

the evaluation partnership  $^{\diamond}$ 









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> FINAL REPORT Volume 2 – Annexes

> > submitted by

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## ANNEX B – CHECKLISTS FOR IN-DEPTH INTERVIEWS

#### **Checklist for Management Board Members**

- 1) To what extent is the current programming mechanism adequate in respect to its transparency, flexibility, realism and responsiveness to your Country's needs as stakeholders? To what extent are resources allocated appropriately to the different areas of activity? What are the areas of ECDC activity, if any, you deem comparatively overweighed or underweighted?
- 2) To what extent does your Country feel the need to recur to your own scientific advice/other sources when ECDC is available? Why? Does this depend on limited awareness of ECDC products or language barriers? Can guidelines for providing scientific advice be adapted to the national policy context? What is then the added value of the ECDC work for your Country? Is the ECDC overstepping on risk management aspects still an issue? Any relevant examples?
- 3) What is your overall assessment of ECDC management of activities and procedures? Are there still issues with the coordination between the functional units and the disease programs? To what extent does ECDC staff have the right skills to manage its mission? What kind of skills, if any, are lacking among them? What is your level of satisfaction with the ECDC current outsourcing practices? What are the main pros and cons?
- 4) Incidentally, have sufficient steps been taken to make Sweden an easier and better place to work and live for staff of the ECDC?
- 5) To what extent do you feel adequately informed about the Centre activities by the current planning, monitoring and reporting system? Do you feel there are performance indicators in place that can be easily monitored and evaluated against the objectives of the ECDC Strategy? If not, what's missing in particular?
- 6) Overall, how do you rate your level of satisfaction with the role you play in ECDC governance? Are you adequately supported by ECDC in fulfilling your mandate? Has your mandate overlapped with other governance bodies (e.g. AF) and resulted in conflicting messages How would you rate your cooperation and coordination with the other governance bodies?
- 7) How is ECDC cooperation overall with all other relevant stakeholders at the national and international level Are the responsibilities and the tasks of national and international collaborating partners clearly defined? What could be done to further improve national cooperation? (e.g. preparing joint work plans?). To what extent ECDC activities can be further streamlined and made complementary to those of other international agencies?
- 8) Should the ECDC in the future build on its current activities or should it expand its mandate? In particular, to what extent do you feel the need to expand/strengthen the ECDC mandate in the following areas: 1)assistance to MS in preparedness and response; 2) evaluation of treatment effectiveness for public health purposes; 3) health monitoring and indicators outside of communicable diseases.

#### **Checklist for Advisory Forum Members**

- 1) To what extent is the current programming mechanism adequate in respect to its transparency, flexibility, realism and responsiveness to stakeholders' needs? To what extent are resources allocated appropriately to the different areas of activity? What are the areas of ECDC activity, if any, you deem comparatively overweighed or underweighted? To what extent are current procedures to prioritize scientific work adequate?
- 2) To what extent has ECDC managed to deepen activities to build/maintain its sound scientific reputation and provide important services to you as stakeholders? does your Country feel the need to recur to your own scientific advice/other sources when ECDC is available? Can guidelines for providing scientific advice be adapted to the national policy context? What is then the added value of the ECDC work for your Country? Is the ECDC overstepping on risk management aspects still an issue? Any relevant examples?
- 3) How do you rate the overall quality (timeliness, independence of judgment, completeness, etc.) and usefulness of ECDC scientific advice reports / guidance documents in general?
- 4) What is your overall assessment of the way the delivery of scientific advice is managed? Does ECDC staff have the right skills to manage the process? What skills, if any, are lacking among them? What is your level of satisfaction with the ECDC current outsourcing practices in this field? What are the main pros and cons? To what extent is duplication of work at the European level being considered? Is there realistic room for improvement? How?
- 5) How effective is the ECDC at getting its communication products out and reaching the right public? Are you adequately informed of the ECDC dissemination plan for the year / are you able to plan your own communications in-line with ECDC outputs? To what extent were you aware / have you used technical communication products from the ECDC in the past (e.g. the influenza risk communication toolkit or of the general communication toolkit on gastrointestinal diseases)? Does the ECDC website meet your expectations?
- 6) To what extent do you feel adequately informed about the Centre activities by the current planning, monitoring and reporting system? Do you feel there are performance indicators in place that can be easily monitored and evaluated against the objectives of the ECDC Strategy? If not, what is missing in particular?
- 7) Overall, how do you rate your level of satisfaction with the role you play in ECDC governance? Are you adequately supported by ECDC in fulfilling your mandate? Has your mandate overlapped with other governance bodies (e.g. NCB) and resulted in conflicting messages? How would you rate your cooperation and coordination with the other governance bodies?
- 8) How is cooperation overall with all other relevant stakeholders at the national and international level? Are the responsibilities and the tasks of national and international collaborating partners clearly defined? What could be done to further improve national cooperation? (e.g. preparing joint work plans). To what extent ECDC activities can be further streamlined and made complementary to those of other international agencies?
- 9) Should the ECDC build on its current activities or should it expand its mandate? In particular, to what extent do you feel the need to expand/strengthen the ECDC mandate in the following areas: 1)assistance to MS in preparedness and response; 2) evaluation of treatment effectiveness; 3) health monitoring and indicators outside of CD.

#### **Checklist for National Coordinators – Coordinating Competent Body Directors**

- 1) To what extent is the current programming mechanism adequate in respect to its transparency, flexibility and realism and responsiveness to stakeholders' needs? To what extent are resources allocated appropriately to the different areas of activity? What are the areas of ECDC activity, if any, you deem comparatively overweighed or underweighted? To what extent are current procedures to prioritize scientific work adequate?
- 2) To what extent has ECDC managed to build/deepen in this period its scientific reputation in your Country and provide you as stakeholders with trustful services? Does your MS feel the need to recur to your own scientific advice/other sources when ECDC is available? Can guidelines and scientific be adapted to the national policy context? What is then the added value of the ECDC work for your Country? To what extent is this added value justified by what you contribute as a Country in terms of your own resources?
- 3) How do you rate the overall quality (timeliness, independence of judgment, completeness, etc.) and usefulness of ECDC scientific advice reports / guidance documents in general?
- 4) In particular, what is your overall assessment of the way the delivery of scientific advice is managed? Does ECDC staff have the right skills to manage the process? What skills, if any, are lacking among them? What is your level of satisfaction with the ECDC current outsourcing practices? What are the main pros and cons? To what extent is duplication of work at the European level being considered?
- 5) To what extent are you satisfied with ECDC support in responding to threats with respect to usefulness, quality and management of preparedness and crisis management activities? Overall, is the quality/quantity of activities (e.g. exercises) and guidance docs for country preparedness and crisis management produced by ECDC in line with your expectations? Were there direct impacts on your national capacity to respond to threats?
- 6) More generally speaking, what is your level of satisfaction with your current cooperation with ECDC? In particular, what is your level of satisfaction with your communication arrangements with ECDC? Do you experience difficulties in finding the right counterparts? a) in ordinary conditions b) during public health emergencies (e.g. H1N1, salmonella outbreaks). Do you feel adequately informed about the Centre's activities? And what about the current division of labour with the ECDC? Is the ECDC involvement in risk management aspects in your view still an issue? What could be done, if anything, to further improve national cooperation? (E.g. preparing joint work plans?).
- 7) How do you assess the level of cooperation between the ECDC and other International organisations/European agencies in (i) ordinary conditions and (ii) during public health emergencies (H1N1, salmonella outbreaks)?
- 8) Has ECDC ever contributed to your communication campaigns? How? Do you collaborate with the ECDC on messages to the media and public? If so, are roles and procedures clear? What could be done to further improve the coordination on risk communication with the ECDC?
- 9) Overall, how do you rate your level of satisfaction with the role you play as CCB in ECDC governance? To what extent does your mandate overlap with other bodies (e.g. advisory forum) and eventually result in conflicting messages? How do you assess your cooperation and coordination with the other governance bodies? Do you think that your responsibilities as national coordinating body are clearly defined?
- 10) Should the ECDC in the future build on its current activities or should it expand its mandate? In particular, to what extent do you feel the need to expand/strengthen the ECDC mandate in the following areas:1)assistance to MS in preparedness and response; 2) evaluation of treatment effectiveness; 3) health monitoring and indicators outside of CD?

#### **Checklist for Communication Experts**

- 1) To what extent do the contents of the ECDC communication strategy reflect your priorities? ii) What are the areas, if any, you deem overweighed or underweighted?
- 2) To what extent does ECDC manage to tailor its public health communication products to different target groups? To what extent have these audiences been identified properly? What are the main critical areas, if any? Do you think that the ECDC should do more to tailor its technical reports to your Country needs? Are there any good practice examples of other similar organizations?
- 3) To what extent do you turn to the ECDC as a source for your RC activities? Have you recurred to other sources in the same area? What was the added value of the ECDC in this case? Overall, how do you rate the ECDC contribution to strengthening your programmes? The ECDC set itself the goal of being the prime referent for supporting risk communication in the EU. To what extent do you think it has met this goal? To what is the added value received from the ECDC in the field of RC worth the effort in terms of what you contribute as a MS to the Centre?
- 4) How effective is the ECDC at getting its communication products out? To what extent do you think that the products reach the right people? How systematic does the approach to dissemination appear to be? Are you adequately informed of the ECDC dissemination plan for the year / are you able to plan your own communications in-line with ECDC outputs? To what extent were you aware / have you used technical communication products from the ECDC in the past? For instance, have you ever made use of the influenza risk communication toolkit or of the general communication toolkit on gastrointestinal diseases? If so, how useful have these been? Does the ECDC website meet your expectations? What if anything could be improved? What about relations with the press and media?
- 5) What is your overall assessment of the way the communication activities are managed? Do ECDC staff have the right skills to manage these programmes? What skills, if any, are missing among them? What is your level of satisfaction with the ECDC current outsourcing practices in the field of communication? What are the main pros and cons?
- 6) Has ECDC ever contributed to your campaigns? If so which ones? In what ECDC contribution consisted of?
- 7) How do you collaborate with the ECDC on messages to the media and public? Are roles and procedures clear? How are you satisfied with the benefits of working together? Is it possible to generate economies of scale / resource / reach by working together? Is there anything that could be done to improve the way that you coordinate messages with the ECDC?
- 8) To what extent are you satisfied of your communication arrangements with ECDC? Do you experience difficulties in finding the right counterparts? a) in ordinary conditions b) during public health emergencies (H1N1, salmonella outbreaks) Are you adequately informed about the Centre's activities? a) in ordinary conditions b) during public health emergencies (H1N1, salmonella outbreaks) What should be done to further improve it?

#### **Checklist for Capacity Building experts**

- 1) If you compare your actual DDIC<sup>1</sup> capacity with 2008, how has it evolved? What evidence can be used to substantiate this claim? Overall, how do you rate the contribution of ECDC to enhancing DDIC capacity in your country? How can this be increased?
- 2) Are the priorities identified for EQA coherent with your country lab 'needs? Are there other similar schemes already in place? What is the level of complementarity/ coordination? How do you rate the overall burden for EQA? How does it compare with the added value of the exercise? Is the EQA delivery and implementation model appropriate? What are the pros and cons of outsourcing EQA? Does ECDC have the right skills to manage EQA? If not, what's lacking? What are the reasons for not participating to EQA? For a sample of EQA: Are you aware of these EQA reports? Were they useful to take redressing measures at MS level? (ix) How do you rate the quality of this specific EQA exercise? And of the report? How did the lab capacity change following the EQA?
- 3) Overall, how do you rate the contribution of ESCAIDE to enhancing capacity in your country? How can this be increased? Do you have evidence of 'change' induced by knowledge, skills, best practices, networking acquired through ESCAIDE?
- 4) How do you rate the overall utility of ECDC training programmes (EPIET or EUPHEM as applied)? How do you rate their quality? Is that changed overtime? Are topics of training programmes coherent with your country training needs? Which areas were too much/not enough covered? To what extent is ECDC Capacity Building work complementary / synergic w/ other similar schemes? What is the added value of the programmes as compared to other national training schemes? And the degree of complementarity/ synergy with other schemes? How do you rate the functioning of the training schemes? How can this be improved? What are the main pros and cons of current outsourcing practices? What other training tools/ outputs would be needed?
- 5) To what extent ECDC Capacity Building support has improved the way health measures for the control of disease outbreaks are defined in your country? Can you provide evidence for it? If not, why? Has there been a follow-up to ECDC Capacity Building initiative in your country? Can you provide evidence of it? If not, why? If (i) and/or (ii) are positive: what is the extent of benefits stemming from the implementation of ECDC support? All in all, are you satisfied with the level of Capacity Building support received? At a strategic level, how can ECDC Capacity Building work be optimized?

<sup>&</sup>lt;sup>1</sup> diagnosis, detection, identification, characterisation

#### **Checklist for Preparedness and Response experts**

- 1) To what extent RRA in the field of influenza and salmonella and following updates were relevant for risk management purposes? In particular how do you rate (RRA)'s, timeliness, relevance, quality, clarity? Could you provide documentary evidence of risk management action that was informed by these RRA?
- 2) How do you rate EPIS FWD as regards its:
  - user-friendliness
  - quality of support
  - functionalities
  - integration with EWRS
- 3) What is the added value of EPIS as compared to other 'official' and 'unofficial' systems? Is the 'burden' of EPIS justified / acceptable? Considering [e.g. specific event], how do you rate :
  - the timeliness of notification
  - the quality of the information
  - the feedback provided to the urgent inquiry
- 4) To what extent TTT provides a useful support to EI activities? How can it be improved? Do you regularly review CDTR? How do you rate quality and usefulness of CDTR for your EI activities? How do you rate the efficiency of the various steps of ECDC's EI processes, namely:
  - screening activities
  - filtering of signals
  - validation of events
  - analysis of events
  - EWRS notification

Are there adequate procedures in place to ensure a smooth notification process?

- 5) To what extent are you satisfied with ECDC simulation exercise with respect to usefulness and quality and management? Overall, is the quality/quantity of exercises organised by ECDC in line with your expectations? To what extent are you satisfied with ECDC [guidance doc / tools] with respect to usefulness, quality and clarity? Overall, is the quality/quantity of guidance docs / tools for country preparedness and crisis management produced by ECDC in line with your expectations? Can you provide evidence of change in national capacity related to ECDC support (e.g. infrastructure, staff, and adoption of procedures)? To what extent are you satisfied with the level of support provided by ECDC to MS as concerns (i) preparedness and (ii) crisis management and response, with respect to:
  - quality
  - timeliness
  - usefulness
- 6) Following the (RRA) have you adopted risk communication messages for either professionals or general public that were substantially informed by the content of the (RRA)? How do you rate the overall coherence of messages issued by MS authorities following the (RRA)-related event? More generally, to what extent do ECDC RRAs and analogous outputs inform your risk communication activity? What possible improvement (if any) would be needed?
- 7) Has ECDC played a leading role during the pandemic crisis? Why? To what extent ECDC was able to coordinate its activities with the various national and international bodies? How do you rate ECDC monitoring activities of the pandemic? How do you rate the outputs produced (assessment, communication) in that particular occasion? Did ECDC follow up timely to requests? Was ECDC involvement in support of response actions appropriate? Overall, how do you rate the quality of ECDC

support provided to risk managers? In your opinion, which lesson should ECDC learn from that experience?

8) How do you rate overall effectiveness of support received for investigation of outbreak? Was the support provided timely? Was the scope of assistance adequate to your need? How do you rate the quality of the expertise provided by ECDC? What was the result of ECDC support? What would have happened in the absence of ECDC?

#### **Checklist for EWRS Experts**

- To what extent RRA in the field of influenza and salmonella and following updates were relevant for risk management purposes? In particular how do you rate (RRA)'s, timeliness, relevance, quality, clarity? Could you provide documentary evidence of risk management action that was informed by these RRA?
- 2) How does the current version of EWRS compare with the previous one? How do you rate EWRS, with respect to:
  - user-friendliness
  - functionalities
  - quality of support
  - degree of integration with EPIS

Is the EWRS sufficiently integrated with other EU alert systems? More generally speaking what is your overall assessment of the way the early warning platforms and information systems are managed? Does ECDC staff have the right skills to manage these platforms and systems? What skills, if any, are lacking among them? What is your level of satisfaction with the ECDC current outsourcing practices in this field? What are the main pros and cons of these practices from the viewpoint of your organisation? Which aspects of EWRS (if any) would need to be further improved?

- 3) How do you rate EPIS FWD as regards its:
  - user-friendliness;
  - quality of support;
  - functionalities;
  - integration with EWRS
- 4) What is the added-value of EPIS as compared to other 'official' and 'unofficial' systems? Is the 'burden' of EPIS justified / acceptable? Considering [e.g. specific event], how do you rate:
  - the timeliness of notification
  - the quality of the information
  - the feedback provided to the urgent inquiry
- 5) To what extent TTT provides a useful support to EI activities? How can it be improved? Do you regularly review CDTR? How do you rate quality and usefulness of CDTR for your EI activities? How do you rate the efficiency of the various steps of ECDC's EI processes, namely:
  - screening activities
  - filtering of signals
  - validation of events
  - analysis of events
  - EWRS notification

Are there adequate procedures in place to ensure a smooth notification process?

- 6) Following the (RRA) have you adopted risk communication messages for either professionals or general public that were substantially informed by the content of the (RRA)? How do you rate the overall coherence of messages issued by MS authorities following the (RRA)-related event? More generally, to what extent do ECDC RRAs and analogous outputs inform your risk communication activity? What possible improvement (if any) would be needed
- 7) Has ECDC played a leading role during the pandemic crisis? To what extent ECDC was able to coordinate its activities with the various national and international bodies? How do you rate ECDC monitoring

activities and the outputs produced (assessment, communication) during the pandemic? Did ECDC follow up timely to requests and provide support to risk managers adequately? In your opinion, which lesson should ECDC learn from that experience?

8) How do you rate overall effectiveness of support received for investigation of outbreak? Was the support provided timely? Was the scope of assistance adequate to your need? How do you rate the quality of the expertise provided by ECDC? What was the result of ECDC support? What would have happened in the absence of ECDC?

#### **Checklist for Microbiology Experts**

- 1) To what extent have the subjects chosen in the Microbiology strategy and work plan (2012-2016) reflected your priorities? To what extent are resources allocated appropriately to the different areas of activity? What are the areas, if any, you deem overweighted or underweighted?
- 2) What is your appreciation of the ECDC work in the field of integration of molecular typing data into EU level surveillance?
- 3) In your Country, to what extent has participation into ECDC activities resulted in:
  - improved your overall capacity for laboratory diagnosis
  - improved the quality of your microbiological data
  - improved the comparability of your microbiological data
  - improved capacity to detect resistances
  - improved capacity to respond to outbreaks of unknown origin?
  - resulted in information better integrated in the epidemiological data?
- 4) Are the priorities identified for External Quality Assurance exercises coherent with your country laboratories' needs? Are there other similar schemes already in place? How do you rate the overall burden for EQA? How does it compare with the added value of the exercise? Is the EQA delivery and implementation model appropriate? What are the pros and cons of outsourcing EQA? Have you taken part to the specific EQAs? Typing exercises on salmonella (the fourth run in 2013 is out of scope)? How do you rate the quality of these specific EQA exercises? How has the lab capacity changed following the EQA? What are the reasons for not participating to EQA?
- 5) How do you rate the overall quality (timeliness, perceived independence, etc.) and usefulness of the ECDC risk assessments? Have recommendations or decisions been taken based on this advice? What, if any, possible improvement would be needed to further increase their level of use/usefulness?
- 6) To what extent has the quality of ECDC surveillance indicators improved in the last five years? To what extent has this improved the possible detection of health threats or significant trends? Can you mention relevant instances in your experience? How would you rate your level of interest in the data included in the TESSy platform and EPIS databases?
- 7) What is your level of satisfaction with the ECDC current outsourcing practices in this field? What are the main pros and cons of these practices from the viewpoint of your organization?

#### **Checklist for Surveillance experts**

- To what extent has the quality of ECDC surveillance indicators improved in the last five years? (score from 1 to 5) To what extent has this improved the possible detection of health threats or significant trends? Can you mention relevant instances in your experience?
- 2) How would you rate your level of interest in the data included in the TESSy platform and databases? What are the most and the least interesting ones and why? Is there any room for simplification?
- 3) What is your overall assessment of the way the surveillance platforms and databases are managed? Does ECDC staff have the right skills to manage these platforms and databases? What skills, if any, are missing among them? What is your level of satisfaction with the ECDC current outsourcing practices in this field? What are the main pros and cons of these practices from the viewpoint of your organization?
- 4) More specifically, how do you assess the overall user friendliness of the data uploading mechanism? And the overall user friendliness of data validation procedures? What about the overall quality and methodological appropriateness of data validation procedures? What is very roughly the total person time you devote annually to data conversion, uploading and validation activities? How has it increased over time? What are the main problem areas if any?
- 5) What were the consequences of DSN integration into the ECDC into the following factors (improved +2 / worsened -2)
  - standardisation of data
  - microbiological quality of data
  - communication within network
  - flexibility of activities
  - identification of priorities for support
  - implementation costs
  - integration between epidemiologists and microbiologists (when applicable)
- 6) What is then your overall assessment of the results of the integration? To what extent is the added value received from the ECDC worth the effort in terms of what you contribute?
- 7) To what extent has cooperation between epidemiologists and microbiologists improved over the last five years? And if so, has this improved cooperation impacted on the network activities? For instance on steering priorities? Can you mention any relevant instance in your experience? More generally speaking, to what extent has your MS participation to ECDC activities in your area of expertise resulted in:
  - improved your overall capacity for laboratory diagnosis
  - improved the quality of your microbiological data
  - improved the comparability of your microbiological data
  - improved capacity to detect resistances
  - improved capacity to respond to outbreaks of unknown origin?
  - resulted in information integrated in the epidemiological data?

#### **Checklist for Salmonella Experts**

- 1) To what extent have the subjects chosen for the FWD DP reflected your priorities? To what extent are resources allocated appropriately to the different areas of activity? What are the areas, if any, you deem overweighed or underweighted?
- 2) How do you rate the overall quality (timeliness, perceived independence, etc.) and usefulness of the ECDC risk assessments in the field of salmonella? Have you concretely used the 1) ECDC Risk assessment: multi-country outbreak of Salmonella Agora infections and 2) the Joint ECDC EFSA rapid risk assessment of multi-country outbreak of Salmonella Stanley infections as a <u>primary</u> source to inform your risk management and your risk communication activities? Have recommendations or decisions been taken based on this advice? What, if any, possible improvement would be needed to further increase their level of use/usefulness? To what extent have ECDC RRA/RAs in the field of FWD contradicted other evidence you used as a basis for risk management and communication decisions and therefore resulted in conflicting/confusing messages?
- 3) To what extent has the quality of ECDC surveillance indicators improved in the last five years? To what extent has this improved the possible detection of health threats or significant trends? Can you mention relevant instances in your experience? How would you rate your level of interest in the data included in the TESSy platform and EPIS databases?
- 4) What is your overall assessment of the way the salmonella surveillance platforms and databases are managed? Does ECDC staff have the right skills to manage them? What skills, if any, are missing among them? What is your level of satisfaction with the ECDC current outsourcing practices in this field? What are the main pros and cons?
- 5) What is roughly the total person time you devote annually to ECDC activities? Has it increased over time? What is then your overall assessment of the results of the integration into ECDC? To what extent is the added value received from the ECDC worth the effort in terms of what you contribute?
- 6) Are the priorities identified for External Quality Assurance exercises coherent with your country laboratories' needs? Are there other similar schemes already in place? How do you rate the overall burden for EQA? How does it compare with the added value of the exercise? Is the EQA delivery and implementation model appropriate? What are the pros and cons of outsourcing EQA? Does ECDC have the right skills to manage EQA? If not, what is lacking? What are the reasons for not participating to EQA? Have you taken part to the specific EQAs? Typing exercises on salmonella (the fourth run in 2013 is out of scope)? How do you rate the quality of these specific EQA exercises? How has the lab capacity changed following the EQA? What are the reasons for not participating to EQA?
- 7) How do you rate the ECDC contribution to strengthening salmonella programmes? How do you rate the ECDC contribution to improving scientific understanding of the disease determinants? How do you rate the ECDC contribution to improving your capacity to prevent and control salmonella? How do you rate the ECDC support received to improve your preparedness against outbreaks?

#### **Checklist for Influenza Experts**

- 1) To what extent have the subjects chosen for the influenza DP reflected your priorities? To what extent are resources allocated appropriately to the different areas of activity? What are the areas, if any, you deem overweighed or underweighted?
- 2) To what extent have you used the few ECDC RA/RRA in the field of influenza (e.g. the "ECDC Forward Looking Risk Assessment of the Seasonal influenza" or the nine updates of the H1N1 risk assessment report as a <u>primary</u> source to inform your risk management and your risk communication activities? Have recommendations or decisions been taken based on this advice? What, if any, possible improvement would be needed to further increase their level of use/usefulness? To what extent have ECDC RRA/RAs contradicted other evidence you used your field of activity?
- 3) Have you used these ECDC outputs in particular?
  - The report on the follow up survey on seasonal influenza vaccination (2010-2011)
  - The consensus document on the minimum core data for vaccination coverage and a common set of indicators
  - The report on public health use of influenza antivirals during pandemics
  - The ECDC scientific advice on seasonal influenza vaccination of children and pregnant women
  - The Report on the behavioral aspects and the role of health communication in mitigating the impact of seasonal influenza
  - The risk communication toolkit on how to improve vaccination coverage.

