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# COMMISSION DECISION

**of 22 December 1999**

**on the communicable diseases to be progressively covered by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council**

*(notified under document number C(1999) 4015)*

(2000/96/EC)

(OJ L 28, 3.2.2000, p. 50)

Amended by:

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| ►**M1** | Commission Decision 2003/534/EC of 17 July 2003 | L 184 | 35 | 23.7.2003 |
| ►**M2** | Commission Decision 2003/542/EC of 17 July 2003 | L 185 | 55 | 24.7.2003 |
| ►**M3** | Commission Decision 2007/875/EC of 18 December 2007 | L 344 | 48 | 28.12.2007 |
| ►**M4** | Commission Decision 2009/312/EC of 2 April 2009 | L 91 | 27 | 3.4.2009 |

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# COMMISSION DECISION

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**on the communicable diseases to be progressively covered by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council**

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THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community ([1]), and in particular Article 3(a) to (e) thereof,

Whereas:

(1) According to Decision No 2119/98/EC, a network at Community level is to be set up to promote cooperation and coordination between the Member States, with the assistance of the Commission, with a view to improving the prevention and control, in the Community, of the categories of communicable diseases specified in the Annex to that Decision. That network is to be used for the epidemiological surveillance of those diseases and for the establishment of an early warning and response system.

(2) As regards epidemiological surveillance, the network is to be established by bringing 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.

(3) The diseases and health issues selected for coverage by epidemiological surveillance at Community level should reflect the present needs in the Community, in particular the added value of surveillance at Community level.

(4) The list of diseases or health issues selected for surveillance should be altered in response to changes in disease prevalence and in response to the emergence of new communicable diseases threatening public health.

(5) The Commission should provide the Community network with the appropriate information tools, while ensuring consistency and complementarity with the relevant Community programmes and initiatives.

(6) This Decision should apply without prejudice to Council Directive 92/117/EEC of 17 December 1992 concerning measures for protection against specified zoonoses and specified zoonotic agents in animals and products of animal origin in

([1]) OJ L 268, 3.10.1998, p. 1.

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order to prevent outbreaks of food-borne infections and intoxications ([1]), as last amended by Directive 1999/72/EC of the European Parliament and of the Council ([2]).

(7) This Decision should facilitate the integration of the Community network set up under Decision No 2119/98/EC with other rapid alert networks set up at national or Community level for diseases and special health issues to be covered by the early warning and response system. For the purpose of its implementation, the Community network should therefore operate by using the Health Surveillance System for Communicable Diseases within the European Public Health Information Network (Euphin-HSSCD), consisting of three components:

(a) an early warning and response system for reports of specified threats to the public transmitted by the competent public health authorities of each Member State responsible for determining measures which may be required to protect public health;

(b) exchange of information between accredited structures and authorities of the Member States relevant to public health;

(c) specific networks on diseases selected for epidemiological surveillance between accredited structures and authorities of the Member States.

(8) The development of new useful technologies should be monitored on a regular basis and taken into consideration for the improvement of electronic information exchange.

(9) For logistic reasons, not all communicable diseases or special health issues selected for epidemiological surveillance can immediately be covered by dedicated surveillance network arrangements. Nevertheless, in order that the Community network can begin to work and gain experience, the competent authorities in the Member States should disseminated in the Community network relevant information in their possession.

(10) The measures provided for in this Decision are in accordance with the opinion of the Committee set up by Article 7 of Decision No 2119/98/EC,

HAS ADOPTED THIS DECISION:

*Article 1*

The communicable diseases and special health issues to be covered by epidemiological surveillance in the Community network pursuant to Decision No 2119/98/EC are listed in Annex I to this Decision. The surveilance shall be performed in a cost-effective way having regard to the nature of the disease, the existing networks and the Community added value.

*Article 2*

The criteria for the selection of the diseases and special health issues to be covered by epidemiological surveillance within the Community network are listed in Annex II.

([1]) OJ L 62, 15.3.1993, p. 38.
([2]) OJ L 210, 10.8.1999, p. 12.

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*Article 3*

For the purpose of the technical implementation of this Decision, the Community network shall initially operate by using the Health Surveillance System for Communicable Diseases within the European Public Health Information Network (Euphin-HSSCD).

*Article 4*

►M2 1. ◄ The Community network shall be put in place by modifying and integrating as appropriate existing Community-supported surveillance networks and by building up new networks for diseases not yet covered by surveillance networks. Where a low number of cases of a disease does not allow for a dedicated surveillance network to be put in place for that disease, surveillance information within the Community network shall be shared on the basis of case reports.

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2. ►M4 ——————— ◄

Member States shall, through their designated structures and/or authorities, specify a contact point for each dedicated surveillance network, delegated to be their national representative to provide data and information in accordance with Articles 3 and 4 of Decision No 2119/98/EC.

Each dedicated surveillance network will collect relevant surveillance data and information, will ensure coordination within its structure, and will without delay communicate them to the Community network.

