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Editorial

THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

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The start-up event for the European Centre for Disease Prevention and Control took place in Stockholm on 27 September 2004*. In terms of surveillance and control of communicable disease in the European Union, it marked the beginning of a new era.

Global challenges from emerging and re-emerging communicable diseases and especially in recent times, the spectre of threats from deliberate releases of pathogens have exposed inadequacies and vulnerabilities in national and international systems and defences. Never before has the need for closer cooperation between globally-acting organisations, such as the World Health Organization (WHO), and entities such as the European Union (EU) and individual countries, become so apparent and so acknowledged. Tackling health threats that require a rapid response has resulted in much closer cooperation among the member states and the central institutions of the borderless European Union, where, every day, millions of people move about freely and goods of all sorts are speedily transported at great distances. This European structure means that the risks of spreading harmful agents are greater if measures are not taken immediately to stop the problem at its source.

Efforts to strengthen defences and prevention against such health threats have been steadily increasing over the last two decades. From hesitant and humble beginnings in 1993, the European Community has gradually strengthened cooperation in public health, especially in communicable disease surveillance and control. Trustful relationships and familiarity with working together among public health officials and communicable disease professionals proved soon to be one of the key achievements. Very poorly resourced at first, cooperative networks and jointly-run projects and programmes started to multiply and grow, aided by increasing European Community funding. Certainly, this process has not been without problems: there were differences of opinion as to priorities and direction, disputes over the division of responsibilities and hostility towards anything that might have centralising features. Since the end of 1998, this cooperative framework has been enshrined in law by a decision of the European Parliament and of the Council establishing the Community Network for the Epidemiological Surveillance and Control of Communicable Diseases [1]. This has organised the co-ordination of national surveillance systems and institutes/agencies on the basis of a common list of diseases under surveillance [2], common case definitions and common laboratory methods [3]. Moreover, it put in place the Early Warning and Response System (EWRS) [4] of the European Community which connects the competent authorities of all the EU member states responsible for formally notifying outbreaks of disease on the common list and for communicating information on counter-measures, or information on measures already taken if these had to be taken without delay.

These developments gave a big boost to surveillance and infectious disease epidemiology and diagnosis in the European Union. Partnerships and surveillance schemes and networks expanded, albeit not always efficiently and with variable quality. Disagreement over resources, real needs and added value were never far from the surface. Thinking in local and "tribal" terms is hard-wired in the scientific and administrative world, as it is in other spheres of human activity. Nevertheless, thinking over how best to improve surveillance and outbreak investigation and capacity for advice and training moved away from the fashion of more and more project-driven networks with distributed hubs to the idea of a European centre. Support for such a centre had been expressed years previously by some health professionals.

The SARS emergency in 2003 proved to be the catalyst for the creation of the European Centre for Disease Prevention and Control. Consensus among the health professionals led to the swift acceptance of the Commission proposals for its establishment. It is hoped that the Centre will be the missing link in European surveillance and control and that there will finally be the capacity for advice, sound surveillance everywhere and outbreak problem resolution that Europe has hitherto been lacking.

There has been good progress with the setting up of the Centre [5]. The last week of September 2004 saw not only the official launch of the Centre with a solemn ceremony at the Swedish Prime Minister's premises in Stockholm where the Centre will be located, but also the first meeting of the Centre's management board which elected its officials, approved rules of procedure and confidentiality and agreed on the abbreviation: it will be ECDC from now on.

The search for the Director has already started and work on the programme of work for 2005 is already underway. The management board is expected to select the Director and adopt the main lines of next year's work programme at its forthcoming meeting in December 2004. The procedure for setting up the ECDC's Advisory Forum of representatives from member states' national public health entities has already begun.

The ECDC should be fully operational by 1 May 2005. It faces many organisational challenges and will no doubt have to confront problems soon. SARS and avian influenza may return and pandemic influenza remains a constant threat. New pathogens with longer incubation periods may still emerge due, inter alia, to the incessant encroachment of previously untouched habitats, intensive farming without proper hygiene and safety conditions, spreading cultural habits, trade -sometimes illegal- and fast transport which incapacitates traditional methods for containment.

The ECDC will need all the support it can get from the surveillance and control constituency. Let us hope that this will come in abundance.

*Editor's note: see [Members of the Centre's Management Board](#)

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