If not why? What was the related impact/follow up? Have you recurred to other sources in the same areas? Why? What was the added value of the ECDC in this case?

- 4) How do you rate the overall quality (timeliness, independence, completeness, etc.) and usefulness of the RA/RRA reports above in particular and of the ECDC scientific reports/guidance documents in general?
- 5) What is your overall assessment on the ECDC management of influenza-related activities so far? To what extent does ECDC staff have the right skills to manage its mission? What skills, if any, are missing What is your level of satisfaction with the ECDC current outsourcing practices in your area? What are the main pros and cons?
- 6) What is roughly the total person time you devote annually to ECDC activities? Has it increased over time? To what extent is the added value received from the ECDC worth the effort in terms of what you contributed?
- 7) Has ECDC played a leading role during the pandemic crisis? To what extent ECDC was able to coordinate its activities with the various national and international bodies? How do you rate ECDC monitoring activities and the outputs produced (assessment, communication) during the pandemic? Did ECDC follow up timely to requests and provide support to risk managers adequately? In your opinion, which lesson should ECDC learn from that experience?
- 8) How do you rate the ECDC contribution to strengthening influenza vaccination programmes? And the ECDC contribution to improving scientific understanding of the disease determinants? How do you rate the ECDC contribution to improving your capacity to prevent and control influenza? How do you rate the ECDC support received to improve your preparedness against outbreaks?
- 9) Are the priorities identified for External Quality Assurance exercises coherent with your country laboratories' needs? Are there other similar schemes already in place? How do you rate the overall burden for EQA? How does it compare with the added value of the exercise? Is the EQA delivery and implementation model appropriate? What are the pros and cons of outsourcing EQA? Have you taken part to the specific EQAs? Typing exercises on salmonella (the fourth run in 2013 is out of scope)? How do you rate the quality of these specific EQA exercises? How has the lab capacity changed following the EQA? What are the reasons for not participating to EQA?

Further points you would like to raise.

#### **Checklist for HIV/AIDS Experts**

- 1) To what extent have the subjects chosen for the HIV DP reflected your priorities? To what extent are resources allocated appropriately to the different areas of activity? What are the areas, if any, you deem overweighed or underweighted?
- 2) To what extent have you used the ECDC Risk Assessment/Rapid Risk Assessment in the field of HIV (e.g. Risk assessment of HIV in Greece and the Joint ECDC and EMCDDA rapid risk assessment of HIV in injecting drug users) as a primary source to inform your risk management and your risk communication activities? Why? Have recommendations or decisions been taken based on this advice? What, if any, possible improvement would be needed to further increase their level of use/usefulness? To what extent have ECDC RRA/RAs contradicted other evidence you used in your field of activity
- 3) Have you used these ECDC outputs in particular?
  - Development of a framework for the <u>monitoring</u> of the recommendation and action plan on HIV/AIDS/;
  - Monitoring report on the implementation of the European Commission Communication and Action Plan for combating HIV/AIDS;
  - Report on evidence for the effectiveness of interventions to prevent infectious diseases among people who inject drugs;
  - Standardized protocol for behavioral surveillance- Development of a web-based toolkit and self-assessment tool.

If not, why? What was the related impact / follow up? Have you recurred to other sources in the same areas? Why? What was the added value of the ECDC in this case?

- 4) How do you rate the overall quality (timeliness, independence of judgment, completeness, etc.) and usefulness of the RA/RRA reports above in particular and of the ECDC scientific reports / guidance documents in general?
- 5) What is your overall assessment on the ECDC management of HIV-related activities so far? To what extent does ECDC staff have the right skills to manage its mission? What skills, if any, are missing? What is your level of satisfaction with the ECDC current outsourcing practices in your area? What are the main pros and cons of these practices from your viewpoint?
- 6) What is roughly the total person time you devote annually to ECDC activities? Has it increased over time? To what extent is the added value received from the ECDC worth the effort in terms of what you contributed?
- 7) How do you rate the ECDC contribution to strengthening HIV programmes? Has ECDC given an important contribution to improving scientific understanding of the disease determinants? If so in which respects? How do you rate the ECDC contribution to improving your capacity to prevent and control HIV?

#### Checklist for International Agencies' representatives on Partnership Issues

- 1) To what extent are you satisfied of your current cooperation with ECDC? What are the most relevant instances of cooperation between your organization and the ECDC in the field of HIV/AIDS, Influenza and Salmonella? What are the related strong and the weak areas? What should be done to further improve cooperation for these diseases?
- 2) To what extent does cooperation with ECDC: 1) provide information not otherwise available? 2) enhance the quality of the information? 3) allow you to make savings on your activities? 4) streamline networking (including laboratory networks)? To what extent is the added value received from the ECDC worth the effort in terms of what you contributed? Are there specific areas where this effort is not justified by added value?
- 3) To what extent are you satisfied with your current division of labour with ECDC a) in ordinary conditions and b) during public health emergencies? What are the main problem areas? a) in ordinary conditions b) during public health emergencies (H1N1, etc.) What should be done to further improve it? What are the main lessons to be learnt from the recent pandemics in terms of WHO ECDC partnership?
- 4) To what extent are you satisfied with your communication / management arrangements with ECDC? Do you experience difficulties in finding the right counterparts? Have you ever experienced lack of information sharing with ECDC a) in ordinary conditions b) during public health emergencies? What about procedures? Are they sufficiently clear?
- 5) Do you feel adequately informed about the Centre's activities? What should be done to further improve it?
- 6) Has ECDC ever contributed to your communication campaigns on the three diseases under consideration? In what ECDC contribution consisted of? Is there any good practice in your organization that could be shared with ECDC?
- 7) Looking at the future, what are in your view the complementarities, or otherwise, of the ECDC's current mission, tasks and activities with WHO Europe that could be further streamlined?

# ANNEX C – QUESTIONNAIRE FOR THE STAKEHOLDER SURVEY

# C.1 Complete Questionnaire

### Section 1 - Preliminary questions

On	For ALL	
respondent's		
background		
P.B.1	What is your main professional background and current position in the field of disease	Multiple
	prevention and control? Please select all that applies	answer
	i. Epidemiologist	
	ii. Microbiologist	
	iii. Clinician	
	iv. Public health expert	
	v. Researcher	
	vi. Risk manager / involved in	
	decision-making process	
	vii. Communication expert /	
	Advisor	
	viii. Other, specify	
P.B.2	If P.B.1.vi.=X (only risk managers)	One
		answer
	Which of the following best reflects where you work?	
	i. Central Government	
	ii. Regional / decentralised	
	ii. Regional / decentralised government (for federal	
	government (for federal	
	government (for federal countries)	
	government (for federal	
	government (for federal countries)       iii. Autonomous agency / institute	
P.B.3	government (for federal countries)         iii. Autonomous agency / institute         iv. Other, specify	One
Р.В.3	government (for federal countries)         iii. Autonomous agency / institute         iv. Other, specify         Do you have any professional responsibility and/or scientific interest in any of the	One answer
Р.В.3	government (for federal countries)         iii. Autonomous agency / institute         iv. Other, specify	
P.B.3	government (for federal countries)         iii. Autonomous agency / institute         iv. Other, specify         Do you have any professional responsibility and/or scientific interest in any of the following infectious diseases? Please indicate the main one	
P.B.3	government (for federal countries)         iii. Autonomous agency / institute         iv. Other, specify         Do you have any professional responsibility and/or scientific interest in any of the following infectious diseases? Please indicate the main one         i. Influenza	
P.B.3	government (for federal countries)         iii. Autonomous agency / institute         iv. Other, specify         Do you have any professional responsibility and/or scientific interest in any of the following infectious diseases? Please indicate the main one	

On the experience with ECDC	For ALL		
P.E.1	Did you ever / do you currently hold any role in the ECD	C - Member States governance /	Multiple
	collaboration system? Please select all that applies		answer
	i. Management Board member/alternate		
	ii. Advisory Forum member/alternate		
	iii. National Coordinator / Director of the Coordinating Competent Body		

	iv. Expert within a national	
	Competent Body	
	v. National Focal Point	
	(including alternate)	
	vi. Operating Contact Point	
	vii. Former ECDC staff	
	viii. None of the above	
P.E.2	IF P.E.1.viii=X (no roles with ECDC)	IF (4)
		skip to
	To what extent are you familiar with ECDC's role and activities?	end
	• Significantly	
	• Moderately	
	• Marginally	
	• Not at all	
P.E.3	Overall, since how many years do you follow / interact with ECDC in the framework of	Open
	your professional activity?	
	Please, indicate approximately the number of years	

#### Section 2 - Overall assessment

Mandate, operating environment , added- value	For All			
O.M.1	Has ECDC added value to national and oth prevention and control? Please rate from 1 value of ECDC activities			One answer
		Rating (From 1=very low to 5=very high)	Don't know	
	i. Epidemic intelligence / early threat detection			
	ii. Coordination of threat investigation / characterisation			
	iii. Support to country's preparedness iv. Support to risk management			
	v. Support to risk communication vi. Support to response in the event of severe emergencies			
	vii. Training and capacity building viii. Preparation of communication toolkits / support to information			
	campaigns ix. Laboratory support			
	x. Facilitation of collaboration between epidemiologist and microbiologist			
	xi. Integration and harmonisation of surveillance data			
	xii. Support to networking and collaboration between different countries' experts and bodies			
	xiii. Provision of evidence-based scientific advice and guidance			
	xiv. <u>Overall</u> added-value of ECDC			

O.M.2		2008, the overa ly increased	ll added-value of E	CDC has?			One answer
	<ul> <li>Significant</li> <li>Moderately</li> </ul>						answel
	Not change						
	Worsened	tu					
	<ul> <li>Don't know</li> </ul>	¥7					
O.M.3			with the existing c	ollaboration be	etween vour orga	nisation	One
0.MI.5	and ECDC?	are you satisfied	with the existing c		etween your orga	insation	answer
	Significant	ly					
	Moderately						
	Marginally	,					
	• Not at all						
	Don't know	w / Not applicabl	e				
O.M.5			would you qualify onal, European and			en ECDC	One answer
		Synergetic	Complementar	Competitiv	Antagonistic	Don't	
		(optimal level	y (limited	e	(some	know	
		of active	collaboration,	(some	contentious		
		collaboration)	but limited	duplication	interactions /		
			overlap either)	of activities	interferences)		
				and tasks)			
	i. National						
	Competent						
	Bodies						
	ii. European						
	Commission						
	iii. Health						
	Security						
	Committee						
	iv. EFSA						
	v. EMA vi.						
	EMCDDA						
	vii. WHO-						
	EURO						
	viii. WHO -						
	Geneva						
	ix. Other						
	similar						
	agencies in						
	third						
	countries						
	(e.g. CDC -						
	USA)						
D.M.6	In your opinion	, is ECDC intern	reting and executin	ng its mandate	in a way that is c	onsistent	One
	with your exped		0		, · · · · · · · · · · · · · · · · · · ·		answer
	• Yes, defini	tely					
	• Yes, partly						
	Not at all						
	• Don't know	N					
O.M.7	IF O.M.6=(2) o						Open
	In your opinion fulfilled so far?		of the mandate in p	articular have 1	not been sufficier	ntly	

	Please, specify	
O.M.8	Are the mission and tasks of ECDC as currently designed, still in-line with the current	One
	needs and challenges of Member States and the EU as a whole?	answer
	• Yes, definitely	
	• Yes, partly	
	• Not at all	
	• Don't know	
O.M.9	IF O.M.8=(2) or (3)	
	Do you have any suggestion as to how ECDC mission and tasks could be modified in order to better respond to Member States and EU expectations?	
	Please, describe	

ECDC management and structure	IF P.E.1.i=Yes OR P.E.1.ii=Yes OR P.E.	.1.iii=Yes OR P	.E.1.v=Yes	
O.S.1	How do you judge the way ECDC selects is concrete needs in your country? Please rate aspects related to the selection of work prior	e from 1=poor to		One answer
		Rating (From 1=poor to 5=excellent)	Don't know	
	i. Overall coherence of ECDC priorities with our needs			
	ii. Clarity and transparency of criteria adopted by ECDC to select work priorities			
	iii. Extent to which ECDC actually executes the planned work priorities (i.e. absence of discrepancy between planned and actual work)			
	iv. Perceived consistency of resource allocations with plans (i.e. balance in the distribution of staff and financial resources)			
O.S.2	Based on your experience, to what extent a processes efficient and appropriate? Pleas overall satisfaction with the following aspe	e rate from 1=ve	ery low to 5=	One answer
		Rating (From 1=very low to 5=very high)	Don't know	
	i. Internal coordination between disease-related units and functional units of ECDC			
	<ul><li>ii. Clarity in the definition of roles and competences of staff</li><li>iii. Speed in following up stakeholders'</li></ul>			
	enquiries			

			1	1	
	iv. Appropriateness of monitoring				
	activities, performance indicators and				
	reporting				
	v. Transparency of management				
	decisions				
	vi. Adequacy of procedures to ensure				
	independence and absence of conflicts				
	of interest				
	vii. Overall (perceived) cost-efficiency				
	of the organisational 'machine'				
O.S.3	In your opinion, in which specific areas – i be strengthened? Please select all that appl		l expertise o	of ECDC staff may	One answer
	i. Scientific knowledge / expertise on		]		
	the subject matter				
	ii. Project management capabilities				
	iii. Understanding of Member States'				
	systems and processes				
	iv. Understanding of the EU-level and				
	global policymaking framework				
	v. Other, specify		J		
O.S.5	How do you assess the ECDC's current ou	tsourcing practic	es? Please	express vour	One
0.0.5	agreement / disagreement with the following	01	es. Tieuse	express your	answer
		-6			
		Rating	Don't		
		(From 1=	know		
		strong			
		disagreement			
		disagreement to 5= strong			
	i. Outsourcing maximizes the quality of	disagreement			
	i. Outsourcing maximizes the quality of output because it facilitates recruitment	disagreement to 5= strong			
	output because it facilitates recruitment	disagreement to 5= strong			
		disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise available ii. The volume of activities outsourced is excessive, some core competences	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise available ii. The volume of activities outsourced is excessive, some core competences should be kept in-house	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their results are reported with sufficient	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their results are reported with sufficient clarity and detail	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their results are reported with sufficient clarity and detailiv. Current outsourcing practices appear	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their results are reported with sufficient clarity and detailiv. Current outsourcing practices appear overly burdensome for the ECDC in	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			
	output because it facilitates recruitment of the best expertise availableii. The volume of activities outsourced is excessive, some core competences should be kept in-houseiii. Outsourced activities and their 	disagreement to 5= strong			

Governance	IF P.E.1.i = (x) OR P.E.1.ii = (x) OR P.E.1.iii = (x)	
	(For MB or AF or NC /CCBDir )	
O.G.1	IF P.E.1. $i = (x) (MB)$	One answer
	What is your overall assessment of the functioning of the ECDC Management Board(MB)? Please rate from 1=poor to 5=excellent the following aspects	

		Rating (From 1=poor to 5=excellent)	Don't know		
	i. Overall coherence of MB activities with the mandate as laid down in the				
	ECDC Founding Regulation				
	ii. Extent of actual involvement and active participation of all countries				
	represented in the MB			_	
	iii. Language regime of MB meetings iv. Time and logistical aspects of MB			_	
	v. Quality and extent of discussion on			-	
	ECDC work priorities vi. Quality and extent of discussion on			-	
	ECDC management and structure vii. Quality and extent of discussion on			_	
	budgetary allocations viii. Complementarity and synergy with			_	
	the Advisory Forum			_	
	ix. Dialogue and interactions with ECDC's senior management				
O.G.2	IF P.E.1. $i$ = (x) (MB)			_	Open
	Do you have any suggestions as to how the working methods of the Management Boar			ngements and	
		a could be impre	oved?		
0.G.3	Please, describe IF P.E.1.ii= (x) (AF)		oved?		One
0.G.3	Please, describe	ctioning of the E following aspec Rating (From	CCDC Advi	sory Forum (AF)?	One answer
0.G.3	Please, describe IF P.E.1.ii= (x) (AF) What is your overall assessment of the fun Please rate from 1=poor to 5=excellent the	ctioning of the E following aspec	CDC Advi ts Don't	sory Forum (AF)?	
O.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
O.G.3	Please, describe IF P.E.1.ii= (x) (AF) What is your overall assessment of the fun Please rate from 1=poor to 5=excellent the i. Overall coherence of AF activities with the mandate as laid down in the ECDC Founding Regulation	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
O.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
O.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings         v. Extent of actual room for discussion	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings         v. Extent of actual room for discussion         of ECDC scientific work priorities and	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings         v. Extent of actual room for discussion         of ECDC scientific work priorities and         outputs         vi. Effectiveness of AF for networking	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings         v. Extent of actual room for discussion         of ECDC scientific work priorities and         outputs         vi. Effectiveness of AF for networking         purposes	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings         v. Extent of actual room for discussion         of ECDC scientific work priorities and         outputs         vi. Effectiveness of AF for networking         purposes         vii. Complementarity and synergy with         the Management Board	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	
D.G.3	Please, describe         IF P.E.1.ii= (x) (AF)         What is your overall assessment of the fun         Please rate from 1=poor to 5=excellent the         i. Overall coherence of AF activities         with the mandate as laid down in the         ECDC Founding Regulation         ii. Extent and comprehensiveness of         scientific expertise available in the AF         iii. Language regime of AF meetings         iv. Time and logistical aspects of AF         meetings         v. Extent of actual room for discussion         of ECDC scientific work priorities and         outputs         vi. Effectiveness of AF for networking         purposes         vii. Complementarity and synergy with	ctioning of the E following aspec <b>Rating</b> (From 1=poor to	CDC Advi ts Don't	sory Forum (AF)?	

	Do you have any suggestions as to how the working methods of the Advisory Forum c			ingements and	
	Please, describe				
O.G.5	IF P.E.1.iii= (x) (NC/CCBDir)				One answe
	What is your overall assessment of the efficience of the efficienc				answe
		Rating (From 1=poor to 5=excellent)	Don't know		
	<ul> <li>i. Overall clarity of respective roles and responsibilities of National Coordinators and ECDC</li> <li>ii. Overall clarity of roles and</li> </ul>			-	
	responsibilities of National Focal Points iii. Overall clarity of roles and responsibilities of Operating Contact Points iv. Coherence of coordination structures			-	
	<ul> <li>with institutional and governance set-up in your country</li> <li>v. Overall efficiency of communication flow with ECDC staff</li> </ul>			_	
	vi. Complementarity and synergy between national competent bodies and the ECDC governance bodies i.e. the Management Board and the Advisory Forum				
O.G.6	IF P.E.1.iii= (x) (NC/CCBDir)         Could you estimate the level of effort requi         National Coordinator / Coordinating Comp         rough estimate of annual man/days spent o	etent Body in y	our country		One answe
		Approx. total number of man/days per	year		
	<ul><li>i. Dissemination of ECDC publications in my country</li><li>ii. Coordination of the other competent bodies in my country</li></ul>				
	<ul><li>iii. Respond to requests for information received by ECDC (request for data, questionnaires etc.)</li><li>iv. Participation in meetings organised</li></ul>				
	by ECDC         v. Other main tasks. Please, specify				
O.G.7	IF P.E.1.iii= (x) (NC/CCBDir)				One answe
	Have you ever formulated a request for sup	port to ECDC r	elated to sci	ientific or technical	

	• NO	
O.G.8	IF P.E.1.iii= (x) (NC/CCBDir)	Open
	Do you have any suggestions as to how the current coordination structure with ECDC, and working methods could be streamlined and/or improved?	
	Please, describe	

Burden	<b>IF P.E.1.viii</b> = ( )				
O.B.1	How do you rate the overall amount of wor				One
	that is implied by collaborating with ECDC	? Please rate fro	m 1=very	ow to 5=very high	answer
	the workload for the following tasks				
			-	_	
		Rating	Don't		
		(from 1=very	know		
		low to			
		5=very high)			
	i. Collection and submission of				
	surveillance data			-	
	ii. Responding to other enquiries / information requests				
	iii. Participation in meetings			-	
	iv. Review of documents			-	
	v. Other, specify				
O.B.2	Could you estimate approximately the total	number of man/	days that y	ou work on tasks /	Open
0.0.2	activities related to ECDC in a year?	number of man	days that y	ou work on tusks /	open
	Number of man/days per year				
O.B.3	As compared to 2008, has this workload	)			One
					answer
	• Significantly increased				
	<ul> <li>Moderately increased</li> </ul>				
	<ul> <li>Not changed</li> </ul>				
	<ul> <li>Moderately decreased</li> </ul>				
	Significantly decreased				
	<ul> <li>Don't know</li> </ul>				
O.B.4	Overall how does the burden (workload) im	posed by ECDC	tasks com	pare with the added-	One
0.211	value of ECDC work in your opinion?	.posed of 2020		pure main and addee	answer
	j i i				
	• Benefits significantly outweigh burden				
	• Benefits moderately outweigh burden				
	• Benefits are approximately equal to bu	rden			
	• Burden moderately outweighs benefits				
	• Burden significantly outweighs benefit	s			
	• Don't know				
O.B.6	How often do you participate to the meeting	gs that ECDC in	vites you to	o attend?	One
	• All the time	-	<b>J</b>		answer
	• Most of time (more than 50% of times)				
	• Sometimes (Less than 50% of times)				
	• Don't know / not applicable				
Section 2 Disc					1

S	ect	tion	3	- 1	Di	isease	ł	Programmes
---	-----	------	---	-----	----	--------	---	------------

Salmonella	For NFP-FWD OR Net-salm OR Net-smol	
	OR	
	IF P.B.3.iii = (x) (self-declared salmonella experts)	

D.S.0	To what extent are you familiar with the Zoonoses (FWD) programme, which co				One answer
	of salmonella?	vers inter and de	divides for p	levention and control	answer
	• Significantly				IF (4)
	Moderately				skip this
	Marginally				module
	• Not at all				
D.S.1	What is your overall assessment of the a				One
	reference to activities in the field of salr your appreciation of the following aspec		ate from $I = j$	poor to $5 = excellent$	answer
		Rating	Don't		
		(From 1=poor to 5=evectert)	know		
	i. Relevance of the priorities selected	5=excellent)		_	
	for the FWD programme to my				
	country's needs				
	ii. Contribution of FWD programme			_	
	to a better integration of risk				
	assessment, management and				
	communication in my country				
	iii. Efficiency of FWD programme				
	coordination by ECDC staff				
	iv. Quality / reliability of the				
	surveillance data collected on				
	salmonella				
	v. Usefulness of risk assessments				
	related to salmonella outbreaks				
	vi. Usefulness of ECDC work on				
	molecular typing for salmonella vii. Preparedness of ECDC staff on			_	
	the subject matter				
D.S.2	How do you rate the level of integration	and synergy bet	ween ECDC	's salmonella-related	One
0.0.2	activities and the other relevant agencie				answer
	1 = poor to $5 = $ excellent	,	1 8		
		Rating	Don't	7	
		(From 1=poor to 5=excellent)	know		
	i. The European Food Safety		1	1	
	Authority (EFSA)				
	ii. The WHO's Global Foodborne				
	Infections Network (GFN)			_	
	iii. The Rapid Alert System for Food and Feed - (RASFF)				
	iv. The EU Reference Laboratories				
	(EURLs)			_	
D.S.3	v. National-level agencies and bodies	to improve		notity to managed and	0
D.S.3	Overall, have ECDC's activities helped control salmonella? Is there concrete ev added-value of ECDC's FWD program weblinks to official documents publishe of ECDC work	idence of this? P ne for your coun	lease briefly try and – if a	describe the possible vailable – provide	Open
					1
		7			

nfluenza	For NFP-FLU OR Net-flu OR FLU-HSC				
	OR				
	IF P.B.3.i = (x) (self-declared influenza exp	perts)			
D.I.0	To what extent are you familiar with the		za and other	Respiratory Viruses	One
	(IRV) programme, which covers inter al	<i>lia</i> activities for p	prevention and	d control of	answer
	influenza?				
	• Significantly				IF(4)
	Moderately				skip thi module
	<ul><li>Marginally</li><li>Not at all</li></ul>				module
<b>D.I.</b> 1	What is your overall assessment of the a Please rate from $1 = poor$ to $5 = excellent$				One answer
		Rating	Don't	1	
		(From	know		
		1=poor to 5=excellent)			
	i. Relevance of the priorities selected				
	for the IRV programme with respect				
	to my country needs ii. Contribution of IRV programme to			-	
	a better integration of risk				
	assessment, management and				
	communication in my country				
	iii. Efficiency of IRV programme			1	
	coordination by ECDC staff			_	
	iv. Quality / reliability of the				
	surveillance data on influenza			_	
	v. Usefulness of risk assessments on seasonal influenza				
	vi. Usefulness of risk assessments on			-	
	pandemic viruses / animal influenza				
	vii. Usefulness of ECDC scientific			-	
	advice on influenza vaccination				
	viii. Preparedness of ECDC staff on				
	the subject matter				
.I.2	How do you assess the support provided				One
	Please rate from 1= poor to 5= excellent	your appreciatio	on of the follo	wing aspects	answer
		Rating	Don't		
		(From	know		
		1=poor to 5=excellent)			
	i. Timeliness of publication of risk			1	
	assessments and subsequent updates				
	ii. Degree of coordination with WHO			]	
	iii. Degree of coordination with DG				
	SANCO			4	
	iv. Scientific quality of ECDC output			4	
	v. Credibility / reliability of				
.I.3	recommendations           What is in your opinion the main lesson	to be learned by	FCDC from t	the pandemic	Open
.1.J	experience?	to be rearried by			Open