The dedicated surveillance network will also provide the Community network with its operating procedures, addressing at least the topics listed in Annex III.

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*Article 5*

Case definitions, the nature and type of data for collection and transmission as well as the appropriate epidemiological and microbiological surveillance methods shall be determined for each specific surveillance network integrated into or created for the Community network. Case definitions and surveillance methods shall also be determined for diseases on which information is shared by case reports only.

*Article 6*

Member States shall disseminate in the Community network relevant information in their possession detected in their national surveillance system on communicable diseases or special health issues selected for epidemiological surveillance not yet covered by dedicated Community surveillance network arrangements.

*Article 7*

Relevant information on communicable diseases not listed in Annex I shall be disseminated through the Community network, in accordance with Article 4 of Decision No 2119/98/EC, whenever this is found necessary in order to protect public health in the Community.

*Article 8*

Where specific surveillance networks are put in place for zoonoses for which surveillance of human cases is required under Directive

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92/117/EEC, that surveillance shall be performed in accordance with Decision No 2119/98/EC, and such data required for the implementation of Directive 92/117/EC shall be made fully available for that purpose. To this end, case definitions and surveillance methods for human disease shall be drawn up, as far as possible, in such a way that the data collected serve also Directive 92/117/EC.

*Article 9*

The competent authorities in the Member States shall communicate to the Commission other diseases and special health issues for which epidemiological surveillance at Community level shall be progressively developed on the basis of the criteria listed in Annex II.

*Article 10*

This Decision shall take effect on 1 January 2000.

*Article 11*

This Decision is addressed to the Member States.

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*ANNEX I*

1. **COMMUNICABLE DISEASES AND SPECIAL HEALTH ISSUES TO BE PROGRESSIVELY COVERED BY THE COMMUNITY NETWORK AS REFERRED TO IN ARTICLE 1**

1.1. **For the communicable diseases and special health issues listed in this Annex, epidemiological surveillance within the Community network is to be performed by the standardised collection and analysis of data in a way that is to be determined for each communicable disease and special health issue when specific surveillance networks are put in place.**

2. **DISEASES**

2.1. **Diseases preventable by vaccination**

Diphtheria

Infections with *Haemophilus influenza* group B

Influenza

Measles

Mumps

Pertussis

Poliomyelitis

Rubella

Smallpox

Tetanus

2.2. **Sexually-transmitted diseases**

Chlamydia infections

Gonococcal infections

HIV infection

Syphilis

2.3. **Viral hepatitis**

Hepatitis A

Hepatitis B

Hepatitis C

2.4. **Food- and waterborne diseases and diseases of environmental origin**

Anthrax

Botulism

Campylobacteriosis

Cryptosporidiosis

Giardiasis

Infection with Enterohaemorrhagic *E. coli*

Leptospirosis

Listeriosis

Salmonellosis

Shigellosis

Toxoplasmosis

Trichinosis

Yersinosis

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2.5. **Other diseases**

2.5.1. *Diseases transmitted by non-conventional agents*

Transmissible spongiform encephalopathies, variant Creutzfeldt-Jakob's disease

2.5.2. *Airborne diseases*

Legionellosis

Meningococcal disease

Pneumococcal infections

Tuberculosis

Severe acute respiratory syndrome (SARS)

2.5.3. *Zoonoses (other than those listed in 2.4)*

Brucellosis

Echinococcosis

Rabies

Q fever

Tularaemia

Avian influenza in humans

West Nile virus infection

2.5.4. *Serious imported diseases*

Cholera

Malaria

Plague

Viral haemorrhagic fevers

3. **SPECIAL HEALTH ISSUES**

3.1. **Nosocomial infections**

3.2. **Antimicrobial resistance**

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*ANNEX II*

**Criteria for selection of communicable diseases of special areas to be covered by epidemiological surveillance within the network.**

1. Dieseases that cause, or have the potential to cause, significant morbidity and/or mortality across the Community, especially where the prevention of the diseases requires a global approach to coordination.
2. Diseases where the exchange of information may provide early warning of threats to public health.
3. Rare and serious diseases which would not be recognised at national level and where the pooling of data would allow hypothesis generation from a wider knowledge base.
4. Diseases for which effective preventive measures are available with a protective health gain.
5. Diseases for which a comparison by Member States would contribute to the evaluation of national and Community programmes.

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*ANNEX III*

**TOPICS TO BE ADDRESSED BY OPERATING PROCEDURES OF DEDICATED SURVEILLANCE NETWORKS TO BE SUBMITTED TO THE COMMUNITY NETWORK AS REFERRED TO IN ARTICLE 4.2**

1. Coordinating structure and decision-making process.
2. Project management administration and supervision.
3. Case definitions, nature, and type of data to be collected.
4. Data management and protection, including data access and confidentiality.
5. Ways in which data are made comparable and compatible (quality requirements and data validation).
6. Appropriate technical means and the procedures by which the data are to be disseminated and analysed at Community level (data dissemination and reporting).
7. Proposed public health action, infection control procedures, and laboratory procedures.