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Eurosurveillance was created in 1995 to support exchange and dissemination of authoritative scientific information within the part of public health community involved in the field of infectious disease surveillance and control, at a time when European surveillance networks were at an early stage of growth. Now part of a large network, the publication is entering a new stage: the editorial function will now be hosted at the European Centre for Disease Prevention and Control (ECDC) in Stockholm. This will strengthen the platform for the next stage in Eurosurveillance's development as the major home of peer-reviewed European information on infectious disease surveillance and control.

It was in the early 1990s that the feasibility of a Europe-wide disease surveillance through a network of experts was first explored. As stated in 1992 in *The Lancet* '... one response to the AIDS epidemic has been the establishment of a European network for monitoring this disease. Experience has proved that effective international surveillance is feasible in Europe...' [1]. This network, now known as EuroHIV, was the first European surveillance network for a communicable disease, and had been set up in 1984 under the umbrella of the World Health Organization Regional Office for Europe and funded by the European Commission's Directorate-General for Research, as the European Centre for the Epidemiological Surveillance of AIDS in Paris.

Many other networks were later implemented for priority diseases such as legionellosis (EWGLI), salmonellosis (Salm-net, which became Enter-net in 1998), influenza (EISS) and tuberculosis (EuroTB), [2-6]. Most of these, hosted by one or two national public health institutes, were funded by the European Commission's Directorate-General for Public Health (now DG Sanco) under a series of consecutive public health (PH) programmes, and the DSN concept was born. This acronym (which stands both for 'Disease Specific Network' and 'Designated Scientific Network') was later applied to a greater number of networks, some of which, such as EARSS (for antimicrobial resistance) [7], were not specific to one particular disease.

Eurosurveillance's ambition was to play a communication role that would complement the training

and human resources role played by another successful European programme, the European Programme for Intervention Epidemiology Training, EPIET [8]. The challenge was to become part of the infrastructure for the growing European infectious disease and public health surveillance community, while filling gaps left by existing scientific journals and academic institutions whose interest in the topic was somewhat weak. The growth of Eurosurveillance relied heavily on the pioneers of these growing surveillance networks, the support of the European Commission through the PH programme and the work of the editorial board, made up of 'national gatekeepers' from each of the European national public health institutes. These national gatekeepers who served as editorial advisors to Eurosurveillance were frequently the editors of the national epidemiological bulletins.

Eurosurveillance is one of the numerous pieces of a patiently assembled puzzle that benefited from growing political interest and recognition. With the 2119/98/EC Decision of the EU Parliament and Council on the network for infectious disease surveillance [9], the 2000/57 Commission Decision on the early warning and response system [10], and in May 2005 [11], the creation of the ECDC, the goal of a European service for public health surveillance and control of infectious diseases has become a reality.

Within the past 10 years, many public health events have continued to change public and political perception of infectious disease threats. These include bioterrorism threats following 9/11, the anthrax events in the United States, the emergence of a new pathogen with the SARS outbreak, the increasing dissemination antimicrobial-resistant microorganisms, the increased concern about an influenza pandemic and the concomitant need for pandemic preparedness by Member States. These changes may explain why the concept of a 'physical' European centre, which had been discarded in the early 1990s for the preferred concept of a virtual centre (a network or a service), became a widely recognised necessity [12]. In 2002, David Byrne, at the time Europe's Commissioner for Health and Consumer Protection, was campaigning at the European Health Forum for the creation of a European centre which 'will bring together the expertise in Member States and will act as a reference and coordination point both in routine and crises situations' [13].

The coming together of *Eurosurveillance* and ECDC is a logical consolidation of the international infrastructure within the European Union to combat infectious diseases.

Eurosurveillance is now coming of age and entering adulthood. It is moving to a new home and will face new challenges. In the name of all its numerous parents, let us say that we are very proud.

***Editorial note:** Jean-Claude Desenclos, Noel Gill, and Jean-Baptiste Brunet were among the pioneers of the project.

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