	OR				
	IF P.B.3.ii = (x) (self-declared HIV/AIDS ex	nerts)			
D.H.0	<ul> <li>To what extent are you familiar with the viral Hepatitis (HSH) programme, which control of HIV/AIDS?</li> <li>Significantly</li> <li>Moderately</li> <li>Marginally</li> <li>Not at all</li> </ul>	ECDC's HIV, S			One answer IF (4) skip this module
D.H.1	What is your overall assessment of the a Please rate from 1= poor to 5= excellent				One answer
		Rating (from 1= poor to 5= excellent)	Don't know		
	<ul><li>i. Relevance of the priorities selected for the HSH programme with respect to my country needs</li><li>ii. Contribution of HSH programme</li></ul>				
	to a better integration of risk assessment, management and communication in my country				
	<ul> <li>iii. Efficiency of HSH programme coordination by ECDC staff</li> <li>iv. Quality / reliability of the surveillance data collected on</li> </ul>				
	HIV/AIDS v. Usefulness of risk assessments related to HIV/AIDS				
	vi. Usefulness of ECDC's behavioural surveillance work and outputs				
	vii. Preparedness of ECDC staff on the subject matter				
D.H.2	How do you rate the level of integration activities and the other relevant agencies excellent				One answer
		Rating (From 1=poor to 5=excellent)	Don't know		
	i. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)				
	<ul><li>ii. WHO-Euro</li><li>iii. HIV Think Tank European</li><li>Commission)</li><li>v. National-level agencies and bodies</li></ul>				
D.H.3	Overall, have ECDC's activities helped prevention and control of HIV/AIDS? Is describe the possible added-value of EC available – provide weblinks to official of taken up the results of ECDC work	there concrete e DC's HSH prog	vidence of this? Pleas camme for your count	se briefly ry and – if	One answer

	Please, describe	
All DP	For NFP-HASH OR Net-HIV OR NFP-FLU OR Net-flu OR NFP-FWD OR Net-salm OR Net-smol	
D.D.1	Do you have any suggestions as to how to increase the added-value of ECDC disease programmes for the Member States?	Open
	Please, describe	

### Section 4 - Threat Detection, Preparedness and response

Rapid risk assessment - general	For ALL			
T.R.0	<ul> <li>Are you aware of the ECDC's Rapid Risk Assessments (RRA</li> <li>YES, I read them quite regularly</li> <li>YES, I sometimes read them</li> <li>YES, but I have never read them</li> <li>NO, I was not aware of the RRAs</li> </ul>	<b>\</b> )?		One answer If (3) OR (4) skip to the next
T.R.1	Overall, what is your appreciation of the following features of from 1=poor to 5= excellent	ECDC's RRAS	? Please rate	moduleOneanswer
		Rating (From 1=poor to 5=excellent)	Don't Know	
	<ul><li>i. Speed of release</li><li>ii. Reliability of scientific assessment</li><li>iii. Comprehensiveness of analysis</li></ul>			
	iv. Clarity of the messages provided v. Perceived independence from political pressure			
	vi. Perceived independence from corporate pressures vii. Usefulness for own, national-level scientific			
	assessment purposes viii. Usefulness for decision-making on response measures to be taken			
	ix. Usefulness for risk communication to specialist audiences			
	x. Usefulness for risk communication to the media and the general public			
T.R.2	<ul> <li>In your opinion, how has the usefulness / quality of RRAs every</li> <li>Significantly improved</li> <li>Moderately improved</li> <li>Not changed</li> <li>Worsened</li> <li>Don't know</li> </ul>	olved since 2008	??	One answer
Г.R.4	<ul> <li>Have you ever contributed to ECDC RRAs as an external exp analysis)?</li> <li>YES</li> <li>NO</li> </ul>	ert (e.g. providin	ng data and	One answer

RRA – Salmonella	For NFP ThDet OR NFP P&R OR NFP-FWD OR Net-salm OR Net-smol OR HSCmem OR HSCcomm OR EWRS	
	OR	

	IF P.B.3.iii = (x) (self-declared salmonella experts)	
	OR	
	IF P.B.1.vi = (x) (risk manager)	
T.S.1	<ul> <li>Are you familiar with the ECDC's Rapid Risk Assessment (RRA) on Salmonella Stanley 2012 (including updates)? If so, could you indicate the impact it had in your country?</li> <li>Major impact: it inspired the measures we adopted to tackle the outbreak</li> <li>Moderate impact: we used it as background for our investigation and/or communication work</li> <li>Limited impact</li> <li>Don't know / I am not familiar with this RRA</li> </ul>	One answer
T.S.2	IF T.S.1=(1) OR (2)	Open
	Could you provide any evidence of such impact, by providing a short description and – if relevant – the weblink to any national-level document (strategy, guideline etc.) that was to some extent inspired by this ECDC Rapid Risk Assessment?	
T.S.3	<ul> <li>Are you familiar with the ECDC's Rapid Risk Assessment (RRA) on Salmonella Agona 2008 (including updates)? If so, could you indicate the impact it had in your country?</li> <li>Major impact: it inspired the measures we adopted to tackle the outbreak</li> <li>Moderate impact: we used it as background for our investigation and/or communication work</li> <li>Limited impact</li> <li>Don't know / I am not familiar with this RRA</li> </ul>	One answer
T.S.4	IF T.S.3=(1) OR (2)	Open
	Could you provide any evidence of such impact, by providing a short description and – if relevant – the weblink to any national-level document (strategy, guideline etc.) that was to some extent inspired by this ECDC Rapid Risk Assessment?	
	Please, describe	

RRA - Influenza	For NFP ThDet OR NFP P&R OR NFP-FLU OR Net-flu OR FLU HSC OR HSCmem OR HSCcomm OR EWRS OR IF P.B.3.i = (x) (self-declared influenza experts) OR	
	IF P.B.1.vi = (x) (risk manager)	
T.F.1	<ul> <li>Are you familiar with the ECDC's Rapid Risk Assessment (RRA) on Influenza A/H1N1 - pandemic 2009 (including the various updates)? If so, could you indicate the impact it had in your country?</li> <li>Major impact: it inspired the measures we adopted to tackle the outbreak</li> <li>Moderate impact: we used it as background for our investigation and/or communication work</li> <li>Limited impact</li> <li>Don't know / I am not familiar with this RRA</li> </ul>	One answer
T.F.2	IF T.F.1=(1) OR (2) Could you provide any evidence of such impact, by providing a short description and – if relevant – the weblink to any national-level document (strategy, guideline etc.) that was to some extent inspired by this ECDC Rapid Risk Assessment?	Open

	Please, describe	
T.F.3	<ul> <li>Are you familiar with the ECDC's Rapid Risk Assessment (RRA) on Influenza A/H5N1 - avian influenza in Egypt, 2011 (including the various updates)? If so, could you indicate the impact it had in your country?</li> <li>Major impact: it inspired the measures we adopted to tackle the outbreak</li> <li>Moderate impact: we used it as background for our investigation and/or communication work</li> <li>Limited impact</li> <li>Don't know / I am not familiar with this RRA</li> </ul>	One answer
T.F.4	IF T.F.3=(1) OR (2)         Could you provide any evidence of this impact, for example a weblink to any national-level document (strategy, guideline etc.) that was to some extent inspired by this ECDC Rapid Risk Assessment?         Please, describe	Open

RRA - HIV	For NFP ThDet OR NFP P&R OR NFP-HASH OR Net-HIV OR HIV TT OR HSCmem OR HSCcomm OR EWRS OR IF P.B.3.ii = (x) (self-declared HIV experts) OR IF P.B.1.vi = (x) (risk manager)	
T.H.1	<ul> <li>Are you familiar with the joint ECDC and EMCDDA rapid risk assessment: HIV in injecting drug users in the EU/EEA 2012 (following a reported increase of cases in Greece and Romania)? If so, could you indicate the impact it had in your country?</li> <li>Major impact: it inspired the measures we adopted to tackle the outbreak</li> <li>Moderate impact: we used it as background for our investigation and/or communication work</li> <li>Limited impact</li> <li>Don't know / I am not familiar with this RRA</li> </ul>	One answer
T.H.2	IF T.H.1=(1) OR (2) Could you provide any evidence of this impact, for example a weblink to any national- level document (strategy, guideline etc.) that was to some extent inspired by this Rapid Risk Assessment?	Open

EPIS	For EPIS	
T.E.1	Do you have access to the following EPIS platforms? Please, select all that applies	Multiple
		answer
	i. AMR-HAI (Antimicrobial	
	Resistance Healthcare	If
	Associated Infections)	vii.=(x)
	ii. ELDSNet (Legionnaires'	skip to
	disease)	the next
	iii. FWD – as a reader (Food	module
	and Waterborne diseases)	
	iv. FWD – as a contributor	
	(Food and Waterborne	
	diseases)	

	v. STI (Sexually Transmitted Infections)				
	vi. VPD (Vaccine-Preventable Diseases) vii. None				
T.E.2	<ul> <li>How often do you access EPIS ?</li> <li>More times per day</li> <li>On a daily basis</li> <li>On a weekly basis</li> </ul>				One answer
Г.Е.3	Seldom     IF T.E.1.iv=(X) (only FWD contributors)				Open
	On average, how frequently do you follow up other co platform? (in percentage)%	ountries' enquiri	es on the E	EPIS FWD	
Г.Е.4	IF T.E.1.v=(X) (only STI)				Open
	Approximately, how often do you follow up on Sexua reports submitted by other countries?%	lly Transmitted	Infections	(STI)	
Г.Е.5	Based on your direct experience, to what extent does to contribution to your epidemic intelligence activities? I excellent your appreciation of the following aspects				One answer
		Rating (From 1=poor to 5=excellent)	Don't know		
	i. Relevance of the signals / alerts published on EPIS				
	ii. Comprehensiveness of EPIS as compared to other international epidemic intelligence sources				
	iii. Speed of threat detection through EPISiv. Utility of EPIS as a tool to support joint (multi- country) investigation of threats				
	v. Integration of EPIS with the EU Risk Management system and the EWRS platform, in particular				
Г.Е.6	Are you satisfied with the following management and rate from 1= poor to 5= excellent your appreciation of			IS? Please	One answer
		Rating (From 1=poor to 5=excellent)	Don't know		
	i. Clarity and user-friendliness of the platform(s) design				
	ii. Overall platform coordination by ECDC iii. Degree of responsiveness of partners to			_	
	enquiries and reports iv. Extent and frequency of ECDC inputs (i.e. event notified by ECDC)			_	
T.E.7	Could you indicate a concrete example where EPIS ne detecting / assessing a threat that also affected your co event and the added-value of EPIS in that situation (pl documents, if applicable)	ountry? Please,	briefly des	cribe the	Open

T.E.8	<ul> <li>Do you utilise also other epidemic intelligence sources?</li> <li>YES (Please, specify)</li> <li>NO</li> </ul>			One answer	
EWRS	For NFP ThDet OR NFP P&R OR HSCmem OR HSCcomm O FLU HSC OR HIV TT OR IF P.B.1.vi= (X) OR P.B.1.vii= (X) (risk managers and comm		R EWRS OR		
T.W.0	<ul> <li>Are you familiar with the EU Early Warning and Respon</li> <li>YES, I have direct access to it</li> <li>YES, although I do not have direct access to it</li> <li>NO, I am not familiar with EWRS</li> </ul>		/RS)?	One answer If (3) skip to the next module	
T.W.1	Based on your direct experience, to what extent has the E in the management of public health threats in the EU? Pl 5=excellent the added-value of EWRS with respect to the below	ease rate from 1	l=poor to ts indicated Don't know	One answer	
	i. Early detection/identification of threats	5=excellent	.)		
	ii. In-depth investigation/assessment of threat				
	iii. Definition of coordinated measures in response to 'mild' threats				
	iv. Definition of coordinated response measures during 'severe' crisis				
	v. Provision of useful information for risk communication				
T.W.2	vi. Improved preparedness of my country to outbreaks         Are you satisfied with how EWRS is currently designed and managed? Please rate from 1= poor to 5= excellent your appreciation of the following aspects.				
		Rating (From 1=poor to 5=excellent)	Don't know		
	i. Design of the EWRS platform (clarity, user- friendliness etc.)				
	ii. ECDC's management and support service iii. Integration with the EPIS system for epidemic intelligence				
	iv. Integration with the European "Rapid Alert System for Food and Feed (RASFF)"				
	v. Integration with WHO's IHR alert and response system				
T.W.3	<ul> <li>As compared to the period before 2008, how has the usef your opinion?</li> <li>Significantly improved</li> <li>Moderately improved</li> </ul>	fulness of EWR	S evolved in	One answer	
	<ul> <li>Not changed</li> <li>Worsened</li> <li>Don't know</li> </ul>				
T.W.4	Are there any specific aspects concerning EWRS design your opinion could be improved in order to achieve bette		ment that in	Open question	

	Please, describe	
T.W.5	In your country, are the roles of "EWRS contact point" and of WHO's "National IHR	One answer
	focal point undertaken by the same person or by different persons?	
	• Same person	
	• Different persons	
	• Don't know	

Other investigation, detection, and	For NFP ThDet OR NFP P&R OR HSCmem OR HSCcomm OR EWRS OR							
preparedness matters	IF P.B.1.vi= (X) OR P.B.1.vii= (X) (risk manag OR	ers and com	nmuni	cators	5)			
	P.E.1.iii=(x) (NC / CCB Dir)							
T.I.1	<ul> <li>Do you receive and read the ECDC daily R</li> <li>Yes, often</li> <li>Yes, sometimes</li> <li>No</li> <li>Not sure</li> </ul>	Cound Table	repor	rt?				One answer
T.I.2	IF T.I.1=(1) OR (2)							One
	To what extent is the Round Table report u monitoring activities? Please express your statements.	•	-			0		answer
		Rating (From 1=		Don kno				
		strong disagreen to 5= stro agreemen	ng					
	i. The Round Table reports help us identifying issues that we were not aware of yet	ugreemen						
	ii. The Round Table report is practical, since it provides a quick update on current issues in a single, short bulletin							
	iii. Since the information in the Round Table report is confidential, it is not very clear how it can be used							
T.I.3	Overall, to what extent are you satisfied with threat and response? Please rate from 1=po the following areas is in-line with your exp	or to 5=higl	h to w					One answer
			Rati (from 1=po to 5=hi	m oor	Don kno			
	i. Early detection, filtering and validation ii. Investigation and assessment of threats			<b>1511</b> )				
	<ul><li>iii. Dissemination of information on threa</li><li>iv. Support to risk managers for response</li><li>v. Overall, my country's preparedness to</li></ul>							
T.I.4	threats IF T.I.5.vi = 4 or 5 (If there is contribution	to country j	prepar	edne	ss)			Multiple
								answer

	Which specific improvements in your country were ins the field of preparedness and response? Please select all		ed by ECDC w	ork in	
	i. Increased the number of staff and/or resources dedicated to preparedness and response				
	ii. Adopted specific strategies and/or preparedness plan				
	iii. Improved the IT infrastructure dedicated to preparedness and response				
	iv. Adopted specific tools and procedures for crisis management suggested by ECDC				
	v. Enhanced crisis management training activities v. Other, please specify				
T.I.5	Are you satisfied with the quantity and the quality of sin emergencies that ECDC has performed so far? Please endisagreement with the following statements.			nealth	One answer
		Rating (From 1= strong disagreement to 5= strong agreement )	Don't know		
	i. ECDC should promote more simulation exercises	ugreement )			
	ii. The themes of simulation exercises are generally in-line with our national priorities				
	iii. The overall quality of exercise organisation and implementation is good				
T.I.6	<ul> <li>iv. Desktop simulation exercises are preferable</li> <li>Has your country ever received direct (on the field) assists specific outbreak / issue? If YES, please specify.</li> <li>YES, specify</li> <li>NO</li> </ul>	istance from EC	CDC to investig	gate a	One answer
T.I.7	IF T.I.6=(1)				One
	To what extent has the abovementioned direct assistance needs? Please rate from 1=poor to 5=very high your app	•	•		answer
		Rating (From 1=poor t 5=very h			
	i. Scientific / technical quality of assistance received ii. Usefulness of assistance for strategic / policy purpo	ises			
	iii. Extent to which the assistance received had a posit impact in resolving the issue at stake				
T.I.8	iv. Rapidity of deployment of assistance           Do you have any suggestions on how ECDC can impro	ve the usefulne	ss and/or the		Open
1.1.0	efficiency of its support activities in the field of threat of response?			s and	open
	Please, describe				

#### Section 5 – Surveillance and microbiology

Integration of	For ALL	
networks		

S.N.1	Were you personally involved in any Euro prior to their integration under ECDC? In following networks? Please check all that	particular, were y			Multiple answer
	Enter-net (human gastrointestinal infections) EuroHIV				If (5) skip to the next module
	European Influenza Surveillance Scheme (EISS) Other, please specify all that applies				
	)				
S.N.2	How does the current network situation co integration under ECDC? Please express y following statements.				One answer
		Rating (From 1= strong disagreement to 5= strong agreement )	Don't know		
	i. Thanks to ECDC coordination network activities are more efficient now				
	ii. The network outputs are now more 'recognised' and therefore more likely to influence national policies			-	
	iii. Synergies and coordination with other national and international entities have improved.				
	iv. There are common operating methodologies in place, which ensure data of better quality				
	v. Participating members are less proactive than before, since ECDC has taken over the coordination role				
	vi. The scope of the network has enlarged and therefore members are more heterogeneous and less specialised than before				
S.N.3	Based on your experience, have there been integration under a common platform?	1 1 other positive or	negative e	effects of network	Open
	i. positive effects	]			
	ii. negative effects				

TESSy &	For TESSy	
datasets		
S.T.1	Do you have access to the TESSy platform?	One answer
	• YES	
	• NO	If (2) skip to
		the next
		module
S.T.2	What is your assessment of TESSy design and functionalities? Please rate from 1=poor	One answer
	to 5=excellent the following aspects.	
	Rating Don't	
	know	

		(From 1=poor to 5=excellent)		
	i. User-friendliness for uploading data	e-excellent)		
	ii. User-friendliness for searching / downloading			
	data			
	iii. Assistance service provided by ECDC			
	iv. Analytical and data classification tools			
	v. Compliance / consistency of data requirements			
S.T.3	with national territorial divisions           To what extent is your country able to regularly provide	la all tha aurwaille	naa data	One answer
5.1.5	<ul> <li>Nore than 90%</li> <li>Between 60% and 89%</li> </ul>			One answer
	<ul> <li>Between 40% and 59%</li> </ul>			
	<ul> <li>Less than 39%</li> </ul>			
	Don't know			
S.T.4	Based on your experience, what is the added-value of low to 5=very high the positive effects of TESSy in th			One answer
		Rating (From	Don't know	
		1=very low		
		to 5=very		
		high)		
	i. Simplifying data reporting (everything is reported to one place)			
	ii. Encouraging countries to improve their surveillance systems			
	iii. Harmonising data definition on the best practice available			
	iv. Allowing for benchmarking and cross-country comparisons			
	v. Assessing overtime trends and detecting possible anomalies			
	iv. Facilitating epidemiological analysis of rare diseases (by increasing the number of cases available)			
S.T.5	Based on your needs, is there any 'missing' dataset that add to TESSy datasets? Please, specify	at in your opinion	ECDC should	Open
S.T.6	Overall, how do the benefits of TESSy compare to the contributors?	burden it impose	s on	One answer
	Benefits largely outweigh burden			
	Benefits moderately outweigh burden			
	• Benefits are approximately equal to burden			
	Burden moderately outweighs benefits			
	• Burden significantly outweighs benefits			
	Don't know			
S.T.7	<ul> <li>As compared to 2008, the reliability / comparability of participating countries through TESSy has?</li> <li>Significantly improved</li> <li>Moderately improved</li> </ul>	data that are sha	red among	One answer
	Not changed			
	• Worsened			
	• Not sure			

Salmonella surveillance	For NFP Surv OR NFP-FWD OR Net-salm OR Net-smol		
	OR		
	IF P.B.3.iii = (x) (self-declared salmonella experts)		
S.S.1	<ul> <li>Are you familiar with the yearly "European Union Summary Report on Sources of Zoonoses, Zoonotic Agents and Food-borne Outbreaks" join by ECDC and EFSA?</li> <li>Yes, I read it systematically</li> </ul>		One answer IF (3) OR (4) skip to the next module
	<ul> <li>Yes, I read it occasionally</li> <li>Yes, but I rarely read it</li> <li>No</li> </ul>		next module
S.S.2	What is your overall appreciation of the abovementioned report? Please 1=poor to 5=very high your appreciation of the following aspects	rate from	One answer
	Rating (From 1=poor to 5=very high)	know	
	i. Relevance of the information provided for epidemiological purposes		
	ii. Comprehensiveness and quality of data reported		
	iii. Scientific strength of the analyses provided		
	iv. Clarity of language       v. Timeliness of publication		
	v. Timenness of publication vi. Usefulness for policy-making purposes		

HIV/ AIDS surveillance	For NFP Surv OR NFP-HASH OR Net-HIV C	DR HIV-TT			
survemance	OR				
	IF P.B.3.ii = (x) (self-declared HIV/AIDS exp	erts)			
S.H.1	Are you familiar with the ECDC's annual <i>Europe</i> "?	reports: "HIV/	AIDS Surveil	llance in	One answer
	• Yes, I read it systematically				IF (3) OR (4)
	• Yes, I read it occasionally				skip to the
	• Yes, but I rarely read it				next module
	• No				
S.H.2	What is your overall appreciation of the a 1=poor to 5=high your appreciation of the			ase rate from	One answer
		Rating (From	Don't know	]	
		1=poor to 5=high)			
	i. Relevance of the information	8 /			
	provided for epidemiological purposes				
	ii. Comprehensiveness and quality of				
	data reported				
	iii. Scientific strength of the analysis				
	provided			_	
	iv. Clarity of language			_	
	v. Timeliness of publication			4	
	vi. Usefulness for policy-making				
	purposes				

Influenza Surveillance	For NFP Surv OR NFP-FLU OR Net-flu OR OR	FLU-HSC			
	IF P.B.3.i = (x) (self-declared influenza expe	erts)			
S.F.1	<ul> <li>Are you familiar with the ECDC's "Week</li> <li>Yes, I read it systematically</li> <li>Yes, I read it occasionally</li> <li>Yes, but I rarely read it</li> <li>No</li> </ul>		rveillance Ov	erviews"?	One answer IF (3) OR (4) skip to the next module
S.F.2	What is your appreciation of these weekly 5=high your appreciation of the following	Rating (From 1=poor to	Don't know	m 1=poor to	One answer
	i. Relevance of the information provided for epidemiological purposes	5=high)		-	
	ii. Comprehensiveness and quality of data reported				
	iii. Scientific strength of the analysis provided iv. Clarity of language			-	
	IT. Chainey of hunguage			4	

Τ

Surveillance outputs	For ALL				
S.O.1	How frequently do you read the followin To what extent are they useful for your w high the usefulness for your work of the analyses regularly published by ECDC	ork? Please ra	te from 1=	every low to 5= very	One answe
		Rating (1=very low to 5= very high)	Don't know		
	i. The Annual Epidemiological Reports				
	ii. The weekly Communicable Diseases Threat Report				
	iii. The thematic Surveillance Reports (related to your area of work)				
	iv. The Epidemiological Updates v. Eurosurveillance journal				
S.O.2	Do you have any suggestion as to how th reports, TESSy datasets etc.) could be fu for Member States' stakeholders?				Open
	Please, describe				

Integration of microbiology	For NFP Surv OR NFP-FWD OR NFP Mbio OR Net-salm OR Net-smol	
microbiology	OR	

Т

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	<ul><li>run by ECDC in the past years?</li><li>YES</li><li>NO</li></ul>						
	Have you taken part to at least one of the various EQA schemes for Salmonella typing						
	Have you taken part to at least one of th	a various EOA	schemes for 9	almonalla tres	ing		
S.M.6	IF S.M.4=(1)	<i>u</i>			One answer		
	vi. Acceptability of the burden required						
	iv. Usefulness for improving laboratory capacities         v. Complementarity / synergy with other schemes						
	iii. Quality of the final report						
	ii. Appropriateness of the delivery mod	lel					
	i. Relevance of the themes selected						
			5=excellent)				
			(From 1=poor to	know			
			Rating	Don't			
	from 1=poor to 5=excellent the followin	ig aspects					
	How do you assess the overall quality an		of EQA scheme	s? Please rate			
S.M.5	IF S.M.4=(1) OR (2)				One answer		
0 14 7	• NO						
	• YES, but I have not directly particip	pated in it					
	• YES, and I have personally particip						
~	ECDC?			es promoted t			
S.M.4	Are you familiar with the External Qual	ity Assessmen	nt (EOA) schem	es promoted b	y One answer		
	v. Usefulness for policy-making						
	iv. Usefulness for scientific progress			4			
	iii. Clarity of language			4			
	ii. Overall credibility						
	i. Relevance of the subject discussed						
		5=high)					
		(From 1=poor to	know				
		Rating	Don't				
				-			
	What is your appreciation of the abovementioned technical document ? Please rate from 1=poor to 5=high your appreciation of the following aspects						
	What is your appreciation of the aboven	pentioned tech	nical document	9 Please rate			
S.M.3	IF S.M.2=(1)				One answer		
	• NO						
	• YES, but I have not read it	-					
	• YES, I have read it (entirely or part	tially)					
	surveillance" (2011)?		typing data into	EU-level			
S.M.2	Are you aware of the ECDC technical document "Surveillance of communicable diseases in Europe – a concept to integrate molecular typing data into EU-level						
C M 2	No				module           One answer		
	• Yes, but marginally				the next		
	• Yes, moderately						
	• Yes, significantly						
S.M.1	Are you familiar with the ECDC's public health microbiology activities?						
	IF PE1.ii=(x) OR PE1.iii=(x) (Adv Forum m	embers or NC	/ CCB Dir)				
	OR						

