determine the methods of work of the network  Moderator: B. Kriz
Develop small working groups
Prototype networks (need funded posts)
Regional networks
Coordination
Funding
Outcome:  Prioritization exercise
15.30–16.00  Coffee break
16.00–18.00  **Session 5 – Activities, time scales and resources**  *Moderator: J. Perevoscikovs*

Identify potential for twinning arrangements
Proposal to Soros, EU (Phare, Tacis), Network Committee, DFID
Investigate exchanges of staff, distance learning
Develop links with European Society for Clinical Microbiology and Infectious Disease (ESCMID)

Outcome: Group develop bids

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**Saturday, 9 December 2000**

09.00–10.30  **Session 6 – Action plan**

Presentation on CISID (*M. Ciotti*)

Time line for future meetings
  - Discussion of formal objectives
  - Establishing working group(s)
  - Prioritization exercise
  - Prepare project proposal

Document of principles

10.30–11.00  **Coffee break**

11.00–12.30  **Session 6 – Action plan continued**

12.30  Closing
Annex 2

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Annex 3

SUMMARY REPORT ON THE QUESTIONNAIRE FOR PRIORITIZATION OF CRITERIA

Table 1. Raw data, Likert scales

| Exchange of data/information which allows generation of hypotheses from a wider knowledge base | 4 | 3 | 4 | 1 | 3 | 4 | 4 | 3 | 3 | 5 | 3 | 4 | 3 |
| Exchange of data/information which helps in the pooling of knowledge and resources | 4 | 4 | 4 | 1 | 3 | 4 | 5 | 5 | 5 | 4 | 4 | 4 | 4 |
| Exchange of routine data for the comparison of trends | 4 | 5 | 3 | 3 | 1 | 4 | 3 | 5 | 4 | 5 | 5 | 4 | 5 | 5 |
| Regular pooling of data which results in earlier detection of TTH | 5 | 4 | 4 | 1 | 3 | 5 | 4 | 4 | 3 | 5 | 4 | 4 | 3 |
| Exchange of data/information which improves the evaluation of programmes at national level | 4 | 3 | 5 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Exchange of information about control measures | 5 | 3 | 4 | 3 | 4 | 3 | 2 | 4 | 4 | 5 | 4 | 3 | 4 |
| Exchange of best practice guidelines | 4 | 5 | 5 | 3 | 4 | 3 | 3 | 3 | 4 | 5 | 3 | 4 | 4 |
| Exchange of data/information which helps to raise standards at national level | 4 | 5 | 5 | 3 | 4 | 3 | 2 | 3 | 4 | 5 | 3 | 4 | 3 |
| Exchange of data/information which leads to the recognition of TTH which would not be recognized at national level | 4 | 4 | 5 | 4 | 3 | 5 | 4 | 3 | 5 | 5 | 2 | 5 | 4 |
| Exchange of data/information which helps develop European-wide surveillance and prevention | 5 | 4 | 4 | 4 | 5 | 4 | 3 | 4 | 4 | 5 | 2 | 4 | 4 |
| Exchange of data/information which provides early warning of a threat to health (TTH) | 5 | 5 | 5 | 4 | 3 | 4 | 4 | 3 | 5 | 5 | 3 | 4 | 4 |
| Exchange of data/information which leads to recognition of TTH which require international coordinated action for control | 5 | 5 | 4 | 4 | 3 | 5 | 4 | 3 | 5 | 5 | 3 | 5 | 4 |
Table 2. Mean scores for each question table

| Exchange of data/information which allows generation of hypotheses from a wider knowledge base | A    | 3.42 | 1.00 |
| Exchange of data/information which helps in the pooling of knowledge and resources | B    | 4.00 | 1.13 |
| Exchange of routine data for the comparison of trends | C    | 3.92 | 1.24 |
| Regular pooling of data which results in earlier detection of TTH | D    | 3.83 | 1.11 |
| Exchange of data/information which improves the evaluation of programmes at national level | E    | 4.42 | 0.79 |
| Exchange of information about control measures | F    | 3.67 | 0.89 |
| Exchange of best practice guidelines | G    | 3.83 | 0.83 |
| Exchange of data/information which helps to raise standards at national level | H    | 3.75 | 0.97 |
| Exchange of data/information which leads to the recognition of TTH which would not be recognized at national level | I    | 4.08 | 1.00 |
| Exchange of data/information which helps develop European-wide surveillance and prevention | J    | 4.00 | 0.85 |
| Exchange of data/information which provides early warning of a threat to health (TTH) | K    | 4.17 | 0.83 |
| Exchange of data/information which leads to recognition of TTH which require international coordinated action for control | L    | 4.25 | 0.87 |

Fig. 1. Mean scores for each question
<table>
<thead>
<tr>
<th>Question</th>
<th>Question</th>
<th>Mean Score</th>
<th>SD</th>
</tr>
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<td>Exchange of data/information which improves the evaluation of programmes at national level</td>
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<td>0.8</td>
</tr>
<tr>
<td>Exchange of data/information which leads to recognition of TTH which require international coordinated action for control</td>
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<td>4.17</td>
<td>0.8</td>
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<td>Exchange of data/information which leads to the recognition of TTH which would not be recognized at national level</td>
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<td>3.42</td>
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