		Rating (From 1= strong disagreement to 5= strong agreement )	Don't know	
	<ul> <li>i. EQA helped us to identify capacity gaps we were not aware before</li> <li>ii. We have adopted measures to strengthen our capacity in response to EQA results</li> </ul>			
	<ul> <li>iii. Participating in EQA helped us for the laboratory's accreditation / certification purposes</li> <li>iv. We have set up and implemented a similar exercise at national level as a follow-up to ECDC</li> </ul>			
	EQA v. Other, specify			
S.M.8	Overall, to what extent have ECDC public health micro		s resulted ir	า
	an improved availability of microbiological data in you 1=none to 5=significant the effect of ECDC activities a	ir country? Please	e rate from	
	an improved availability of microbiological data in you	r country? Please as regards the foll Rating (From 1=none to	e rate from owing aspe	
	<ul> <li>an improved availability of microbiological data in you 1=none to 5=significant the effect of ECDC activities a</li> <li>i. Impact on the quantity of microbiological surveillance data collected</li> </ul>	r country? Please as regards the foll Rating (From	e rate from owing asper Don't	
	<ul> <li>an improved availability of microbiological data in you 1=none to 5=significant the effect of ECDC activities a</li> <li>i. Impact on the quantity of microbiological surveillance data collected</li> <li>ii. Impact on the quality of microbiological surveillance data collected</li> <li>iii. Cross-country comparability of microbiological</li> </ul>	r country? Please as regards the foll Rating (From 1=none to	e rate from owing asper Don't	
3.M.9	<ul> <li>an improved availability of microbiological data in you 1=none to 5=significant the effect of ECDC activities a</li> <li>i. Impact on the quantity of microbiological surveillance data collected</li> <li>ii. Impact on the quality of microbiological surveillance data collected</li> </ul>	rr country? Please as regards the foll <b>Rating</b> (From 1=none to 5=significant) er integration of c	e rate from owing aspe- <b>Don't</b> know	cts
S.M.9	<ul> <li>an improved availability of microbiological data in you 1=none to 5=significant the effect of ECDC activities a</li> <li>i. Impact on the quantity of microbiological surveillance data collected</li> <li>ii. Impact on the quality of microbiological surveillance data collected</li> <li>iii. Cross-country comparability of microbiological surveillance data collected</li> <li>Consycutation context context of the provided and the provided an</li></ul>	rr country? Please as regards the foll <b>Rating</b> (From 1=none to 5=significant) er integration of e rlier detection / b	e rate from owing aspe- <b>Don't</b> know	cts
S.M.9 S.M.10	<ul> <li>an improved availability of microbiological data in you 1=none to 5=significant the effect of ECDC activities a</li> <li>i. Impact on the quantity of microbiological surveillance data collected</li> <li>ii. Impact on the quality of microbiological surveillance data collected</li> <li>iii. Cross-country comparability of microbiological surveillance data collected</li> <li>Can you mention any specific examples where the bett and microbiology fostered by ECDC has enabled an ea assessment of a threat?</li> </ul>	rr country? Please as regards the foll <b>Rating</b> (From 1=none to 5=significant) er integration of e rlier detection / b	e rate from owing aspe- Don't know	cts

### Section 6 – Public Health Training and Capacity Building

Capacity building - general	For NFP Ph Train OR EP/EU OR	
C.G.1	IF PE1.i=(x) IF PE1.ii=(x) OR PE1.iii=(x) (MBoard or Adv Forum members or NC / CCB Dir)           Based on your experience, to what extent have the public health training activities carried out by ECDC contributed to your country's capacity of prevention and control of communicable diseases? Please rate from 1=very low to 5=very high the perceived positive effects in the following areas	One answer
	Rating (From 1=very lowDon't know	

		to 5=very			
		high)			
	i. Early detection of threats				
	ii. Identification and characterisation of				
	infectious agents				
	iii. Definition of preventive measures				
	iv. Definition of measures for outbreak				
	control				
C.G.2	In particular, how do you judge the effecti capacity building activities listed below? I effectiveness of the following activities ar	Please rate fro	m 1=very low to	5=very high the	
		Rating	Don't	7	
		(From	know /		
		1=very low	Not		
		to 5=very	applicable		
		high)			
	i. EPIET / EUPHEM programmes	8 /			
	ii. External Quality Assurance schemes			-	
	for laboratories				
	iii. The ESCAIDE conference				
	iv. Specific toolkits and manuals (e.g.			-	
	the Field Epidemiology manual)				
	v. Direct support received during a				
	specific outbreak or event				
	vi. Trainings courses for public health				
	professionals				
C.G.3	Is there tangible evidence of your country	's improved ca	apacity being en	hanced by	Multiple
	ECDC activities? Please select in the following the follow				answer
	applicable – provide reference to relevant	documents, w	vebpages and/or	other sources of	
	information				
	i. Adoption of action plans and/or other				
	documents (if available, please provide o	locument's			
	title and/or weblink)				
	ii. Adoption of guidelines, methodologic				
	documents etc. (if available, please prov	ide			
	document's title and/or weblink)	-			
	iii. Creation / strengthening of dedicated				
	national level and/or within my organisa				
	iv. Reform of procedures at national leve	el and/or			
	within my organisations				
	v. Creation/strengthening of coordination				
	different domestic entities (e.g. set up of				
	platform, appointment of a responsible p				
	vi. Increase in budgetary allocations for	prevention			
	and control of communicable diseases				
	vii. Implementation of initiatives (projec				
	trainings, quality assessments etc.) in con	ntinuity			
	with previous ECDC actions	、			
	vii. Other improvements (please, specify	)			
	viii. None of the above				

EPIET / EUPHEM	For NFP Ph Train OR EP/EU	
C.E.1	Do you have a direct experience of the EPIET and the EUPHEM training programmes? If YES, in which capacity? Please select all that applies	Multiple answer
	a) b) EPIET EUPHEM	IF vi=(x) skip to

	i. Yes, as a fellow – Member state					next
	track					module
	ii. Yes, as a fellow – EU track					linouure
	iii. Yes, as a supervisor					
	iv. Yes, as a training expert					
	v. Yes, in other capacity					
	vi. No					
C.E.2	IF C.E.1.i.a =(x) OR IF C.E.1.i.b =(x) OR fellows iⅈ)	IF C.E.1	.ii.a =(x)	OR IF C.I	E.1.ii.b =(x) (only	One answer
	How do you judge your experience as a fe on the basis of your experience, indicate y					
		True	False	Don't know / Not		
	i. My professional skills have			applicat	ne	
	significantly increased					
	ii. I am still in close contact with the					
	professionals I met during the training					
	iii. I have changed my employer as a					
	result of the training					
	iv. My employment position has					
	improved after the training					
	v. It would have been necessary to					
	receive more supervision during the					
	training					
	vi. I currently use the knowledge /					
	skills acquired during the training in					
	my everyday work					
	vii. Some methods and techniques I have learned during the training have					
	been introduced and taken up by my					
	current organisation					
	viii. The quality of the training was in-					
	line with my initial expectations or					
	even better					
C.E.3	IF C.E.1.iii.a =(x) OR IF C.E.1.iii.b =(x)	OR IF C.H	E.1.iv.a =	(x) OR IF	C.E.1.iv.b = (x) OR	
	IF C.E.1.v.a =(x) OR IF C.E.1.v.b=(x) (su What is in your experience the overall rele programmes? Please rate from 1=poor to	evance an	d usefulr	ness of EC	DC training	
		Rating		Don't		
		(From 1=poor 5=high		know		
	i. Complementarity (and non-		Ī		]	
	duplication) with national schemes					
	ii. Quality of scientific contents					
	iii. Utility to increase threat detection,		T			
	investigation and monitoring capacity					
	in your organisation				4	
	iv. Utility to increase preparedness and					
	response capacity in your organisation				4	
	v. Utility for expanding / consolidating					
	collaboration networks				4	
	vi. Efficiency of the organizational and	1				1
	administrative aspects					

	vii. Overall benefits of the programme as compared to burden (e.g. supervision costs)					
C.E.4	Do you have any suggestion as to possible further improvement of ECDC training programme? Please select in the following list the possible recommendations you agree with and add your suggestions					
	i. Seek better synergy with other national schemes in order to avoid overlapping         ii. Seek more geographical 'balance' in the implementation					
	iii. Refine fellow selection criteria so as to facilitate the access of young scientists with still limited experience					
	iv. Increase the offer (more fellowships per cohort)       v. Better prioritise mobility across MS					
	vi. Adopt further measures to prevent brain-drain (i.e. fellows moving to other countries or to ECDC)         vii. Other suggestions:					
	viii. None of the above					

FEM	IF PB1.i=(x) (For epidemiologists)						
C.F.1	Are you familiar with the Field Epidemic	ological Manual (	FEM) Wiki?	One answer			
	• Yes						
	• No			IF (2) skip to			
CE2	I have after to see access EEM Wilei on a			the next module			
C.F.2	How often do you access FEM Wiki on a	iverage?		One answer			
	<ul> <li>Frequently (weekly basis or more)</li> <li>Moderately (on a monthly basis or a</li> </ul>						
		• Moderately (on a monthly basis or so)					
C.F.4	Sporadically     What is your overall judgment of FEM V	Viki? Planca rata f	from 1-noor to	One answer			
С.г.4	5=excellent the following aspects.	One answer					
	5-executent the following uspects.						
		Rating	Don't				
		(From	know				
		1=poor to					
		5=excellent)					
	i. Completeness / comprehensiveness						
	ii. Quality / reliability of contents						
	iii. Clarity and user-friendliness of						
	structure and functionalities						
	iv. Overall usefulness of the instrument						

ESCAIDE Conference	For All	
C.C.1	Have you ever participated in the ESCAIDE conference? If YES, in which capacity? Please indicate all that applies	One answer
	i. Yes, as a speakerii. Yes, as a poster presenteriii. Yes, as a participantiv. Yes, in other capacitiesv. No	IF (v)=(x) skip to the next module
C.C.2	Based on your experience, how do you assess the following aspects of the ESCAIDE conference? Please rate from 1=poor to 5=excellent your degree of appreciation         Rating       Don't	
	Rating     Don't       (From     know       1=poor to     5=excellent)	
	i. Relevance of topics discussed	

	ii. Utility for scientific progress			
	iii. Utility to inform policy-making			
	iv. Utility for networking			
	v. Logistical arrangements			
	vi. Quality and reputation of speakers			
	vii. Added-value of ESCAIDE vis-à-vis other similar			
	conferences			
	viii. Extent of outreach and participation across EU			
	ix. Extent of dissemination of results			
C.C.3	Have you concretely used and/or implemented pieces of i acquired through ESCAIDE in your work? If Yes, how? I	nd/or knowle	dge	
	• YES – Please indicate how			
	NO – Please indicate why			

#### **Section 7 – Scientific Advice**

Awareness and	For ALL								
use of outputs A.A.1	Are you familiar with	Are you familiar with any of the following scientific documents issued by ECDC? If							
	YES, how do you rate	e them in terms of	(i) relevance	of the topic, (ii	) technical / scient	fic a	answer		
	quality; (iii) usefulnes provide ratings rangin					,	IF		
	provide ratings rangin	ig nom 1–very io	w to 5-very in	ign to the folio	wing cintena		xi=YES		
		A) Awareness	<b>B</b> )	C)	<b>D</b> )	5	skip to		
		of the	Relevance	Scientific	Usefulness	1	A.A.3		
		document (Yes/No)	of topic (from	quality (from	for risk management				
		(105/100)	1=very	1=very low	/ policy-				
			low to	to 5=very	making				
			5=very	high)	(from				
			high)		1=very low				
					to 5=very high)				
	i. Assessing the								
	potential impacts								
	of climate change								
	on food- and								
	waterborne								
	diseases in Europe								
	(2012)								
	ii. Evidence-based								
	methodologies for								
	public health (2011)								
	iii. Fostering								
	collaboration in								
	public health								
	microbiology in								
	the European Union (2010)								
	iv. Seasonal								
	influenza								
	vaccination of								
	children and								
	pregnant women (2012)								

	v. Narcolepsy in						
	association with						
	pandemic						
	influenza						
	vaccination – a						
	multi-country						
	European						
	epidemiological						
	investigation						
	(2012)						
	vi. The 2009						
	A(H1N1)						
	pandemic in						
	Europe, a review						
	of the experience						
	(2010)						
	vii. Joint						
	ECDC/EMCDDA						
	Guidance:						
	Prevention and						
	control						
	of infectious						
	diseases among						
	people who inject						
	drugs (2011)						
	viii. HIV testing:						
	increasing uptake						
	and effectiveness						
	in the European						
	Union (2010)						
	ix. Point						
	prevalence survey of healthcare-						
	associated						
	infections and						
	antimicrobial use						
	in European						
	acutecare						
	hospitals (2012)						
	x. Current and						
	future burden of						
	communicable						
	diseases in the						
	European Union						
	and EEA/EFTA						
	countries –						
	Methodology						
	protocol (2011)						
	xi. None of the						
	above						
A.A.2	Could you mention cor	ncrete examples	where ECDC s	scientific advic	e documents (e.s	g.	Open
	guidance documents, te						-
	on policy decisions in						
	please provide the web						
	national language)						
A.A.3	Overall, how do you ra	te the disseminat	tion and impac	et of ECDC sei	entific work on		One

Very good	
• Rather good	
Neither good nor bad	
• Rather poor	
Very poor	
Not sure	

Added-value	For NFP ScAdv					
and management	OR					
management						
	IF P.E.ii=(x) (AF members)					
A.M.0	Is it clear enough for you, what are the res	ponsibilities and	competend	ces of ECDC in the	One	
	field of 'scientific advice' provision?				answer	
	• Yes, definitely					
	• Yes, partially					
	<ul><li>Only marginally</li><li>Not at all</li></ul>					
	<ul> <li>Don't know</li> </ul>					
A.M.1	Please rate from 1=poor to 5=excellent the	added-value of	ECDC scie	ntific advice as	One	
7	compared to the existing other national and			intific udvice us	answer	
		1		_		
		Rating	Don't			
		(From	know			
		1=poor to 5=excellent)				
	i. ECDC adds value as compared to	5-excellent)		_		
	scientific advice produced by own					
	domestic agencies					
	ii. ECDC adds value as compared to					
	scientific advice produced by other					
	countries' national agencies (e.g. CDC -					
	USA)? iii. ECDC adds value as compared to			_		
	scientific advice produced by WHO					
	iv. ECDC adds value as compared to			_		
	scientific advice produced by other EU-					
	level agencies and/or programmes					
A.M.2	All in all, what is your assessment of ECDC scientific advice output? Please rate the					
	following aspects from 1=poor to 5=excell	lent			answer	
		Rating	Don't	7		
		(From	know			
		1=poor to				
		5=excellent)				
	i. Overall scientific credibility			_		
	ii. Responsiveness to policy needs			_		
	iii. Timeliness with respect to needs iv. Clarity, readability			-		
	v. Quality and depth of analysis			-		
	vi. Perceived independence of judgment			-		
A.M.3	Based on your experience how has the over	erall usefulness o	f ECDC sc	ientific advice	One	
	evolved since 2008?				answer	
	Significantly increased					
	Moderately increased					
	Not changed					
	• Worsened					
	Don't know					

	Are you satisfied with the process a questions, the production of outputs	and the	ir final	dissemin	ation? If		vhy?	I	
		Yes, vo satisfie		Yes, rather satisfie	Not satisf d (plea expla	se,	Don't know		
	i. Appropriateness of methods for discussion and selection of scientific questions to be addressed by ECDC								
	<ul><li>ii. Appropriateness of outsourcing processes</li><li>iii. Provision of guidance from</li></ul>								
	ECDC on how to implement the advice in a national context iv. Coordination between National Focal Points for								
	Scientific Advice, and the other horizontal and vertical focal points								
	<ul><li>iv. Methods and tools for dissemination of outputs</li><li>v. Extent of dissemination</li></ul>								
A.M.5	outreach       In your opinion, to what extent has ECDC managed to become a Centre of scientific         excellence and technical leadership? Please rate from 1=not at all to 5=to a high extent         ECDC achievements in the following areas								
				1=not to 5=to	Don't know				
	i. Promoting, initiating and		a high extent			_			
	coordinating major scientific studi ii. Producing credible and useful guidance, risk assessments, and ot					_			
	scientific and technical reports iii. Being a prime repository for scientific advice on infectious dise								
	iv. Being a public health research catalyst (e.g. with DG Research) v. Becoming a major provider of								
	microbiological laboratory suppor	t							

#### Section 8 - Communication activities

External communication strategy	For NFP comm OR	
strategy	IF P.B.1.vii=(x) (communication experts)	
	OR	
	IF P.E.1.i=(x)OR P.E.1.ii=(x) OR P.E.1.iii=(x) (MB or AF or NC / CCB Dir)	
K.S.0	How do you rate stakeholders' level of awareness and understanding of ECDC work in your country? Please rate from 1=very low to 5=very high	One answer

	i. policy-makers at national level ii. policy-makers at regional level		5=very h)					
	ii. policy-makers at regional leve							
		el						
	iii. public health experts							
	iv. scientific community v. media and journalists							
	v. hedia and journansis vi. lay public			+				
K.S.1	To what extent does the ECDC ov	verall Health	Communica	ation Stra	ategy 2010-2	2013 and	One	
	its implementation address your end 1=very low to 5=very high your a communication activities						answer	
			]	Rating	Don't			
				(From	know			
				1=very				
				low to				
				5=very high)				
	i. Overall amount of communica	tion activities		ingn)				
	ii. Relevance of communication							
	country's priorities and needs		5					
	iii. Overall appropriateness of communication							
	products and tools							
	iv. Appropriateness of target gro							
	v. Effectiveness and outreach of activities	dissemination	1					
K.S.2	<ul> <li>As compared to 2008, how have E</li> <li>Significantly improved</li> <li>Moderately improved</li> <li>No or marginal change</li> <li>Worsened</li> <li>Not sure</li> </ul>						One answer	
K.S.3	Overall, are you satisfied with the degree to which ECDC communication activities are tailored to the following target groups?							
		ECDC should do more	ECDC is doing right	ECDC should do less	l know			
	i. Policy-makers / risk							
	managers ii. Public health professionals /					_		
	disease experts							
	iii. Journalists and media							
	iv. Public health							
	communicators							
	v. Other communication							
	stakeholders (NGOs, industry							
	etc.) vi. General public					_		
K.S.4.	*	ione or indice	tions as her		mayimme	ve the		
<b>N.J.4</b> .	Do you have any specific suggesti relevance or efficiency of its com- groups?							
	Please, describe							

Website	For All					
K.W.1	How often do you visit the ECDC website?					
	• Daily				answer	
	• Weekly					
	• Monthly				IF (5) skip	
	• Quarterly				to the next	
	• Very rarely / never				module	
K.W.2	Which kind of information do you typically look	up on ECDC w	vebsite? Plea	se select	Multiple	
	all that applies				answer	
	i. Up-to-date information and data on potential					
	threats or disease outbreak evolution					
	ii. Scientific publications (articles, reports, liter	ature				
	reviews, etc.)					
	iii. Information on ECDC activities and projects	s				
	iv. Press releases and other communication mat					
	for media and/or the general public					
	v. Other, please specify					
K.W.3	To what extent does ECDC website respond to y	our needs and e	xpectations	Please	One	
	rate from 1=poor to 5=excellent the following as	pects			answer	
		Rating	Don't	1		
		(From	know			
		1=poor to				
		5=excellent)				
	i. Clarity of language					
	ii. Ease in finding the information sought			1		
	iii. Frequency of updates					
	iv. Quality and reliability of contents					
	v. Added-value of information provided					

Communication tools	For NFP comm OR IF P.B.1.vii=(x) (communication experts) OR IF P.E.1.i=(x)OR P.E.1.ii=(x) OR P.E.1.iii=(x) (MB or AF or NC / CCB Dir)	
K.C.1	<ul> <li>Are you aware of public information campaigns supported by ECDC in the past few years (such as disease-dedicated days)? If Yes, in which capacity?</li> <li>Yes, my organisation / institution actively took part in the implementation of some campaigns in my country</li> <li>Yes, but only as an external 'audience'</li> <li>No</li> </ul>	One answer
K.C.2	<ul> <li>IF K.C.1=(1)</li> <li>Are you happy with the efficiency of ECDC - Member State partnerships for the implementation of information campaigns?</li> <li>Yes, it is very satisfactory</li> <li>Yes, it is moderately satisfactory.</li> <li>No, it is not satisfactory.</li> <li>Don't know</li> </ul>	One answer
K.C.3	IF K.C.2 =(3)	Open

	If the way of working with the ECDC on join do you have any suggestions for improvemen			lory,								
	Please, describe											
K.C.4	IF K.C.1=(1) OR (2)			Open								
	Based on your experience, could you name ex that were either well-received or not-so-well-			ns								
	i. example of well-received campaign											
	ii. example of not-so-well-received											
K.C.5	campaign           Are you aware of the following ECDC comm	unication toolkits	? If VES did they	One								
	respond to a communication need that existed used for communication activities at country	l in your country?	If YES, were the tool									
	A) Awareness of the toolkit (Yes/No)	B) Relevance of the toolkit to national needs (Yes/No)	C) Use of the toolkit in national communication campaign (Yes/No)									
	<ul> <li>i. Communication toolkit for gastrointestinal diseases prevention for health and educational authorities, targeting children, teachers, parents and the school community</li> <li>ii. Seasonal influenza communication toolkit targeting healthcare workers and people in risk</li> </ul>											
K.C.6	groups         If K.C.5.i.c=(x) OR K.C.5.ii.c=(x) OR K.C.5         Could you provide evidence to national camp			Open								
	above ECDC toolkit was used in your country to relevant national documents or other source	y? (if available ple	ase provide the webli									
K.C.7	Overall, how do you assess the design and the activities? Please express your agreement / di											
		to 5= agree	m 1= know									
	i. ECDC health communication activities address											
	crucial concerns for public health in my country         ii. The information and communication tools prepared											
	by ECDC can be easily implemented in my context											

	iii The amount of resources ECDC devotes to         information and communication activities is         excessive	
	iv. ECDC activities have contributed to improving health communication capacity and skills in my	
	country	
K.C.8	IF K.C.7. $v = (4)$ OR (5) (there has been contribution)	
	Could you provide a concrete example of the positive impact of ECDC activities on your country's health communication capacities?	
	Please, describe	

<b>Risk</b> communication	For NFP Comm OR NFP P&R OR HSC OR IF P.B.1.vi=(x) OR P.B.1.vii=(x) (risk ma OR IF P.E.1.i=(x)OR P.E.1.ii=(x) OR P.E.1.i	anager or comm	unication		
K.R.1	To what extent do your professional respon communication related to communicable d • Significantly • Moderately • Marginally • Not at all	nsibilities involve	e managing		One answer IF (4) skip to the next module
K.R.2	Overall, what are the sources of informatic communication activities? Please rate from you turn to the following sources to inform	n 1=poor to 5=ver	ry high the	extent to which	One answer
	i. Domestic, country-level sources         ii. ECDC         iii. The European Commission / DG         SANCO         iv. The Health Security Committee         v. WHO         vi. Other countries' agencies (please specify the main one:)				
K.R.3	How do you assess the relevance and utilit communication purposes in your country? disagreement with the following statement	Please express y			One answer
		Rating (From 1= strong disagreement to 5= strong agreement )	Don't know		
	<ul> <li>i. Our risk communication messages are typically coherent with ECDC's conclusions / suggestions</li> <li>ii. ECDC outputs overlap with outputs from those with national / EU risk management responsibility</li> </ul>				

	iii. We want more ECDC help in the	
	field of risk communication to the	
	media and general public	
	iv. We want more ECDC help in the	
	field of risk communication to public	
	health experts and institutional	
	stakeholders	
	v. ECDC tools and capacity building	
	activities have concretely helped us to	
	improve our risk communication	
	abilities	
	vi. ECDC support is proving conducive	
	to increased coherence / harmonisation	
	of risk communication messages across	
	different EU countries	
K.R.4	Have you read the ECDC "literature review on effective risk communication for the	One
	prevention and control of communicable diseases in Europe"? If YES, did you find it	answer
	useful for your risk communication needs?	
	• Yes, very useful	
	• Yes, rather useful	
	• Yes, but not really useful	
	No, I have not read it	
K.R.5	The ECDC could add more value in the field of risk communication by?	Multiple
	Please select the recommendations that you deem as particularly important (multiple	answer
	answers are possible)	
	itrying to increase awareness of its role by national	
	media in my country	
	iiputting more focus on training risk	
	communicators	
	iiiproviding more practical examples of new	
	technologies/approaches to risk communication	
	ivfacilitating more discussion on what works and	
	what doesn't in risk communication	
	v increasing the use of real-life case studies to	
	show how to communicate risk	
	vi providing more examples of how to monitor and	
	evaluate risk communication	
	vii. Other, please specify	
	viii. None of the above	

### **Section 9 - Final questions**

<b>Final Questions</b>	For ALL	
F.Q.1	<ul> <li>Would you possibly be available for a follow-up brief phone call to further elaborate on some of the answers provided? If Yes, please provide your contact details</li> <li>YES (Email and7or Phone number)</li> <li>NO</li> </ul>	One answer
F.Q.2	Please, help us in making this exercise successful ! Are there other stakeholders in your country that in your opinion should receive this questionnaire? If so, please indicate their names and emails in the box below and we will include them in the survey.	Open

## **C.2 Filters specifications for modules**

The table below illustrates which modules apply to respondents with specific profile characteristics. Some characteristics are defined in advance (based on CRM) and led to so-called 'ex-ante filters'; others are based on respondents' actual answers to the preliminary questions, and determine the so-called 'ex-post filters'.

Modules	PB	PE	ОМ	OS	OG	OB	DS	DI	DH	DD	TR	TS	TF	TH	TE	τw	TI	SN	ST	SS	SH	SF	SO	SM	CG	CE	CF	сс	AA	AM	KS	ĸw	KC	KR	FQ
Target	Respondent Background	On ECDC experience	Mandate, operation, value	Management and structure	Governance	Burden	DP Salmonella	DP Influenza	DP HIV/AIDS	All DP	Rapid risk assessment - general	RRA-Salmonella	RRA-Flu	RRA-HIV	EPIS	EWRS	Other P&R matters	Integration of networks	TESSy & datasets	Salmonella surveillance	HIV Surveillance	Influenza Surveillance	Outputs	microbiology integration	Capacity building - general	EPIET / EUPHEM	FEM Wiki	ESCAIDE conference	Awareness and use	Added-value and management	External communication	Website	Other Comm. Tools	Risk communication	Final questions
NFP ScAdv	1	1	1	1							1	1	1	1				1					1					1	1	1		1			1
NFP PH																																			
train	1	1	1	1							1							1					1		1	1		1	1			1			1
NFP Surv	1	1	1	1							1							1		1			1	1				1	1			1			1
NFP ThDet	1	1	1	1							1	1		1		1	1	1					1					1	1			1			1
NFP P&R	1	1	1	1							1	1		1		1	1	1					1					1	1			1		1	1
NFP Mbio	1	1	1	1							1							1					1	1				1	1			1			1
NFP Comm	1	1	1	1							1							1					1					1	1		1	1	1	1	1
NFP-FLU	1	1	1	1				1		1	1							1					1					1	1			1			1
NFP-FWD	1	1	1	1			1			1	1	1						1		1			1	1				1	1			1			1
NFP-HASH	1	1	1	1					1	1	1			1				1					1					1	1			1			1
HSCmem	1	1	1								1	1	1	1		1	1	1					1					1	1			1			1
HSCcomm	1	1	1								1	1	1	1		1	1	1					1					1	1			1		1	1
Net-flu	1	1	1					1		1	1		1					1					1					1	1			1			1
Net-HIV	1	1	1						1	1	1			1				1					1					1	1			1			1
Net-salm	1	1	1				1			1	1	1						1		1			1	1				1	1			1			1
Net-smol	1	1	1				1			1	1	1						1		1			1	1				1	1			1			1
Net Oth	1	1	1								1							1					1	1				1	1			1			1
Netw 2119	1	1	1								1					1		1					1					1	1			1			1
EWRS	1	1	1								1	1	1	1		1	1	1					1					1	1			1		1	1
FLU HSC	1	1	1					1			1		1			1		1					1					1	1			1			1
HIV TT	1	1	1						1		1			1		1		1					1					1	1			1			1
EPIS	1	1	1								1				1	· ·		1					1					1	1			1			1
TESSY	1	1	1								1							1	1				1					1	1			1			1
EP/EU	1	1	1								1							1	· ·				1		1	1		1	1			1			1
Guest	1	1	1								1							1					1		<u> </u>	† ·		1	1			1			1
Epidem	1	1	1								1							1					1				1	1	1			1			1
Microbiol	1	1	1								1							1					1	1			<u>'</u>	1	1			1			1
RiskMan	1	1	1								1	1	1	1		1	1	1					1					1	1			1		1	1
CommEx	1	1	1								1					1	1	1					1					1	1		1	1	1	1	1
Flu	1	1	1					1			1		1			-	1	1					1					1	1		1	1	-	-	1
HIV	1	1	1						1		1		1	1				1					1					1	1			1			1

PB3 iii	Salmo	1	1	1				1		1	1				1	1		1				1	1			1			1
PE1 i	Mboard	1	1	1	1	1				1					1			1		1	-1	1	1		1	1	1	1	1
PE1 ii	Aforum	1	1	1	1	1				1					1			1	1	1	-1	1	1	1	1	1	1	1	1
PE1 iii	NC/CCB	1	1	1	1	1				1				1	1			1	1	1	-1	1	1		1	1	1	1	1
PE1 viii	Outside	1	1	1	-1		-1			1					1			1				1	1			1			1

EX ANTE Filters	Description	EX POST Filters	Description
NFP ScAdv	NFP for Scientific Advice	Epidem	Epidemiologists
NFP PH train	NFP for Public Health Training	Microbiol	Microbiologists
NFP Surv	NFP for Surveillance	RiskMan	Risk Managers
NFP ThDet	NFP for Threath Detection, EWRS	CommEx	Communication Experts
NFP P&R	NFP for Preparedness and Response	Flu	Influenza Experts
NFP Mbio	NFP for Microbiology	HIV	HIV experts
NFP Comm	NFP for Communication	Salmo	Salmonella experts
NFP-FLU	NFP For Influenza	Mboard	Management Board members (current or past)
NFP-FWD	NFP For Food- and Waterborne Diseases	Aforum	Advisory forum member members (current or past)
NFP-HASH	NFP for HASH	NC/CCB	National Coordinators/Coordinating Competent Body Directors
HSCmem	Health Security Committee Member	Outside	No role / appointment in the ECDC system
HSCcomm	Health Security Committee Communicators		
Net-flu	Member of the Influenza network		
Net-HIV	Member of the HIV network	1	Applicable if selected
Net-salm	Member of the FWD network	-1	NOT applicable if selected
Net-smol	Member of the FWD network (Salmonellosis Molecular Surveillance)		
Net Oth	Member of other networks		
Netw 2119	Member of the European Commission Network Committee 2119		
EWRS	Member of the EWRS		
FLU HSC	Member of the Influenza Health Security Committee		
HIV TT	Member of the HIV Think Tank		
EPIS	Epis User		
TESSY	TESSy User		
EP/EU	EPIET/EUPHEM fellows/supervisors		
Guest	(For respondents non-previously profiled)		

### ANNEX D – BIBLIOMETRIC ANALYSIS

This Annex includes the detailed results of a bibliometric research, conducted on a sample of 20 ECDC selected publications or related articles, published on *Eurosurveillance* during the period under evaluation (2008-2012).

The following data have been obtained by means of a software programme, Publish or Perish 4, which retrieves and analyzes academic citations by performing an advanced research on Google Scholar. This software is generally intended to measure the research impact of individual academics, specific publications or scientific journals through the analysis of row citations and the calculation of several citation metrics.

In order to show the scientific impact of the following publications, two indicators have been selected, and namely:

- the total number of papers quoting the referred publication;
- the H-index;

The first indicator represents the total number of papers returned by Google Scholar, which contain a quotation of the abovementioned publication.

The second indicator, the H-index, provides a weighted average of the individual H-indexes referred to the authors citing the abovementioned publication. To be clearer, by definition an academic has an index *h* if "*h* of his/her  $N_p$  papers have at least *h* citations each, and the other  $(N_p-h)$  papers have no more than *h* citations each"<sup>2</sup>.

<sup>&</sup>lt;sup>2</sup> Hirsch, J.E. An index to quantify an individual's scientific research output. <u>arXiv:physics/0508025</u> v5 29 Sep 2005

1. EFSA (European Food Safety Authority) and ECDC (European Centre for Disease Prevention and Control), 2014. The European Union Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents and Food-borne Outbreaks in 2012. EFSA Journal 2014;12(2):3547, 312pp. doi:10.2903/j.efsa.2014.3547

Total nr. of papers: 17 H-index: 2

Cites	Authors	Title	Year	Source	Publisher
3	M Hugas, PA Beloeil	Controlling Salmonella along the food chain in the European Union-progress over the last ten years	2014	Euro surveillance: bulletin Europeen sur	eurosurveillance.eu
2	GL Nichols, Y Andersson, E Lindgren, I Devaux	European Monitoring Systems and Data for Assessing Environmental and Climate Impacts on Human Infectious Diseases	2014	International journal of	mdpi.com
)	B Devleesschauwer, N Praet, N Speybroeck	The low global burden of trichinellosis: evidence and implications	2014	International journal for	Elsevier
)	M Wierup, T Kristoffersen	Prevention of Salmonella contamination of finished soybean meal used for animal feed by a Norwegian production plant despite frequent Salmonella contamination of	2014	Acta Veterinaria Scandinavica	actavetscand.com
0	E Barbau-Piednoir, S Bertrand	Genome sequence of the Salmonella enterica subsp. enterica serovar Namur strain 05-2929, lacking the Salmonella atypical fimbrial operon	2014	Genome	Am Soc Microbiol
C	F Pérez-Rodríguez, P González-García	Impact of the prevalence of different pathogens on the performance of sampling plans in lettuce products	2014	International journal of	Elsevier
0	E Doménech, AJ Belenguer, JA Amoros, MA Ferrus	Prevalence and antimicrobial resistance of < i> L. monocytogenes and< i> Salmonella strains isolated in ready-to-eat foods in Eastern Spain	2014	Food Control	Elsevier
C	C Zweifel, M Capek, R Stephan	Microbiological contamination of cattle carcasses at different stages of slaughter in two abattoirs	2014	Meat science	Elsevier
C	S Buncic	Public Health Hazards: B. Control of Biological Meat-Borne Hazards	0	Meat Inspection and Control in the Slaughterhouse	Wiley Online Library
)	A Alonso-Hernando, C Alonso-Calleja, R Capita	Effect of various decontamination treatments against Gram-positive bacteria on chicken stored under differing conditions of temperature abuse	2014	Food Control	Elsevier
)	T Skjerdal, E Reitehaug, K Eckner	Development of performance objectives for< i> Listeria monocytogenes contaminated salmon (< i> Salmo salar) intended used as sushi and sashimi based on	2014	International journal of food	Elsevier
0	T Mateus, RL Maia, P Teixeira	Awareness of listeriosis among Portuguese pregnant women	2014	Food Control	Elsevier
)	E Barbau-Piednoir, J Mahillon, J Pillyser	Evaluation of viability-qPCR detection system on viable and dead< i> Salmonella serovar Enteritidis	2014	Journal of	Elsevier

0	A Al-Nehlawi, S Guri, B Guamis, J Saldo	Synergistic effect of carbon dioxide atmospheres and high hydrostatic pressure to reduce spoilage bacteria on poultry sausages	2014	LWT-Food Science and	Elsevier
0	FK Lücke, P Zangerl	Food safety challenges associated with traditional foods in German-speaking regions	2014	Food Control	Elsevier
0	S de las zoonosis en Europa	SITUACIÓN DE LAS ZOONOSIS EN EUROPA Y EN ESPAÑA. INFORME DE LA AUTORIDAD EUROPEA DE SEGURIDAD ALIMENTARIA (EFSA), 2014.	0	higieneambiental.com	n.d.
0	L Silveira, J Machado	SALMONELLA SPP. ASSOCIADA A ROEDORES	2014	DOENÇAS ASSOCIADAS A 	repositorio.insa.pt

## 2. European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2010. Stockholm: European Centre for Disease Prevention and Control; 2011.

Total nr. of papers: 80 H-index: 9

Cites	Authors	Title	Year	Source	Publisher
47	DP Wilson	HIV treatment as prevention: natural experiments highlight limits of antiretroviral treatment as HIV prevention	2012	PLoS medicine	dx.plos.org
21	E Jolley, T Rhodes, L Platt, V Hope, A Latypov	HIV among people who inject drugs in Central and Eastern Europe and Central Asia: a systematic review with implications for policy	2012	BMJ open	bmjopen.bmj.com
19	G Likatavicius, MJ Van de Laar	HIV infection and AIDS in the European Union and European Economic Area, 2010	2011	Euro Surveill	eurosurveillance.eu
18	A Pharris, L Wiessing, O Sfetcu, D Hedrich	Human immunodeficiency virus in injecting drug users in Europe following a reported increase of cases in Greece and Romania, 2011	2011	Euro	eurosurveillance.eu
17	L Wiessing, G Likatavicius, D Hedrich, B Guarita	Trends in HIV and hepatitis C virus infections among injecting drug users in Europe, 2005 to 2010	2011	Euro	eurosurveillance.org
16	AKSullivan,DRaben,JReekie,MRayment,AMocroft	Feasibility and effectiveness of indicator condition-guided testing for HIV: results from HIDES I (HIV indicator diseases across Europe study)	2013	PLoS One	dx.plos.org
13	EA DiNenno, AM Oster, C Sionean	Suppl 1: Piloting a System for Behavioral Surveillance Among Heterosexuals at Increased Risk of HIV in the United States	2012	The open AIDS	ncbi.nlm.nih.gov
12	BD Rice, J Elford, Z Yin, VC Delpech	A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV	2012	AIDS	journals.lww.com
11	PF Harrison, A Hemmerling, J Romano	Developing multipurpose reproductive health technologies: an integrated strategy	2013	AIDS research and	hindawi.com

7	L Platt, E Jolley, T Rhodes, V Hope, A Latypov	Factors mediating HIV risk among female sex workers in Europe: a systematic review and ecological analysis	2013	BMJ open	bmjopen.bmj.com
7	G Likatavicius, M Van de Laar	HIV and AIDS in the European Union, 2011	2012	Euro Surveill	eurosurveillance.eu
7	P Weatherburn, AJ Schmidt, F Hickson, D Reid	The European Men-who-have-sex-with-men internet survey (EMIS): design and methods	2013	Sexuality Research and	Springer
6	M de Mulder, G Yebra, A Navas, MI de José	High drug resistance prevalence among vertically HIV-infected patients transferred from pediatric care to adult units in Spain	2012	PloS one	dx.plos.org
б	P Grenfell, R Baptista Leite, R Garfein	Tuberculosis, injecting drug use and integrated HIV-TB care: a review of the literature	2013	Drug and alcohol	Elsevier
4	KJ O'Keefe, S Scheer, MJ Chen, AJ Hughes, S Pipkin	People fifty years or older now account for the majority of AIDS cases in San Francisco, California, 2010	2013	AIDS care	Taylor & Francis
4	JPE Sánchez, AM Sabuco, MO Amorós	Comportamiento sexual bajo la influencia del alcohol en adolescentes Españoles	2013	Adicciones: Revista	dialnet.unirioja.es
3	MM Kall, RD Smith, VC Delpech	Late HIV diagnosis in Europe: A call for increased testing and awareness among general practitioners	2012	European Journal of	informahealthcare.com
3	J Hoyos, S Fernández- Balbuena	Never tested for HIV in Latin-American migrants and Spaniards: prevalence and perceived barriers	2013	Journal of the	ncbi.nlm.nih.gov
3	D Alvarez-del Arco, S Monge	HIV testing policies for migrants and ethnic minorities in EU/EFTA Member States	2013	European Journal of	Oxford Univ Press
3	WHO ECDC	Regional Office for Europe	2010	HIV/AIDS surveillance in Euro	ope
3	J Takács, JA Kelly, T PTóth, L Mocsonaki	Effects of Stigmatization on Gay Men Living with HIV/AIDS in a Central- Eastern European Context: A Qualitative Analysis from Hungary	2013	Sexuality Research and	Springer
3	S Monge, B Alejos, F Dronda, J Del Romero	Inequalities in HIV disease management and progression in migrants from Latin America and sub-Saharan Africa living in Spain	2013	HIV	Wiley Online Library
2	Z Mor, R Weinstein, I Grotto, Y Levin, D Chemtob	Thirty years of HIV in Israel: current epidemiology and future challenges	2013	BMJ open	bmjopen.bmj.com
2	V Svedhem- Johansson, P Pugliese	Long-term gender-based outcomes for atazanavir/ritonavir (ATV/r)- containing regimens in treatment-experienced patients with HIV	2013	Current HIV	ncbi.nlm.nih.gov
2	C Agustí, L Fernàndez-López, J Mascort, R Carrillo	Acceptability of rapid HIV diagnosis technology among primary healthcare practitioners in Spain	2013	AIDS care	Taylor & Francis
2	RR Patel, S Patel, E Clarke, AW Khan	Guidance and practice on frequency of HIV and sexually transmitted infection testing in men who have sex with men–what is the European situation?	2014	journal of STD &	std.sagepub.com

2	M Mulder, VA York, AA Wiznia, HA Michaud	HIV-1 drug resistance prevalence, drug susceptibility and variant characterization in the Jacobi Medical Center paediatric cohort, Bronx, NY, USA	2014	HIV	Wiley Online Library
2	F Aragão, J Vera, IV Pinto	Cost-effectiveness of the third-agent class in treatment-naive human immunodeficiency virus-infected patients in Portugal	2012	PLOS one	dx.plos.org
1	DAMC van de Vijver, MCF Prosperi	Transmission of HIV in sexual networks in sub-Saharan Africa and Europe	2013	The European Physical	Springer
1	JV Lazarus, JD Lundgren	E is for everything else, not least for expanding HIV testing in Europe	2012	Bulletin of the World Health	SciELO Public Health
1	L Camoni, V Regine, S Boros, MC Salfa	AIDS patients with tuberculosis: characteristics and trend of cases reported to the National AIDS Registry in Italy—1993–2010	2013	European Journal of	Oxford Univ Press
1	L Fiebig, C Kollan, B Hauer	HIV-Prevalence in Tuberculosis Patients in Germany, 2002–2009: An Estimation Based on HIV and Tuberculosis Surveillance Data	2012	PloS one	dx.plos.org
1	I Bozicevic, S Handanagic, SZ Lepej	The emerging and re-emerging human immunodeficiency virus epidemics in Europe	2013	Clinical Microbiology	Wiley Online Library
1	V Gómez, A Fernández, C Galeano, J Oliva	Renal transplantation in HIV-infected patients: experience at a tertiary hospital in Spain and review of the literature	2013	Transplantation	Elsevier
1	S Ancker, B Rechel, M McKee, N Spicer	Kyrgyzstan: still a regional 'pioneer'in HIV/AIDS or living on its reputation?	2013	Central Asian Survey	Taylor & Francis
1	N Sherriff, L Gugglberger	A European Seal of Approval for 'gay'businesses: findings from an HIV- prevention pilot project	2014	Perspectives in public health	rsh.sagepub.com
1	P Grenfell, AC Carvalho, A Martins	A rapid assessment of the accessibility and integration of HIV, TB and harm reduction services for people who inject drugs in Portugal	2012	Final Study Report	antoniocasella.eu
1	JV Lazarus, M Hoekstra, D Raben, V Delpech	The case for indicator condition-guided HIV screening	2013	HIV	Wiley Online Library
1	J Busza, M Douthwaite, R Bani, O Scutelniciuc	Injecting behaviour and service use among young injectors in Albania, Moldova, Romania and Serbia	2013	International Journal of	Elsevier
1	D Gökengin	CİNSEL YOLLA BULAŞAN HASTALIKLARDA EPİDEMİYOLOJİK DURUM	0	ankemdernegi.org.tr	n.d.
1	C Cevallos García, J Verdejo Ortés	Late Diagnosis of Human Immuno Deficiency Virus Infection in the Madrid Region (2007-2011)	2012	Española de Salud	SciELO Public Health
0	A VAN DER VEKEN	HIV testing in Europe: opportunities in primary care.	0	lib.ugent.be	n.d.
0	S Session	AIDS/HIV in view of the XVIII International AIDS Conference (Vienna July 18	2009		west-info.eu
0	HI Hall, J Halverson, DP Wilson, B Suligoi, M Diez	Late Diagnosis and Entry to Care after Diagnosis of Human Immunodeficiency Virus Infection: A Country Comparison	2013	PloS one	dx.plos.org
0	J Deblonde, FF Hamers, S Callens, R Lucas, H Barros	HIV testing practices as reported by HIV-infected patients in four European countries	2014	AIDS care	Taylor & Francis

0	B Valdes	Demographic Analysis of AIDS Mortality in Spain	2013	Population (English Edition)	cairn.info
0	JM Greig, J Anderson	Optimizing antiretroviral therapy for women living with HIV	2014	Current opinion in infectious diseases	journals.lww.com
0	N MAES	Study of the plasma levels of soluble CD14 in HIV infected patients	2012		uhdspace.uhasselt.be
0	A Karnite, G Brigis, A Uuskula	Years of potential life lost due to HIV infection and associated factors based on national HIV surveillance data in Latvia, 1991-2010	2013	Scandinavian journal of	informahealthcare.com
0	MJ van de Laar, A Pharris	Treatment as prevention: will it work?	2011	Euro surveillance: bulletin	eurosurveillance.org
0	A Morales, JP Espada, M Orgilés	The short-term impact of peers as co-facilitators of an HIV prevention programme for adolescents: A cluster randomised controlled trial	2014	The European	informahealthcare.com
0	F Farahnaz	Enigma of HIV Control-Modelling a Global Surveillance Network for HIV Infection	2012		omicsonline.org
0	YK Hahn, EM Podhaizer, SP Farris, MF Miles	Effects of chronic HIV-1 Tat exposure in the CNS: heightened vulnerability of males versus females to changes in cell numbers, synaptic integrity, and	2013	Brain Structure and	Springer
0	Z Mor, M Dan	The HIV epidemic among men who have sex with men—behaviour beats science	2012	EMBO reports	Wiley Online Library
0	D Strnisková, Z Nováková, M Kopecký	Case Study on tackling health inequalities at the Olomouc Region level	0	equitychannel.net	n.d.
0	YH Jin, A Potthoff, J Xu, WJ Yu, K Liu	Evaluation of Mental Status HIV-Infected Patients: Implications for Treatment	2012	Current HIV	ingentaconnect.com
0	M Ciufo	Drawing Blood: Towards an EU Remedy for Blood Donation Rights	2013		HeinOnline
0	RH Dennin, M Lafrenz, G Gesk	HIV and Other Sexual Transmitted Infections—Challenges for Liberal Prevention Strategies	2014	World Journal of AIDS	file.scirp.org
0	R Reinties, M McKee	Chem 5 eve n	2013	Successes And Failures Of Health Policy	books.google.com
0	R Federation, S Marino	Full publication list	0	euro.who.int	n.d.
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0	N Anwar	Oxidoreductases and RNA Degradosome Controlling Virulence-Associated Traits of Salmonella enterica serovar Typhimurium	2013	n.d.	publications.ki.se
0	C Klinc, B von Wissmann, W Hautmann, B Liebl	Auswirkungen des Klimawandels in Bayern: Einfluss auf die Verbreitung von Lyme-Borreliose, Hantavirus-Infektionen und Leishmaniose?	2012	n.d.	lgl.bayern.de
0	M Ejov	Автор: Henk van den Berg Raman Velayudhan	2013	n.d.	euro.who.int
0	T Hald	EFSA Panel on Biological Hazards (BIOHAZ) and EFSA Panel on Contaminants in the Food Chain (CONTAM); Scientific Opinion on the minimum hygiene	2012	n.d.	orbit.dtu.dk

0	A Rouzé, A Cottereau, S Nseir	CURRENT OPINION Chronic obstructive pulmonary disease and the risk for ventilator-associated pneumonia	2014	Curr Opin Crit Care	pdfs.journals.lww.com
0	P de Programa, R de Vacunaciones	Vacuna frente a enfermedad meningocócica invasora por serogrupo B y su posible utilización en salud pública	0	msps.es	n.d.
0	S Høye	Delayed prescribing-a feasible strategy to lower antibiotic use for respiratory tract infections in primary care?	2013	n.d.	duo.uio.no
0	EM Hartmann	Mass Spectrometric and Molecular Analyses of Biological Agents In Environmental Compartments	2012	n.d.	repository.asu.edu
0	LP Fernandes	Transmissão de Salmonella Typhimurium monofásica após o nascimento em suínos	2012	n.d.	repository.utl.pt
0	I Buezo Reina	Anàlisi de tres estratègies de detecció de la infecció oculta pel virus de l'hepatitis C l'Atenció Primària	2013	n.d.	recercat.net
0	ALA PRIMÀRIA	ANÀLISI DE TRES ESTRATÈGIES DE DETECCIÓ DE LA INFECCIÓ OCULTA PEL VIRUS DE L'HEPATITIS C	0	ddd.uab.cat	n.d.
0	J Jerlström-Hultqvist	Hidden Diversity Revealed: Genomic, Transcriptomic and Functional Studies of Diplomonads	2012	n.d.	diva-portal.org

# 4. European Centre for Disease Prevention and Control. Annual Epidemiological Report 2012. Reporting on 2010 surveillance data and 2011 epidemic intelligence data. Stockholm: ECDC; 2013

Total nr. of papers: 52 H-index: 3

Cites	Authors	Title	Year	Source	Publisher
5	RZ Jafri, A Ali, NE Messonnier, C Tevi- Benissan	Global epidemiology of invasive meningococcal	2013	n.d.	biomedcentral.com
4	M Gabriel, P Emmerich, C Frank, M Fiedler	Increase in West Nile virus infections imported to Germany in 2012	2013	Journal of Clinical	Elsevier
3	WHB Demczuk, I Martin, A Griffith	Serotype distribution of invasive Streptococcus pneumoniae in Canada after the introduction of the 13-valent pneumococcal conjugate vaccine, 2010–2012	2013	Canadian journal of	NRC Research Press
2	HL Nielsen, J Engberg, T Ejlertsen	Clinical manifestations of Campylobacter concisus infection in children	2013	The Pediatric infectious	journals.lww.com
2	P Jaros, AL Cookson, DM Campbell	A prospective casecontrol and molecular epidemiological study of human cases of Shiga toxin-producing Escherichia coli in New Zealand	2013	BMC infectious	biomedcentral.com
1	K Zakikhany, S Neal, A Efstratiou	Emergence and molecular characterisation of non-toxigenic tox gene-bearing Corynebacterium diphtheriae biovar mitis in the United Kingdom, 2003-2012.	2014	Euro Surveill	eurosurveillance.org
1	J Dupouey, B Faucher, S Edouard, H Richet	Human leptospirosis: An emerging risk in Europe?	2014	and infectious diseases	Elsevier

1	J Moran-Gilad, M Mentasti	Molecular epidemiology of Legionnaires' disease in Israel	2013	Clinical Microbiology	Wiley Online Library
1	L Petrone, G Cuzzi, L Colace, GM Ettorre	Cystic echinococcosis in a single tertiary care center in Rome, Italy	2013	BioMed research	hindawi.com
1	A Renvoisé, D Decré, R Amarsy-Guerle	Evaluation of the $\beta$ Lacta test, a rapid test detecting resistance to third- generation cephalosporins in clinical strains of Enterobacteriaceae	2013	Journal of clinical	Am Soc Microbiol
1	RM Johnson, MS Kerr, JE Slaven	An atypical CD8 T-cell response to Chlamydia muridarum genital tract infections includes T cells that produce interleukin-13	2014	Immunology	Wiley Online Library
0	M Edelstein, R Rimhanen-Finne, L Vold	Disease background information	2013	n.d.	usl3.toscana.it
0	K Zakikhany, S Neal, A Efstratiou	Schistosoma haematobium infections acquired in Corsica, France, August 2013 Uptake and impact of a new live attenuated influenza vaccine programme in	0	eurosurveillance.org	n.d.
0	M Weinberger, L Lerner, L Valinsky	Increased Incidence of Campylobacter spp. Infection and High Rates among Children, Israel	2013	Emerging infectious	ncbi.nlm.nih.gov
0	R Fears, V ter Meulen	What do we need to do to tackle antimicrobial resistance?	2014	The Lancet Global Health	thelancet.com
0	A Würz, ÜK Nurm, K Ekdahl	Enhancing the Role of Health Communication in the Prevention of Infectious Diseases	2013	Journal of health communication	Taylor & Francis
0	FU Kryeziu, SA Abdushi, VX Kryeziu	Retrospective evaluation of Humane brucellosis in the region of Prizren	2013	Scientific Journal of	sjournals.com
0	LJ Robertson	Introduction to Cryptosporidium: The Parasite and the Disease	2014	Cryptosporidium as a Foodborne Pathogen	Springer
0	T Mayerhöfer, C Krafft, U Neugebauer, J Popp	Moving Raman Spectroscopy into the Clinic	0	photonics.com	n.d.
0	S Abrams, P Beutels, N Hens	Assessing mumps outbreak risk in highly vaccinated populations using spatial seroprevalence data	2014	American journal of epidemiology	Oxford Univ Press
0	RO ASSESSMENT	Update: Outbreak of hepatitis A virus infection in Italy and Ireland	2013	n.d.	vzbb.sk
0	P Durando, SN Faust, M Fletcher	Experience with pneumococcal polysaccharide conjugate vaccine (conjugated to CRM197 carrier protein) in children and adults	2013	Clinical Microbiology	Wiley Online Library
0	KW Larssen, K Bergh, BT Heier, L Vold	All-time high tularaemia incidence in Norway in 2011: report from the national surveillance	2014	European Journal of	Springer
0	JM Rijks, M Kik, MG Koene	Tularaemia in a brown hare (Lepus europaeus) in 2013: first case in the Netherlands in 60 years	2013	Européen sur les	eurosurveillance.org
0	G De Angelis, MA Cataldo	Infection control and prevention measures to reduce the spread of vancomycin- resistant enterococci in hospitalized patients: a systematic review and meta- analysis	2014	Journal of	Br Soc Antimicrob Chemo
0	P Ay, MA Torunoglu, S Com, Z Çipil, S Mollahaliloğlu	Trends of hepatitis B notification rates in Turkey, 1990 to 2012	2005	Target	eurosurveillance.org

0	A Filia, A Bella, C von Hunolstein, A Pinto, G Alfarone	Tetanus in Italy 2001–2010: A continuing threat in older adults	2014	Vaccine	Elsevier
0	TJ Gray, CE Webb	A review of the epidemiological and clinical aspects of West Nile virus	2014	International journal of general medicine	ncbi.nlm.nih.gov
0	RO ASSESSMENT	Outbreak of hepatitis A virus infection in residents and travellers to Italy	2013	n.d.	Citeseer
0	B Guzman Herrador, E Nilsen, KS Cudjoe, L Jensvoll	A Shigella sonnei outbreak traced to imported basil-The importance of good typing tools and produce traceability systems, Norway, 2011	2013	n.d.	129.242.170.252
0	EL Corbeto, V Gonzalez, R Lugo	Discordant prevalence of Chlamydia trachomatis in asymptomatic couples screened by two screening approaches	2014	journal of STD &	std.sagepub.com
0	H Theeten, H Nohynek, TMM Coenen	EuSANH workshop "Reasons behind the differences in national vaccination schedules for under-five", European Public Health pre-conference workshop, Malta, 8	2013	Vaccine	Elsevier
0	HC Cruickshank, JM Jefferies, SC Clarke	Lifestyle risk factors for invasive pneumococcal disease: a systematic review	2014	BMJ open	bmjopen.bmj.com
0	SOF FUNDING	Epidemiology and Clinical Outcomes of Multidrug-Resistant Gram-Negative Bloodstream Infections in a European Tertiary Pediatric Hospital during a 12- Month	2014	n.d.	pdfs.journals.lww.com
0	H Harvala, V Wong, P Simmonds, I Johannessen	Acute viral hepatitis-Should the current screening strategy be modified?	2014	Journal of Clinical	Elsevier
0	C Brehony, CL Trotter, ME Ramsay	Implications of Differential Age Distribution of Disease-Associated Meningococcal Lineages for Vaccine Development	2014	Clinical and Vaccine	Am Soc Microbiol
0	N Allocati, M Masulli, MF Alexeyev, C Di Ilio	Escherichia coli in Europe: An Overview	2013	International journal of	mdpi.com
0	MC Holtfreter, H Moné, I Müller- Stöver	Schistosoma haematobium infections acquired in Corsica, France, August 2013	2013	Europeen sur les	eurosurveillance.eu
0	A Spiliopoulou, E Jelastopulu	In vitro activity of tigecycline and colistin against A. baumannii clinical bloodstream isolates during an 8-year period	2014	Journal of	maneyonline.com
0	A Nutman, R Glick, E Temkin, M Hoshen	A case-control study to identify predictors of 14-day mortality following carbapenem-resistant Acinetobacter baumannii bacteremia	2014	Clinical Microbiology	Wiley Online Library
0	A Bearth, ME Cousin, M Siegrist	Investigating novice cooks' behaviour change: Avoiding cross-contamination	2014	Food Control	Elsevier
0	M Marks, A Gupta- Wright, JF Doherty	Managing malaria in the intensive care unit	2014	British journal of	British Jrnl Anaesthesia
0	D Panatto, D Amicizia, PL Lai, ML Cristina	New versus old meningococcal Group B vaccines: How the new ones may benefit infants & toddlers	2013	The Indian journal of	ncbi.nlm.nih.gov
0	C Charnock, AL Nordlie, B Hjeltnes	Toxin Production and Antibiotic Resistances in Escherichia coli Isolated from Bathing Areas Along the Coastline of the Oslo Fjord	2014	Current microbiology	Springer

0	E Rodríguez Valín, O Díaz García	Situación del paludismo en España, 2012.	2013	Boletín epidemiológico	revista.isciii.es
0	M Trkov, T Rupel, D Žgur-Bertok, S Trontelj	Molecular Characterization of Escherichia coli Strains Isolated from Different Food Sources	2014	Food Technology and	hrcak.srce.hr
0	M Yanushevych, A Komorowska- Piotrowska	TULAREMIA CHOROBA ZAPOMNIANA DOŚWIADCZENIA WłASNE	0	medwiekurozwoj.pl	n.d.
0	J Hietalahti	Meningokokki ja uuden polven rokotteet	2014	n.d.	helda.helsinki.fi
0	GR Bernala, AVL Sagahóna, CGG Tovara	Virulencia de cepas de Listeria monocytogenes procedentes de cabras y sus derivados	0	tecnicapecuaria.org.mx	n.d.
0	ARS Oliveira	Avaliação do conhecimento dos proprietários de animais sobre a toxoplasmose	2013	n.d.	repository.utl.pt

5. European Centre for Disease Prevention and Control. Assessing the potential impacts of climate change on food-and waterborne diseases in Europe. Stockholm: ECDC;2012.

Total nr. of papers: 4 H-index: 0

Cites	Authors	Title	Year	Source	Publisher
0	T Kistemann, A Rechenburg, C Höser, C Schreiber	Assessing the potential impacts of climate change on food-and waterborne diseases in Europe	2012	n.d.	envia.bl.uk
0	T Hambling	Environmental Health Indicators: development of a tool to assess and monitor the impacts of climate change on human health	2012	n.d.	haifa.esr1.cwp.govt.nz
0	J Otte, D Grace	Human health risks from the human-animal interface in Asia	2012	Asian livestock	results.waterandfood.org
0	D Karthe	Trinkwasserversorgung und-hygiene in Deutschland: Herausforderungen im Kontext sich verändernder Rahmenbedingungen	2006	ndtext!	geo.uni-augsburg.de

6. European Centre for Disease Prevention and Control. Evidence-based methodologies for public health – How to assess the best available evidence when time is limited and there is lack of sound evidence. Stockholm: ECDC;2011.

Total nr. of papers: 10 H-index: 2

Cites	Authors	Title	Year	Source	Publisher
8	PH Voss, EA Rehfuess	Quality appraisal in systematic reviews of public health interventions: an empirical study on the impact of choice of tool on meta-analysis	2013	Journal of epidemiology and community	jech.bmj.com
3	J Latham, L Murajda, F Forland	Capacities, practices and perceptions of evidence-based public health in Europe	2013	Vol. 18  Weekly issue 10	eurosurveillance.eu
1	JP Vogel, AD Oxman, C Glenton	Policymakers' and other stakeholders' perceptions of key considerations for health system decisions and the presentation of evidence to inform those	2013	Research Policy and	biomedcentral.com
1	JR Latham, AP Magiorakos, DL Monnet	The role and utilisation of public health evaluations in Europe: a case study of national hand hygiene campaigns	2014	BMC public	biomedcentral.com
0	LR Salmi, S Leproust, C Helmer	Assessing fitness to drive in the elderly and those with medical conditions: guidelines should specify methods and evidence	2014	Injury	injuryprevention.bmj.com
0	T Harder, A Takla, E Rehfuess	Evidence-based decision-making in infectious diseases epidemiology, prevention and control: matching research questions to study designs and quality appraisal	2014	BMC Medical	biomedcentral.com
0	M Cruz, I Mahillo- Fernandez, A Rábano	Late-in-life surgery associated with Creutzfeldt-Jakob disease: a methodological outline for evidence-based guidance	2013	Emerging themes in	Springer
0	NM Cediel-Becerra, G Krause	Evidence-based public health decision-making tools which can also be used for prioritising disease	2013	Revista de	Instituto de Salud Publica, Facultad
0	ОГ Пузанова	ДОКАЗАТЕЛЬНАЯ ПРОФИЛАКТИКА В ЗДРАВООХРАНЕНИИ: МЕТОДОЛОГИЧЕСКИЕ ОСНОВЫ И ИНФОРМАЦИОННОЕ ОБЕСПЕЧЕНИЕ	2013	ЗДОРОВЬЯ И ЭКОЛОГИИ PROBLEMS OF HEALTH	gsmu.by
0	NM Cediel-Becerra, G Krause	Herramientas para la toma de decisiones en salud pública basadas en la evidencia y priorización de enfermedades	2013	Revista de	Universidad Nacional de Colombia

## 7. European Centre for Disease Prevention and Control. ECDC scientific advice on Seasonal influenza vaccination of children and pregnant women. Stockholm: ECDC; 2012.

Total nr. of papers: 1 H-index: 0

Cites	Authors	Title	Year	Source	Publisher
0		Seasonal influenza immunisation in Europe. Overview of recommendations and vaccination coverage for three seasons: pre-pandemic (2008/09), pandemic (2009/10	2014	n.d.	edoc.rki.de

## 8. European Centre for Disease Prevention and Control. Narcolepsy in association with pandemic Influenza vaccination (a multi-country European epidemiological investigation) Stockholm: ECDC; September 2012

Total nr. of papers: 49 H-index: 7

Cites	Authors	Title	Year	Source	Publisher
66	E Miller, N Andrews, L Stellitano, J Stowe	Risk of narcolepsy in children and young people receiving AS03 adjuvanted pandemic A/H1N1 2009 influenza vaccine: retrospective analysis	2013	BMJ: British Medical	bmj.com
42	L Wijnans, C Lecomte, C de Vries, D Weibel	The incidence of narcolepsy in Europe: before, during, and after the influenza A (H1N1) pdm09 pandemic and vaccination campaigns	2013	Vaccine	Elsevier
18	Y Dauvilliers, I Arnulf, M Lecendreux, CM Charley	Increased risk of narcolepsy in children and adults after pandemic H1N1 vaccination in France	2013	Brain	Oxford Univ Press
17	F Han, L Lin, J Li, XS Dong, E Mignot	Decreased incidence of childhood narcolepsy 2 years after the 2009 H1N1 winter flu pandemic	2012	Ann Neurol	med.stanford.edu
14	YJ Choe, GR Bae, D Lee	No association between influenza A (H1N1) pdm09 vaccination and narcolepsy in South Korea: an ecological study	2012	Vaccine	Elsevier
8	SV Kothare, M Wiznitzer	Association between H1N1 vaccination and narcolepsy-cataplexy Flu to sleep	2013	Neurology	AAN Enterprises
8	CIS Barker, MD Snape	Pandemic influenza A H1N1 vaccines and narcolepsy: vaccine safety surveillance in action	2014	The Lancet infectious diseases	Elsevier
7	I Persson, F Granath, J Askling	Risks of neurological and immune-related diseases, including narcolepsy, after vaccination with Pandemrix: a population-and registry-based cohort study with over 2	2014	Journal of internal	Wiley Online Library
7	CB Fox, J Haensler	An update on safety and immunogenicity of vaccines containing emulsion- based adjuvants	2013	n.d.	informahealthcare.com

4	SS Ahmed, PH Schur, NE MacDonald	Narcolepsy, 2009 A (H1N1) pandemic influenza, and pandemic influenza vaccinations: what is known and unknown about the neurological disorder, the role for	2014	Journal of autoimmunity	Elsevier
4	O Even-Or, S Samira, R Ellis, E Kedar	Adjuvanted influenza vaccines	2013	Expert review of	Informa UK, Ltd. London
3	E Mansnerus	Using model-based evidence in the governance of pandemics	2013	Sociology of health & illness	Wiley Online Library
1	L Wijnans, D Weibel, M Sturkenboom	Adjuvanted versus nonadjuvanted influenza vaccines in young children: comparing results from recent clinical trials	2013	Clinical Investigation	Future Science
0	D O'Flanagan, AS Barret, M Foley, S Cotter, C Bonner	Emergence of Escherichia coli encoding Shiga toxin 2f in human Shiga toxin- producing E. coli (STEC) infections in the Netherlands, January 2008 to	0	eurosurveillance.org	n.d.
0	AM Winstone, L Stellitano, C Verity	Clinical features of narcolepsy in children vaccinated with AS03 adjuvanted pandemic A/H1N1 2009 influenza vaccine in England	2014	Medicine & Child	Wiley Online Library
0	D O'Flanagan, AS Barret, M Foley, S Cotter	Investigation of an association between onset of narcolepsy and vaccination with pandemic influenza vaccine, Ireland April 2009-December 2010	2009	vaccine	eurosurveillance.org
0	O Launay, X Duval, S Fitoussi, W Jilg	Extended antigen sparing potential of AS03-adjuvanted pandemic H1N1 vaccines in children, and immunological equivalence of two formulations of AS03-adjuvanted	2013	BMC infectious	biomedcentral.com
0	T Nolan, P Izurieta, BW Lee, PC Chan	Heterologous Prime-boost Vaccination Using an H5N1-AS03-adjuvanted Influenza Vaccine in Infants and Children Under 3 Years of Age	2014	Journal of Infectious	jid.oxfordjournals.org
0	S Kumar, HH Sagili	Etiopathogenesis and Neurobiology of Narcolepsy: A review	2014	Journal of clinical and diagnostic research:	ncbi.nlm.nih.gov
0	JH Deng, WH Cai, F Jin	A novel oil-in-water emulsion as a potential adjuvant for influenza vaccine: Development, characterization, stability and< i> in< i> vivo evaluation	2014	International journal of pharmaceutics	Elsevier
0	O Flaten	Nordic Health Registers as a Source for Value-Based Evidence	2014	Pharmaceutical Medicine	Springer
0	KE Lafond, JA Englund, JS Tam	Overview of Influenza Vaccines in Children	2013	Journal of the Pediatric	jpids.oxfordjournals.org
0	T Nolan, S Roy- Ghanta, M Montellano	Relative Efficacy of AS03-adjuvanted Pandemic H1N1 Influenza Vaccine in Children: Results of a Controlled, Randomized Efficacy Trial	2014	Journal of Infectious	jid.oxfordjournals.org
0	EJM Mignot	History of narcolepsy at Stanford University	2014	Immunologic research	Springer
0	D Tappe, M Plauth, T Bauer, B Muntau	A case of autochthonous human Dirofilaria infection, Germany, March 2014	2013	Europeen sur les	eurosurveillance.org
0	VL Wong	Background Paper 6.2 Pandemic Influenza	2013	n.d.	who.int
0	C Moussa	Recent letters	0	Can Med Assoc	n.d.
0	DA Cabrera-Gaytán, E Krug-Llamas	Influenza: enfermedad que cambia al mundo	2013	Rev Med Inst Mex	medigraphic.com
0	J de Arístegui Fernández	Recomendación de vacunación antigripal (CAV-AEP 2014)	0	cursosaepap.exlibrisediciones.com	n.d.
0	S Sabia, A Singh- Manoux, M Kivimaki	Recent letters	0	Can Med Assoc	n.d.

0	H Butler	Search Results for: ROR	2013	Science Daily	therefusers.com
0	DW Light, J Lexchin, JJ Darrow	Search Results for: lead test	2013	Journal of Law, Medicine and	therefusers.com
0	H Pupko	Recent letters	0	Can Med Assoc	n.d.
0	J Papenburg	Recent letters	0	Can Med Assoc	n.d.
0	JB Taller, L Partner	Recent letters	0	Can Med Assoc	n.d.
0	DM Skowronski, DM Patrick	Recent letters	0	Can Med Assoc	n.d.
0	ED Gorham	Recent letters	0	Can Med Assoc	n.d.
0	C Gilruth	Search Results for: 50 cents dose	0	therefusers.com	n.d.
0	M Mangin, CI Recovery	Recent letters	0	Can Med Assoc	n.d.
0	S Loeb, PM Roobol, CH Bangma	Recent letters	0	Can Med Assoc	n.d.
0	M Tonelli	Recent letters	0	Can Med Assoc	n.d.
0	M Killin, S Work	Recent letters	0	Can Med Assoc	n.d.
0	MJ Kadatz, RDM Kadatz, MD Jordanna Kapeluto	Recent letters	0	Can Med Assoc	n.d.
0	I GRANT-WHYTE	Recent letters	0	Can Med Assoc	n.d.
0	GW BOTA	Recent letters	0	Can Med Assoc	n.d.
0	R Long, D Langlois- Klassen	Recent letters	0	Can Med Assoc	n.d.
0	T Olsson, I Persson, N Feltelius, E Svanborg	Läkemedelsbehandling vid narkolepsi-bakgrundsdokumentation	0	lakemedelsverket.se	n.d.
0	MÁ Mendoza-Romo	Causas demográficas y de comorbilidad de la prehipertensión arterial	2013	Rev Med Inst Mex	revistamedica.imss.gob.mx
0	C Santuccio, F Trotta, P Felicetti, R Da Cas	Rapporto sulla sorveglianza postmarketing dei vaccini in Italia Anno 2011	2011	n.d.	regione.lazio.it

#### 9. European Centre for Disease Prevention and Control. The 2009 A(H1N1) pandemic in Europe .Stockholm: ECDC; 2010.

Total nr. of papers: 45 H-index: 9

Cites	Authors	Title	Year	Source	Publisher
41	A Amato-Gauci, P Zucs, R Snacken, BC Ciancio	Surveillance trends of the 2009 influenza A (H1N1) pandemic in Europe	2011	n.d.	edoc.rki.de
36	I Steffens, R Martin, P Lopalco	Spotlight on measles 2010: measles elimination in Europe—a new commitment to meet the goal by 2015	2010	Euro Surveill	researchgate.net
34	C Savulescu, S Jiménez-Jorge, S de Mateo	Effectiveness of the 2010/11 seasonal trivalent influenza vaccine in Spain: preliminary results of a case–control study	2011	Editorial team Editorial	Citeseer
16	I Devaux, P Kreidl, P Penttinen, M Salminen, P Zucs	Initial surveillance of 2009 influenza A (H1N1) pandemic in the European Union and European economic area, April–September 2009	2010	n.d.	edoc.rki.de
16	A Nicoll, BC Ciancio, V Lopez Chavarrias	Influenza-related deaths-available methods for estimating numbers and detecting patterns for seasonal and pandemic influenza in Europe	2012	Euro	eurosurveillance.org
14	S Puzelli, M Facchini, A Di Martino, C Fabiani	Evaluation of the antiviral drug susceptibility of influenza viruses in Italy from 2004/05 to 2009/10 epidemics and from the recent 2009 pandemic	2011	Antiviral research	Elsevier
14	JG Breman	Resistance to artemisinin-based combination therapy	2012	The Lancet infectious diseases	Elsevier
13	JM Luteijn, H Dolk, GJ Marnoch	Differences in pandemic influenza vaccination policies for pregnant women in Europe	2011	BMC public health	biomedcentral.com
12	T del Rosal, F Baquero-Artigao, C Calvo	Pandemic H1N1 influenza-associated hospitalizations in children in Madrid, Spain	2011	Influenza and other	Wiley Online Library
8	G Thomson, A Nicoll	Responding to new severe diseases-the case for routine hospital surveillance and clinical networks in Europe	2010	Euro Surveill	eurosurveillance.org
5	V Sypsa, S Bonovas, S Tsiodras, A Baka, P Efstathiou	Estimating the disease burden of 2009 pandemic influenza A (H1N1) from surveillance and household surveys in Greece	2011	PloS one	dx.plos.org
5	M Romanowska, I Stefanska, S Donevski	Infections with A (H1N1) 2009 influenza virus in Poland during the last pandemic: experience of the National Influenza Center	2013	The Molecular Approach	Springer
4	DL Monnet, M Sprenger	Hand hygiene practices in healthcare: measure and improve	2012	Euro. Surveill	eurosurveillance.eu
3	I Team	Start of the influenza season 2010-11 in Europe dominated by 2009 pandemic influenza A (H1N1) virus	2010	Euro Surveill	eurosurveillance.eu
3	BRG Herrador, P Aavitsland, B Feiring	Usefulness of health registries when estimating vaccine effectiveness during the influenza A (H1N1) pdm09 pandemic in Norway	2012	BMC infectious	biomedcentral.com

3	J Zhao, Y Li, L Pan, N Zhu, H Ni, G Xu, Y Jiang, X Huo	Genetic characteristics of 2009 pandemic H1N1 influenza a viruses isolated from Mainland China	2011	Virologica Sinica	Springer
3	P Doyle, J Sixsmith, M Barry, S Mahmood	Public health stakeholders' perceived status of health communication activities for the prevention and control of communicable diseases across the EU and EEA/EFTA	2012	European Centre for	dspace.stir.ac.uk
2	V Šubelj, K Prosenc, M Sočan	Seroprevalence study of antibodies against influenza A (H1N1) 2009 virus after the second pandemic wave in Slovenia	2012	Wiener klinische Wochenschrift	Springer
2	CR Beck, R Sokal, N Arunachalam	Neuraminidase inhibitors for influenza: a review and public health perspective in the aftermath of the 2009 pandemic	2013	Influenza and other	Wiley Online Library
2	E Brattberg, M Rhinard	Multilevel Governance and Complex Threats: The Case of Pandemic Preparedness in the European Union and the United States	2011	GLOBAL HEALTH	researchgate.net
2	P Loulergue, O Launay	Vaccinations among medical and nursing students: Coverage and opportunities	2014	Vaccine	Elsevier
1	AJ Amato Gauci, P Zucs, R Snacken, B Cianco	European Centre for Disease Prevention and Control. The 2009 A (H1N1) pandemic in Europe	2010	n.d.	Stockholm: ECDC.[Online version]
1	N Rosenkötter, A Ziemann, LGC Riesgo	Validity and timeliness of syndromic influenza surveillance during the autumn/winter wave of A (H1N1) influenza 2009: results of emergency medical dispatch,	2013	BMC public	biomedcentral.com
1	J Põder, I Lutsar	Clinical and Pathological Findings of Fatal 2009–2010 Pandemic Influenza A (H1N1) Infection in Estonia	2012	Medicina (Kaunas)	medicina.lsmuni.lt
1	P Ranjan, A Kumari, R Das, L Gupta, SK Singh	Evaluation of clinical features scoring system as screening tool for influenza A (H1N1) in epidemic situations	2012	Journal of postgraduate	Medknow
0	G Thomson, A Nicoll	National surveillance of pandemic influenza A (H1N1) infection-related admissions to intensive care units during the 2009–10 winter peak in Denmark: two	0	eurosurveillance.org	n.d.
0	W Hass, RKI Germany, R Pebody, N Phin, J Watson	ECDC Threat Assessment	0	84.206.43.26	n.d.
0	EC Sánchez, A Holmes	Public behaviour and the response to pandemic influenza	2012	The Lancet infectious diseases	Elsevier
0	S Durona, A Mayeta, F Lienharda, R Haus- Cheymola	The French Military influenza surveillance system (MISS): overview of epidemiological and virological results during four influenza seasons-	2013	Swiss Med Wkly	smw.ch
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0	H Kelly, GN Mercer, K Glass, S Paine	Letter to the editor. Virological analysis of fatal influenza cases in the United Kingdom during the early wave of influenza in winter 2010/11 Pandemic influenza	0	eurosurveillance.org	n.d.
0	A Cox, P Guglielmetti, D Coulombier	Increased detection in Australia and Singapore of a novel influenza A (H1N1) 2009 variant with reduced oseltamivir and zanamivir sensitivity due to a S247N	0	eurosurveillance.org	n.d.
0	H Kelly, K Grant	Description of the early stage of pandemic (H1N1) 2009 in Germany, 27 April-16 June 2009 Interim analysis of pandemic influenza (H1N1) 2009 in Australia:	0	eurosurveillance.org	n.d.
0	D Coulombier, J Giesecke	Can the Swedish new variant of Chlamydia trachomatis (nvCT) be detected by UK NEQAS participants from seventeen European countries and five additional	0	eurosurveillance.org	n.d.
0	F Thouillot, C Do, E Balleydier, E Rachou, F Staikowsky	Pandemic H1N1 influenza lessons from the southern hemisphere Preliminary analysis of the pandemic H1N1 influenza on Réunion Island (Indian Ocean):	0	eurosurveillance.org	n.d.
0	TD Huang, P Bogaerts, C Berhin, B Jans, A Deplano	Latent introduction to the Netherlands of multiple antibiotic resistance including NDM-1 after hospitalisation in Egypt, August 2013 Trends in yearly prevalence	0	eurosurveillance.org	n.d.
0	I Gutiérrez, A Litzroth, S Hammadi, H Van Oyen	Description of the early stage of pandemic (H1N1) 2009 in Germany, 27 April-16 June 2009 Interim analysis of pandemic influenza (H1N1) 2009 in Australia:	0	eurosurveillance.org	n.d.

0	M Aho, O Lyytikaïnen, JE Nyholm, T Kuitunen	Letter to the editor. Virological analysis of fatal influenza cases in the United Kingdom during the early wave of influenza in winter 2010/11 Pandemic influenza	0	eurosurveillance.org	n.d.
0	ES McBryde, I Bergeri, C van Gemert, J Rotty	Pandemic H1N1 influenza lessons from the southern hemisphere Preliminary analysis of the pandemic H1N1 influenza on Réunion Island (Indian Ocean):	0	eurosurveillance.org	n.d.
0	H Uphoff, S Geis, A Grüber, AM Hauri	Cases of influenza A (H1N1) v reported in Turkey, May-July 2009 Epidemiological and transmissibility analysis of influenza A (H1N1) v in a southern	0	eurosurveillance.org	n.d.
0	C Fuhrman, I Bonmarin, AC Paty, N Duport, E Chiron	Letter to the editor. Virological analysis of fatal influenza cases in the United Kingdom during the early wave of influenza in winter 2010/11 Pandemic influenza	0	eurosurveillance.org	n.d.
0	MA Ciblak, N Albayrak, Y Odabas, AB Altas	Cases of influenza A (H1N1) v reported in Turkey, May-July 2009 Epidemiological and transmissibility analysis of influenza A (H1N1) v in a southern	0	eurosurveillance.org	n.d.
0	S Tsiodras, V Sypsa, A Hatzakis	Update: Follow-up study showing post-pandemic decline in hand sanitiser use, New Zealand, December 2009 School absence data for influenza surveillance	0	eurosurveillance.org	n.d.
0	A Hulth, G Rydevik	Letter to the editor. Virological analysis of fatal influenza cases in the United Kingdom during the early wave of influenza in winter 2010/11	0	eurosurveillance.org	n.d.
0	IL Amine, T Bajjou, H El Rhaffouli, A Laraqui, F Hilali	Increased detection in Australia and Singapore of a novel influenza A (H1N1) 2009 variant with reduced oseltamivir and zanamivir sensitivity due to a S247N	0	eurosurveillance.org	n.d.
0	AJ Elliot	"I-MOVE" towards monitoring seasonal and pandemic influenza vaccine effectiveness: lessons learnt from a pilot multi-centric case-control study in Europe,	0	eurosurveillance.org	n.d.
0	KA Grant	Western Pacific Surveillance and Response Journal	0	wpro.who.int	n.d.
0	V Sypsa, A Hatzakis	A variety of respiratory viruses found in symptomatic travellers returning from countries with ongoing spread of the new influenza A (H1N1) v virus strain	0	eurosurveillance.org	n.d.
0	JS Casalegno, M Ottmann, M Bouscambert- Duchamp	Letter to the editor. Virological analysis of fatal influenza cases in the United Kingdom during the early wave of influenza in winter 2010/11 Pandemic influenza	0	eurosurveillance.org	n.d.
0	D Walter, MM Böhmer, S Reiter, G Krause	An outbreak of severe respiratory tract infection caused by human metapneumovirus in a residential care facility for elderly in Utrecht, the Netherlands,	0	eurosurveillance.org	n.d.
0	G Loncarevic, L Payne, P Kon, V Petrovic	Description of the early stage of pandemic (H1N1) 2009 in Germany, 27 April-16 June 2009 Interim analysis of pandemic influenza (H1N1) 2009 in Australia:	0	eurosurveillance.org	n.d.
0	GE Smith	Citation style for this article: Smith GE, Cooper DL, Loveridge P, Chinemana F, Gerard E, Verlander N. A national syndromic surveillance system for England	0	eurosurveillance.org	n.d.
0	M Uchida, M Kaneko, T Tsukahara	Evaluation of the spread of pandemic influenza A/H1N1 2009 among Japanese university students	2014	health and preventive	Springer

0	V Keßler	Dynamics of the 2009 A/H1N1 pandemic in the UK, Germany and Spain: An overview of public health interventions and recommendations	2012	n.d.	edoc.sub.uni- hamburg.de
0	P Mook, C Joseph, P Gates, N Phin	Why a burden of disease study? The burden of infectious diseases in Europe: a pilot study Exploration of cost effectiveness of active vaccination in the control	0	eurosurveillance.org	n.d.
0	A Smith, S Coles, S Johnson, L Saldana, C Ihekweazu	Foresight Infectious Diseases China Project-A novel approach to anticipating future trends in risk of infectious diseases in China: methodology and results	0	eurosurveillance.org	n.d.
0	A Nicoll, D Coulombier	Call for papers for a special issue on HIV/AIDS and other sexually transmitted infections in men who have sex with men New issue of EpiNorth is online	0	eurosurveillance.org	n.d.
0	ИПСС ЭКОЛОГО	СОВРЕМЕННЫЕ СПОСОБЫ МОНИТОРИНГА ВИРУСНЫХ ПАТОГЕНОВ И ПЕРСПЕКТИВЫ СОЗДАНИЯ СИСТЕМЫ ЭКОЛОГО	2006	n.d.	vsnc.ru
0	T Trana, BT Chieb, G Papadakisa, J Drucea, C Bircha		0	wpro.who.int	n.d.

## 11. European Centre for Disease Prevention and Control and European Monitoring Centre for Drugs and Drug Addiction. Prevention and control of infectious diseases among people who inject drugs. Stockholm: ECDC; 2011

Total nr. of papers: 33 H-index: 7

Cites	Authors	Title	Year	Source	Publisher
20	H Belani, T Chorba, F Fletcher, K Hennessey	Integrated prevention services for HIV infection, viral hepatitis, sexually transmitted diseases, and tuberculosis for persons who use drugs illicitly: summary	2012	n.d.	origin.glb.cdc.gov
20	JP Millet, A Moreno, L Fina, L del Baño, A Orcau	Factors that influence current tuberculosis epidemiology	2013	European Spine	Springer
19	G Likatavicius, MJ Van de Laar	HIV infection and AIDS in the European Union and European Economic Area, 2010	2011	Euro Surveill	eurosurveillance.eu
18	A Pharris, L Wiessing, O Sfetcu, D Hedrich	Human immunodeficiency virus in injecting drug users in Europe following a reported increase of cases in Greece and Romania, 2011	2011	Euro	eurosurveillance.eu
17	L Wiessing, G Likatavicius, D Hedrich, B Guarita	Trends in HIV and hepatitis C virus infections among injecting drug users in Europe, 2005 to 2010	2011	Euro	eurosurveillance.org
8	A Hatzakis, P Damme, K Alcorn, C Gore	The state of hepatitis B and C in the Mediterranean and Balkan countries: report from a summit conference	2013	Journal of viral	Wiley Online Library

7	NK Martin, M Hickman, SJ Hutchinson	Combination interventions to prevent HCV transmission among people who inject drugs: modeling the impact of antiviral treatment, needle and syringe	2013	Clinical infectious	cid.oxfordjournals.org
5	M Rondy, L Wiessing, SJ Hutchinson	Hepatitis C prevalence in injecting drug users in Europe, 1990–2007: impact of study recruitment setting	2013	Epidemiology and	Cambridge Univ Press
5	NA van Hest, RW Aldridge, G de Vries, A Sandgren	Tuberculosis control in big cities and urban risk groups in the European Union: a consensus statement	2014	n.d.	edoc.rki.de
4	GJ MacArthur, E van Velzen, N Palmateer	Interventions to prevent HIV and hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness	2014	International Journal of	Elsevier
4	V Sypsa, D Paraskevis, M Malliori	Homelessness and Other Risk Factors for HIV Infection in the Current Outbreak Among Injection Drug Users in Athens, Greece	2014	journal of public	ajph.aphapublications.org
4	A Taylor, A Munro, E Allen, K Dunleavy, S Cameron	Low incidence of hepatitis C virus among prisoners in Scotland	2013	n.d.	Wiley Online Library
3	BB Pauly, D Reist, L Belle- Isle, C Schactman	Housing and harm reduction: What is the role of harm reduction in addressing homelessness?	2013	International Journal of Drug	Elsevier
1	J Janiec, K Haar, G Spiteri, G Likatavicius	Surveillance of human immunodeficiency virus suggests that younger men who have sex with men are at higher risk of infection, European Union, 2003 to 2012	2013	Euro	eurosurveillance.org
1	K Malinowska-Sempruch, M Dąbkowska	Nowe zakażenia HIV wśród osób używających narkotyków drogą iniekcji Czy możemy spać spokojnie?	2013	Alkoholizm i Narkomania	ipin.edu.pl
0	M Salminen, D Hedrich	ECDC and EMCDDA joint guidance report on reducing infections among people who inject drugs	2011	Euro surveillance: bulletin Européen	eurosurveillance.org
0	D Hedrich, E Kalamara, O Sfetcu, A Pharris, A Noor	Surveillance of human immunodeficiency virus suggests that younger men who have sex with men are at higher risk of infection, European Union, 2003 to	0	eurosurveillance.org	
0	M Ferri, A Bo	Best practice promotion in Europe: A web-based tool for the dissemination of evidence-based demand reduction interventions	2012	Drugs: education, prevention and policy	informahealthcare.com
0	D Hedrich, E Kalamara, O Sfetcu	Human immunodeficiency virus among people who inject drugs: Is risk increasing in Europe?	2013	Européen sur les	eurosurveillance.org
0	A Uusküla, M Raag, C Folch, L Prasad, A Karnite	Self-reported testing, HIV status and associated risk behaviours among people who inject drugs in Europe: important differences between East and West	2014	AIDS	pdfs.journals.lww.com
0	MJ van de Laar, A Pharris	Treatment as prevention: will it work?	2011	Euro surveillance: bulletin	eurosurveillance.org
0	G Hâțu, MI Brumboiu, P Czernichow	The risk for hepatitis C infection in blood donors in Cluj County, Romania	2014	Transfusion Clinique et	Elsevier
0	A Botescu, A Abagiu, M Mardarescu, M Ursan	HIV/AIDS among injecting drug users in Romania	0	hepatitisscotland.co.uk	n.d.
0	S Session	AIDS/HIV in view of the XVIII International AIDS Conference (Vienna July 18	2009	n.d.	west-info.eu
0	PG de Olalla, JA Caylà	Juan-Pablo Millet, Antonio Moreno, Laia Fina, Lucía del Baño, Angels Orcau	2013	Eur Spine J	aspb.cat

0	F Fletcher, T Vogt, PDBA Wynn	Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary	0	lcgdbzz.org	n.d.
0	H Stöver, A Kastelic	14. Drug treatment and harm reduction in prisons	2014	Prisons and Health	euro.who.int
0	A Leicht, M Dau, M Frötschl	Resultate der Spritzentausch-Sortimentsergänzung "Nevershare "- Spritzen	0	fixpunkt-berlin.de	n.d.
0	C Stöter	HIV, HEPATITIS C UND TUBERKULOSE IN HAFT	0	BETREUUNG IM STRAFVOLLZUG EIN HANDBUCH	aidshilfe.de
0	RNODDAS DROGAS, EM PORTUGAL	30 de setembro, 2013	2013	comum.rcaap.pt	n.d.
0	A Luizov, A Rusev	Инжекционно употребяващи наркотици и туберкулоза- информирани невинаги означава здрави	2013	n.d.	research.bfu.bg
0	G Cholewińska, K Puławska-Popielarz, J Gąsiorowski	STANDARDY OPIEKI MEDYCZNEJ I PSYCHOTERAPEUTYCZNEJ DLA PACJENTA Z INFEKCJĄ HIV, UZALEŻNIONEGO OD DOŻYLNYCH ŚRODKÓW	0	WYKAZ AUTORÓW	gis.gov.pl
0	JP Millet Vilanova, JA Caylà Buqueras, JM Miró Meda	Otros portales de tesis	0	tdx.cat	n.d.

# 12. European Centre for Disease Prevention and Control. HIV testing: increasing uptake and effectiveness in the European Union. Stockholm: ECDC;2010.

Total nr. of papers: 66 H-index: 8

Cites	Authors	Title	Year	Source	Publisher
20	AC Thornton, V Delpech, MM Kall, A Nardone	HIV testing in community settings in resource-rich countries: a systematic review of the evidence	2012	HIV medicine	Wiley Online Library
16	AK Sullivan, D Raben, J Reekie, M Rayment, A Mocroft	Feasibility and effectiveness of indicator condition-guided testing for HIV: results from HIDES I (HIV indicator diseases across Europe study)	2013	PLoS One	dx.plos.org
16	P Flowers, C Knussen, J Li, L McDaid	Has testing been normalized? An analysis of changes in barriers to HIV testing among men who have sex with men between 2000 and 2010 in Scotland, UK	2013	HIV medicine	Wiley Online Library
13	OS Søgaard, N Lohse, L Østergaard, G Kronborg	Morbidity and risk of subsequent diagnosis of HIV: a population based case control study identifying indicator diseases for HIV infection	2012	PloS one	dx.plos.org
12	J Deblonde, H Meulemans, S Callens, S Luchters	HIV testing in Europe: mapping policies	2011	Health policy	Elsevier

12	L de la Fuente, ME Rosales-Statkus, J Hoyos, J Pulido	Are participants in a street-based HIV testing program able to perform their own rapid test and interpret the results?	2012	PloS one	dx.plos.org
10	A Mocroft, JD Lundgren, ML Sabin, AA Monforte	Risk factors and outcomes for late presentation for HIV-positive persons in Europe: results from the Collaboration of Observational HIV Epidemiological	2013	PLoS medicine	dx.plos.org
9	AC Thornton, M Rayment, G Elam, M Atkins	Exploring staff attitudes to routine HIV testing in non-traditional settings: a qualitative study in four healthcare facilities	2012	Sexually transmitted	sti.bmj.com
8	D Alvarez-del Arco, S Monge, A Azcoaga	HIV testing and counselling for migrant populations living in high-income countries: a systematic review	2012	European Journal of	Oxford Univ Press
5	I Bozicevic, SZ Lepej, OD Rode, I Grgic	Prevalence of HIV and sexually transmitted infections and patterns of recent HIV testing among men who have sex with men in Zagreb, Croatia	2012	Sexually transmitted	sti.bmj.com
5	M Desai, S Desai, AK Sullivan, M Mohabeer	Audit of HIV testing frequency and behavioural interventions for men who have sex with men: policy and practice in sexual health clinics in England	2013	Sexually transmitted	sti.bmj.com
4	European Centre for Disease Prevention and Control	HIV testing: increasing uptake and effectiveness in the European Union	2010	Stockholm: ECDC	n.d.
4	L Ti, K Hayashi, K Kaplan, P Suwannawong	Willingness to access peer-delivered HIV testing and counseling among people who inject drugs in Bangkok, Thailand	2013	Journal of community	Springer
4	S Moreno, M Ordobás, JC Sanz, B Ramos	Prevalence of undiagnosed HIV infection in the general population having blood tests within primary care in Madrid, Spain	2012	Sexually transmitted	sti.bmj.com
4	I Jarrin, N Pantazis, MJ Gill, R Geskus	Uptake of combination antiretroviral therapy (cART) and HIV disease progression according to geographical origin in seroconverters in Europe, Canada, and Australia	2011	Clinical infectious	cid.oxfordjournals.org
3	M Sprenger	Know, treat, prevent-HIV testing, a key strategy in the prevention and control of the HIV/AIDS epidemic	2010	Eur Surveill	eurosurveillance.eu
3	MM Kall, RD Smith, VC Delpech	Late HIV diagnosis in Europe: A call for increased testing and awareness among general practitioners	2012	European Journal of	informahealthcare.com
3	D Alvarez-del Arco, S Monge	HIV testing policies for migrants and ethnic minorities in EU/EFTA Member States	2013	European Journal of	Oxford Univ Press
3	N Vives, D Carnicer-Pont, PG de Olalla	Factors associated with late presentation of HIV infection in Catalonia, Spain	2012	journal of STD &	std.sagepub.com
3	J Hoyos, S Fernández- Balbuena	Never tested for HIV in Latin-American migrants and Spaniards: prevalence and perceived barriers	2013	Journal of the	ncbi.nlm.nih.gov
2	C Agustí, L Fernàndez- López, J Mascort, R Carrillo	Acceptability of rapid HIV diagnosis technology among primary healthcare practitioners in Spain	2013	AIDS care	Taylor & Francis
2	TD Pillay, J Mullineux, CJ Smith	Unlocking the potential: longitudinal audit finds multifaceted education for general practice increases HIV testing and diagnosis	2012	Sexually transmitted	sti.bmj.com
2	S Fernández-Balbuena, L de la Fuente	Highly visible street-based HIV rapid testing: is it an attractive option for a previously untested population? A cross-sectional study	2013	Sexually transmitted	sti.bmj.com
1	E Guidance	HIV testing: increasing uptake and effectiveness in the European Union	2010	: European Centre for Disease Prevention and	old.drugsandalcohol.ie

1	D Raben, V Delpech, J Wit, A Sullivan	Conclusions from the HIV in Europe Copenhagen 2012 Conference and ways forward: working together for optimal HIV testing and earlier care	2013	HIV	Wiley Online Library
1	C Agustí, L Fernàndez- López, J Mascort	Attitudes to rapid HIV testing among Spanish General Practitioners	2013	HIV	Wiley Online Library
1	T Qvist, SA Cowan, C Graugaard	High linkage to care in a community-based rapid HIV testing and counseling project among men who have sex with men in Copenhagen	2014	Sexually transmitted	journals.lww.com
1	J Campo, J Cano, J del Romero	Role of the dental surgeon in the early detection of adults with underlying HIV infection/AIDS	2012	oral, patologia oral y	ncbi.nlm.nih.gov
1	J Janiec, K Haar, G Spiteri, G Likatavicius	Surveillance of human immunodeficiency virus suggests that younger men who have sex with men are at higher risk of infection, European Union, 2003 to 2012	2013	Euro	eurosurveillance.org
1	P Mujyambere	Barriers to HIV voluntary counselling and testing among refugees and asylum seekers from African Great Lakes region living in Durban	2012	n.d.	scholar.sun.ac.za
1	K Wouters, K Fransen, G Beelaert	Use of rapid HIV test in low threshold center in Antwerp, Belgium, 2007–2012	2014	journal of STD &	std.sagepub.com
1	F Villaamil	Shared Embarrassment:(Not) Talking about Sex in HIV-Related Doctor- Patient Encounters	2013	Medical Anthropology	Taylor & Francis
0	MSM Lanarkshire	5.6. Implications for Service Provision in Lanarkshire	2013	Social Media, Men who have Sex	sexualhealthnetwork.org.uk
0	C Carvalho, R Fuertes, R Lucas, A Martins	HIV testing among Portuguese men who have sex with men-results from the European MSM Internet Survey (EMIS)	2013	HIV	Wiley Online Library
0	D Gökengin, AM Geretti, J Begovac	2014 European Guideline on HIV testing	2014	journal of STD &	std.sagepub.com
0	I Montesinos, J Eykmans, ML Delforge	Evaluation of the Bio-Rad Geenius HIV-1/2 test as a confirmatory assay	2014	Journal of Clinical Virology	Elsevier
0	F Nakagawa, AN Phillips, JD Lundgren	Update on HIV in Western Europe	2014	Current HIV/AIDS Reports	Springer
0	S Session	AIDS/HIV in view of the XVIII International AIDS Conference (Vienna July 18	2009	n.d.	west-info.eu
0	J Oliva, M Díez, S Galindo, C Cevallos, A Izquierdo	Predictors of advanced disease and late presentation in new HIV diagnoses reported to the surveillance system in Spain	2014	Gaceta Sanitaria	Elsevier
0	K Storm	The HIV epidemic in Eastern Europe is out of control	2012	n.d.	isim.ku.dk
0	K Rüütel, A Leffers, B Kucharova, B Milgrave, G Musat	BORDERNETwork project	0	bordernet.eu	n.d.
0	J Hoyos Miller, S Fernández-Balbuena	Time devoted to pre-and post-HIV test counselling in different health services according to participants of a rapid testing program in Madrid, Spain	2014	y microbiologia clinica	Elsevier
0	A Pedrana, M Stoove	The future of HIV testing: Exploring new strategies to improve access to testing through community-based testing	2011	HIV Australia	search.informit.com.au
0	J Wilton	New PHAC testing guide includes recommendations to promote routine HIV testing	2013	Prevention	catie.ca
0	S Dias, A Gama, MO Martins	HIV/AIDS Among Immigrants in Portugal: Socio-Demographic and Behavioural Correlates of Preventive Practices	0	cdn.intechopen.com	n.d.

0	J Deblonde, FF Hamers, S Callens, R Lucas, H Barros	HIV testing practices as reported by HIV-infected patients in four European countries	2014	AIDS care	Taylor & Francis
0	RE Golden, CB Collins, SD Cunningham	Overview of Structural Interventions to Increase Voluntary Counseling and Testing (VCT) and Antiretroviral Therapy (ART)	2013	Best Evidence Structural	Springer
0	L Tooley, L Broeckaert	Routine and Targeted Testing	2013	Prevention	catie.ca
0	K Middelkoop, J Smit, R Wood, LG Bekker, L Myer	Case Study 18: A Drama-Based HIV Intervention in South Africa: Effect on Voluntary Counseling and Testing Original Program Developers and Evaluators	0	Best Evidence Structural	Springer
0	VM Puljić, MLK Ličina, M Kavić, TN Blažić	Repeat HIV Testing at Voluntary Testing and Counseling Centers in Croatia: Successful HIV Prevention or Failure to Modify Risk Behaviors?	2014	PloS one	dx.plos.org
0	TD Pillay, J Mullineux, CJ Smith	Republished: Unlocking the potential: longitudinal audit finds multifaceted education for general practice increases HIV testing and diagnosis	2014	Postgraduate medical	pmj.bmj.com
0	I Menacho, E Sequeira, M Muns, O Barba, L Leal	Comparison of two HIV testing strategies in primary care centres: indicator-condition-guided testing vs. testing of those with non-indicator conditions	2013	HIV	Wiley Online Library
0	S di Sanità	Evaluation of Rapid Progressors in HIV Infection as an Extreme Phenotype	2014	n.d.	pdfs.journals.lww.com
0	JM Reyes-Uruena, T Noori, A Pharris	Nuevos tiempos para la salud de emigrantes en Europa	2014	Revista Española de	sanipe.es
0	A Wnuk, B Szetela, D Bander	3 ZASADY TESTOWANIA W KIERUNKU ZAKAŻENIA HIV- ZALECENIA	0	ZALECENIAPTN AIDS	nipip.pl
0	PDDC Wild, J Dellinger	HIV-Testung an der Allgemeinbevölkerung	2013	Wiener Medizinische Wochenschrift	Springer
0	琚腊红, 吕繁	两种常用 HIV 筛查方法的应用及成本效果的比较	2012	中华疾病控制杂志	journal.9med.net
0	C Agustí, L Fernández, J Mascort, R Carrillo	Barreras para el diagnóstico de las infecciones de transmisión sexual y virus de la inmunodeficiencia humana en Atención Primaria en España	2013	y Microbiología Clínica	Elsevier
0	J Wilton	L'Agence de la santé publique du Canada recommande le dépistage systématique du VIH	0	catie.ca	n.d.
0	L Tooley, L Broeckaert	Dépistage systématique et ciblé	0	catie.ca	n.d.
0	I Brosius, M Huisartsgeneeskunde	De rol van de huisarts in de preventie van seksueel overdraagbare aandoeningen	0	icho-info.be	n.d.
0	P Huston	DES AMÉLIORATIONS SONT APPORTÉES AU RMTC	2013	RMTC	phac-aspc.gc.ca
0	J Dellinger, C Wild	HASH (0xb4c24b8)	2012	n.d.	eprints.hta.lbg.ac.at
0	F Villaamil	Cuerpos, virus y economías morales: la prueba del VIH	2013	Política y Sociedad	revistas.ucm.es
0	E Smjernice	Prevencija i nadzor zaraznih bolesti među intravenskim korisnicima droga	0	Citeseer	n.d.
0	W Iberoamericana-CIMF	XXXIII Congreso semFYC	2013	n.d.	osalde.org

13. Sprenger M. Know, treat, prevent – HIV testing, a key strategy in the prevention and control of the HIV/AIDS epidemic. Euro Surveill. 2010;15(48):pii=19736. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19736

Total nr. of papers: 4 H-index: 1

Cites	Authors	Title	Year	Source	Publisher
3	I Gorostiza, I Elizondo López de Landache	HIV/AIDS screening program in community pharmacies in the Basque Country (Spain)	2013	Gaceta	SciELO Public Health
1	I Gorostiza, IE López de Landache, L Braceras Izagirre	6	2013	Gaceta Sanitaria	Elsevier
0	RM Chalmers, B Campbell, N Crouch, AP Davies	Value of syndromic surveillance in monitoring a focal waterborne outbreak due to an unusual Cryptosporidium genotype in Northamptonshire, United	0	eurosurveillance.org	n.d.
0	R Sekar, M Amudhan, M Sivashankar	Recent trends in HIV prevalence in a remote setting of southern India: Insights into arranging HIV control policies	2013	The Journal of Infection in	jidc.org

14. European Centre for Disease Prevention and Control. Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals. Stockholm: ECDC; 2013

Total nr. of papers: 40 H-index: 4

Cites	Authors	Title	Year	Source	Publisher
26	P Zarb, B Coignard, J Griskeviciene, A Muller	The European Centre for Disease Prevention and Control (ECDC) pilot point prevalence survey of healthcare-associated infections and antimicrobial use	2012	Euro Surveill	researchgate.net
6	HFL Wertheim, A Chandna, PD Vu, C Van Pham	Providing impetus, tools, and guidance to strengthen national capacity for antimicrobial stewardship in Viet Nam	2013	PLoS medicine	dx.plos.org
5	W Malcolm, D Nathwani, P Davey	From intermittent antibiotic point prevalence surveys to quality improvement: experience in Scottish hospitals	2013	Resist Infect Control	biomedcentral.com
4	A Sprowson, T Symes, SK Khan, T Oswald, MR Reed	Changing antibiotic prophylaxis for primary joint arthroplasty affects postoperative complication rates and bacterial spectrum	2013	The Surgeon	Elsevier
4	DL Monnet, M Sprenger	Hand hygiene practices in healthcare: measure and improve	2012	Euro. Surveill	eurosurveillance.eu
2	S Hansen, D Sohr, B Piening	Antibiotic usage in German hospitals: results of the second national prevalence study	2013	Journal of	Br Soc Antimicrob Chemo

2	MA Borg	Cultural determinants of infection control behaviour: understanding drivers and implementing effective change	2014	Journal of Hospital Infection	Elsevier
2	CP Thomas, LSP Moore, N Elamin, M Doumith	Early (2008–2010) hospital outbreak of< i> Klebsiella pneumoniae producing OXA-48 carbapenemase in the UK	2013	International journal of	Elsevier
1	E Zabkova, L Murajda, H Hudeckova	POInt PREVALENCE SURVEY OF nOSOCOMIAL INFECTIONS IN UNIVERSITY HOSPITAL IN MARTIN	2011	Acta Medica Martiniana	degruyter.com
1	MA Borg	Prolonged perioperative surgical prophylaxis within European hospitals: an exercise in uncertainty avoidance?	2013	Journal of Antimicrobial Chemotherapy	Br Soc Antimicrob Chemo
0	MP Smiddy, OM Murphy	The use of point prevalence surveys of healthcare-associated infection to identify risk factors and facilitate infection prevention and control planning	2013	Healthcare Infection	CSIRO
0	T Welte	Nosocomial Infections-a Present and Future Challenge	2013	Deutsches Ärzteblatt International	ncbi.nlm.nih.gov
0	D Pittet	European Antibiotic Awareness Day	2013	Journal of Infection Prevention	bji.sagepub.com
0	I Sviestina, J Aston, D Mozgis	Comparison of antimicrobial prescribing between two specialist paediatric centres in the UK and Latvia	2013	European Journal of Hospital	ejhp.bmj.com
0	WG Mackay, K Smith, C Williams, C Chalmers	A review of infection control in community healthcare: new challenges but old foes	2014	European Journal of	Springer
0	E Malobicka, D Roskova, V Svihrova	Point Prevalence Survey of Nosocomial Infections in University Hospital in Martin	2013	Acta Medica	degruyter.com
0	S Haller, T Eckmanns, J Benzler, K Tolksdorf, H Claus	Results from the First 12 Months of the National Surveillance of Healthcare Associated Outbreaks in Germany, 2011/2012	2014	PloS one	dx.plos.org
0	IJ Abbott, AY Peleg	Acinetobacter baumannii and hospital infections	2014	Microbiology Australia	microbiology.publish.csiro.au
0	TZAH BOGOVIĆ, ANA BUDIMIR, Z BOŠNJAK	Inhalation plus intravenous colistin versus intravenous colistin alone for treatment of ventilator associated pneumonia	2014	SIGNA VITAE	signavitae.com
0	YT Chen, M Rabilloud, JM Thiolet, B Coignard	Benchmarking French regions according to their prevalence of healthcare- associated infections	2013	International journal for	ISQHC
0	T Gouliouris, SJ Peacock	The rise and fall of mandatory surveillance for glycopeptide-resistant enterococcal bacteraemia in England	2014	Journal of Infection	yadda.icm.edu.pl
0	A Voss, J Hopman, SS Magill	Survey of health care-associated infections.	2014	The New England	Mass Medical Soc
0	N de Jong, A Eikelenboom-Boskamp, A Voss	User-Centered and Persuasive Design of a Web-Based Registration and Monitoring System for Healthcare-Associated Infections in Nursing Homes	2014	eTELEMED 2014, The	thinkmind.org
0	F Agnoletti, E Mazzolini, C Bacchin, L Bano	First reporting of methicillin-resistant< i> Staphylococcus aureus(MRSA) ST398 in an industrial rabbit holding and in farm- related people	2014	Veterinary	Elsevier
0	J Davis, MT Molina, CP Leach	Plasma-Polyplumbagin-Modified Microfiber Probes: A Functional Material Approach to Monitoring Vascular Access Line Contamination	2013	ACS applied materials &	ACS Publications
0	SJ Knowles, NP O'Sullivan, AM Meenan	Maternal sepsis incidence, aetiology and outcome for mother and fetus: a prospective study	2014	Journal of Obstetrics	Wiley Online Library

0	ML Lambert, N Hammami, B Catry, R Bruyndonckx	Antimicrobial consumption in Belgian hospitals for selected diagnoses	0	nsih.be	n.d.
0	V Liebens, V Defraine, A Van der Leyden	A putative de-N-acetylase of the PIG-L superfamily affects fluoroquinolone tolerance in Pseudomonas aeruginosa	2014	Pathogens and	Wiley Online Library
0	RJ Wytsman	Résultats de la 5 ème campagne nationale pour la promotion de l'hygiène des mains	0	nsih.be	n.d.
0	RJ Wytsman	Septicémies à l'hôpital (SEP) Protocole de surveillance	2012	n.d.	nsih.be
0	B Bogdanić	Analiza uporabe antimikrobnih lijekova i mikrobioloških nalaza kao metoda praćenja prevalencije bolničkih infekcija u kliničkoj bolnici [Analysis use of antimicrobial	2013	n.d.	medlib.mef.hr
0	EA Smid, TEM Hopmans, SC de Greeff, MBG Koek	Daling van de prevalentie van zorginfecties in ziekenhuizen	0	Infectieziekten Bulletin	doc.utwente.nl
0	M PROSEN	ODSTRANJEVANJE DLAK KOT POMEMBEN DEJAVNIK PREPREČEVANJA OKUŽB KIRURŠKE RANE	0	Izdala in založila	soms.si
0	UBA El Mohammadi	Grado en Enfermería	0	zaguan.unizar.es	n.d.
0	Á Asensio	Infección de la localización quirúrgica. Profilaxis antimicrobiana en cirugía	2014	Enfermedades Infecciosas y Microbiología Clínica	Elsevier
0	ICDS Goulão	Infeções associadas aos cuidados de saúde	2014	n.d.	recil.grupolusofona.pt
0	R Cantón, P Ruiz- Garbajosa	Infecciones causadas por bacterias grampositivas multirresistentes< i>(Staphylococcus aureus y< i> Enterococcus spp.)	2013	Enfermedades Infecciosas y Microbiología	Elsevier
0	PAC d'Azur	Enquête nationale de prévalence des infections nosocomiales et des traitements anti-infectieux en établissement de santé, France, juin 2012	2012	n.d.	cclin-sudest.chu-lyon.fr
0	N Hammami	Surveillance des septicémies à l'hôpital en Belgique	0	nsih.be	n.d.
0	N Hammami, ML Lambert	Surveillanceprogramma van septicemieën in ziekenhuizen in België Gegevens 2000-2011	2013	n.d.	nsih.be

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9	M Behnke, S Hansen, R Leistner, LAP Diaz	Nosocomial infection and antibiotic use: a second national prevalence study in Germany	2013	Deutsches Ärzteblatt	ncbi.nlm.nih.gov
7	J Reilly, S Cairns, S Fleming, D Hewitt	Results from the second Scottish national prevalence survey: the changing epidemiology of healthcare-associated infection in Scotland	2012	Journal of Hospital	Elsevier
6	E Ott, S Saathoff, K Graf, F Schwab	The prevalence of nosocomial and community acquired infections in a university hospital: an observational study	2013	Deutsches Ärzteblatt	ncbi.nlm.nih.gov
6	M Pujol, E Limón	Epidemiología general de las infecciones nosocomiales. Sistemas y programas de vigilancia	2013	Enfermedades Infecciosas y Microbiología Clínica	Elsevier
4	P Zarb, B Coignard, J Griskeviciene, A Muller	The European Centre for Disease Prevention and Control (ECDC) pilot point prevalence survey of healthcare-associated infections and antimicrobial use	2012	Euro Surveill	n.d.
4	T Bruun, HL Loewer	Prevalence surveillance system of nosocomial infections in Norway	2007	Euro Surveill	eurosurveillance.org
2	S Hansen, D Sohr, B Piening	Antibiotic usage in German hospitals: results of the second national prevalence study	2013	Journal of	Br Soc Antimicrob Chemo
2	S Grau, G Bou, E Fondevilla, J Nicolás	How to measure and monitor antimicrobial consumption and resistance	2013	y microbiologia clinica	Elsevier
1	G Messina, E Ceriale, S Burgassi, C Russo	Impact of a disinfecting technique on microbial contamination of computer keyboards and telephone handsets	2013	Journal of Hospital	sciedu.ca
1	SN Ladhani, ME Ramsay, JS Flood, H Campbell	Vaccination catch-up campaign in response to recent increase in invasive Hib infection in the United Kingdom–implications for the rest of Europe?	2003	n.d.	eurosurveillance.org
0	R Plowman	Citation style for this article: Plowman R. The socioeconomic burden of hospital acquired infection. Euro Surveill. 2000; 5 (4): pii= 4. Available online: http://	0	eurosurveillance.org	n.d.
0	M Cizman, B Beovic	Antibiotic hospital consumption expressed in defined daily doses (DDD)/100 bed-days	2014	Infection	Springer
0	C Suetens	Retrospective screening of serum and cerebrospinal fluid samples from patients with acute meningo-encephalitis does not reveal past Japanese encephalitis	0	eurosurveillance.org	n.d.
0	M Gregor, P Paterová, V Buchta, J Ketřánek	Healthcare-associated infections in gynecology and obstetrics at a university hospital in the Czech Republic	2014	International Journal of	Elsevier
0	R López-Gigosos, A Mariscal	Persistence of nosocomial bacteria on 2 biocidal fabrics based on silver under conditions of high relative humidity	2014	American journal of	Elsevier

0	GSA Abis, HBAC Stockmann, M van Egmond	Selective Decontamination of the Digestive Tract in Gastrointestinal Surgery: Useful in Infection Prevention? A Systematic Review	2013	Journal of	Springer
0	D Xie, X Fu, H Wang, L Wang, R Li, Q Luo	Annual point-prevalence of healthcare-associated infection surveys in a university hospital in China, 2007–2011	2013	Journal of infection and	Elsevier
0	J Struwe	Citation style for this article: Struwe J, Dumpis U, Gulbinovic J, Lagergren Å, Bergman U. Healthcare associated infections in university hospitals in Latvia,	0	eurosurveillance.org	n.d.
0	K Kaier, ML Lambert, UK Frank, W Vach	Impact of availability of guidelines and active surveillance in reducing the incidence of ventilator-associated pneumonia in Europe and worldwide	2014	BMC infectious	biomedcentral.com
0	M Christensen	Citation style for this article: Christensen M, Meyer M, Jepsen OB. Reuse of single-use sterile medical devices decreased in Danish hospitals after report	0	Endoscopy	eurosurveillance.org
0	C Rothe, C Schlaich, S Thompson	Healthcare-associated infections in sub-Saharan Africa	2013	Journal of Hospital Infection	Elsevier
0	G Sanclemente, M Bodro, C Cervera	Protocolo de tratamiento antibiótico empírico de un paciente ingresado febril sin evidencia clínica de focalidad	2014	Medicine-Programa de	Elsevier
0	E Ott, S Saathoff, K Graf, F Schwab, IF Chaberny	Prävalenz von nosokomialen und mitgebrachten Infektionen in einer Universitätsklinik	0	data.aerzteblatt.de	n.d.
0	U Dumpis	Citation style for this article: Dumpis U, Balode A, Vīgante D, Narbute I, Valinteliene R, Pïrags V, Martinsons A, Vingre I. Prévalence des infections	0	eurosurveillance.org	n.d.
0	B Bogdanić	Analiza uporabe antimikrobnih lijekova i mikrobioloških nalaza kao metoda praćenja prevalencije bolničkih infekcija u kliničkoj bolnici [Analysis use of antimicrobial	2013	n.d.	medlib.mef.hr
0	AA Cuza, RC Gutiérrez	Incidencia de infección relacionada con el cuidado sanitario en unidades de cuidados intensivos en Cuba. Año 2012	2013	Investigaciones	revcimeq.sld.cu
0	R Plowman	Citation style for this article: Plowman R. Il carico socioeconomico delle infezioni ospedaliere. Euro Surveill. 2000; 5 (4): pii= 4. Available online: http://www	0	eurosurveillance.org	n.d.

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Total nr. of papers: 6 H-index: 2

Cites	Authors	Title	Year	Source	Publisher
21	M Braks, J van der Giessen, M Kretzschmar	Towards an integrated approach in surveillance of vector-borne diseases in Europe	2011	Parasit	biomedcentral.com

13	M Kretzschmar, MJJ	New methodology for estimating the burden of infectious diseases in	2012	PLoS medicine	dx.plos.org
	Mangen, P Pinheiro, B	Europe			
	Jahn				
0	D Plass, P Pinheiro, MJ	Health Adjusted Life Years (HALY)-A Promising Measure to Estimate	0	cdn.intechopen.com	n.d.
	Mangen	the Burden of Zoonotic Diseases on Human Health?		_	
0	CL Gibbons, MJJ Mangen,	Measuring underreporting and under-ascertainment in infectious disease	2014	BMC public	biomedcentral.com
	D Plass	datasets: a comparison of methods			
0	PE DEFINIZIONI	SORVEGLIANZA DELLE MALATTIE GASTROENTERICHE	0	ISTITUTO SUPERIORE	usl3.toscana.it
		ACUTE TRASMESSE DA ALIMENTI (MTA) IN SANITÀ PUBBLICA		DI SANITÀ	
0	T Hald, DL Baggesen	EFSA Panel on Biological Hazards (BIOHAZ); Scientific Opinion on	2013	n.d.	orbit.dtu.dk
		VTEC-seropathotype and scientific criteria regarding pathogenicity			
		assessment			

17. Infanti J, Sixsmith J, Barry M M, Núñez-Córdoba J, Oroviogoicoechea-Ortega C, Guillén-Grima F. A literature review on effective risk communication for the prevention and control of communicable diseases in Europe. Stockholm: ECDC; 2013.

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Cites	Authors	Title	Year	Source	Publisher
1	G Cairns, M de Andrade	Reputation, Relationships, Risk Communication, and the Role of Trust in the Prevention and Control of Communicable Disease: A Review	2013	Journal of health	Taylor & Francis
0	A Würz, ÜK Nurm, K Ekdahl	Enhancing the Role of Health Communication in the Prevention of Infectious Diseases	2013	Journal of health communication	Taylor & Francis
0	M Walker, G Elliott, P Fairbrother	Briefing Note: Identifying effective risk communication procedures and products	0	mams.rmit.edu.au	n.d.
0	G Bohlin, GE Höst	Is it my responsibility or theirs? Risk communication about antibiotic resistance in the Swedish daily press	0	jcom.sissa.it	n.d.
0	G Elliott, M Walker, V Cooper, P Fairbrother, K Toh	6 6	0	mams.rmit.edu.au	n.d.
0	GM Mubyazi, VK Barongo, ML Kamugisha	Public Knowledge, Perceptions and Practices in Relation to Infectious and other Communicable Diseases in Tanzania: Lessons Learnt from Babati District	2013	Rwanda Journal of	ajol.info

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Total nr. of papers: 13 H-index: 6

Cites	Authors	Title	Year	Source	Publisher
85	JT Larsson, M Torpdahl, RF Petersen	Development of a new nomenclature for Salmonella Typhimurium multilocus variable number of tandem repeats analysis (MLVA)	2009	Eurosurveillance	eurosurveillance.org
14	NM Keklik, A Demirci, VM Puri	Decontamination of unpackaged and vacuum-packaged boneless chicken breast with pulsed ultraviolet light	2010	Poultry science	ps.oxfordjournals.org
12	N Nicolay, L Thornton, S Cotter	Salmonella enterica serovar Agona European outbreak associated with a food company	2011	Epidemiology and	Cambridge Univ Press
12	FJ Cooke, S Ginwalla, MD Hampton	Report of neonatal meningitis due to Salmonella enterica serotype Agona and review of breast milk-associated neonatal Salmonella infections	2009	Journal of clinical	Am Soc Microbiol
9	A Baumann-Popczyk	Incidence of self-reported acute gastrointestinal infections in the community in Poland: a population-based study	2012	Epidemiology and	Cambridge Univ Press
6	CA Gómez-Aldapa	The role of foods in Salmonella infections	2012	: Intech Publisher. p	cdn.intechopen.com
1	NM Keklik	Decontamination of poultry products by pulsed UV-light	2009	n.d.	etda.libraries.psu.edu
1	G Perdoncini	Salmonella spp. em granjas de postura em processo de certificação para a produção orgânica no Rio Grande do Sul	2011	n.d.	lume.ufrgs.br
0	T Westrell	european ouTbreaks	2007	SURVEILLANCE AND OUTBREAK REPORTS	Citeseer
0	T Westrell	Mapping the future dynamics of disease transmission: risk analysis in the United Kingdom Foresight Programme on the detection and identification of	0	eurosurveillance.org	n.d.
0	P Wall	One Health and the food chain: maintaining safety in a globalised industry	2014	Veterinary Record	veterinaryrecord.bmj.com
0	M Heck	Multilocus variable nuMber of tandeM repeats analysis (Mlva)- investigation of salMonella typhiMuriuM outbreaks	0	eurosurveillance.org	n.d.
0	T Westrell	Salmonella Typ himurium: experiencesf ro mrece nT eu ro p ean o uTb r eaks	0	eurosurveillance.org	n.d.

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Cites	Authors	Title	Year	Source	Publisher
2	E van Ginneken, J Habicht, L Murauskiene	The Baltic states: building on 20 years of health reforms	2012	BMJ: British Medical	bmj.com
1	J Janiec, K Haar, G Spiteri, G Likatavicius	Surveillance of human immunodeficiency virus suggests that younger men who have sex with men are at higher risk of infection, European Union, 2003 to 2012	2013	Euro	eurosurveillance.org
0	D Hedrich, E Kalamara, O Sfetcu, A Pharris, A Noor	Surveillance of human immunodeficiency virus suggests that younger men who have sex with men are at higher risk of infection, European Union, 2003 to	0	eurosurveillance.org	n.d.
0	F Nakagawa, AN Phillips, JD Lundgren	Update on HIV in Western Europe	2014	Current HIV/AIDS Reports	Springer
0	D Hedrich, E Kalamara, O Sfetcu	Human immunodeficiency virus among people who inject drugs: Is risk increasing in Europe?	2013	Européen sur les	eurosurveillance.org
0	W Kaplan	Background Paper 6.7 Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndromes (AIDS)	2013	n.d.	who.int

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Cites	Authors	Title	Year	Source	Publisher
6	J Fonager, S Barzinci, TK Fischer	Emergence of a new recombinant Sydney 2012 norovirus variant in Denmark, 26 December 2012 to 22 March 2013	2013	Euro Surveill	eurosurveillance.eu
1	S Palmer, A Jansen, K Leitmeyer	Evidence-Based Medicine applied to the control of communicable disease incidents when evidence is scarce and the time is limited	2013	Europeen sur les	eurosurveillance.org
0	S Palmer, A Jansen, K Leitmeyer, H Murdoch	Emergence of a new recombinant Sydney 2012 norovirus variant in Denmark, 26 December 2012 to 22 March 2013 High prevalence of antibodies against	0	eurosurveillance.org	n.d.
0	R ASSESSMENT	Wild-type poliovirus 1 transmission in Israel-what is the risk to Europe?	0	Citeseer	n.d.
0	K Pak, L Genik	Risk Assessment References: Documented Literature Search	2012	n.d.	DTIC Document

0	A Economopoulou, P Kinross, D Domanovic	International infectious disease surveillance during the London Olympic and Paralympic Games 2012: process and outcomes Ongoing multi-strain food-borne	0	eurosurveillance.org	n.d.
0	A Economopoulou, P Kinross, D Domanovic	Infectious diseases prioritisation for event-based surveillance at the European Union level for the 2012 Olympic and Paralympic Games	2014	n.d.	eurosurveillance.org
0	T Hald	EFSA Panel on Biological Hazards (BIOHAZ); Scientific Opinion on on the development of a risk ranking framework on biological hazards	2012	n.d.	orbit.dtu.dk
0	B Guzman-Herrador, L Jensvoll	Ongoing hepatitis A outbreak in Europe 2013 to 2014: imported berry mix cake suspected to be the source of infection in Norway	2014	Europeen sur les	eurosurveillance.org
0	S Santos-Sanz, MJ Sierra- Moros	POSIBILIDAD DE INTRODUCCIÓN Y CIRCULACIÓN DEL VIRUS DEL DENGUE EN ESPAÑA (*)	2014	Rev Esp Salud	msssi.gob.es

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