ECDC
European Centre for Disease Prevention and Control
ECDC history

- **July 2003**: Commission’s proposal to establish Centre
- **December 2003**: Council decision that Sweden will host the Centre
- **April 2004**: Regulation 851 establishing the Centre
- **September 2004**: 1st meeting of Management Board
- **December 2004**: Director Zsuzsanna Jakab nominated
- **March 2005**: Director takes office (start-up phase)
- **May 2005**: Centre operational
ECDC’s role

• To coordinate concerted actions
• To initiate technical activities when needed
• To give technical support to EC Member States in implementation of Council recommendations
ECDC Organization

Management Bord

- Advisory Forum
- Director
  - Director’s Office
  - Director’s Cabinet
- Scientific Advice
- Surveillance Communication
- Preparedness Response
- Administrative Services
AMR and HAI
Latest regulatory / policy documents

• European Union
  – Council Recommendation on the prudent use of antimicrobial agents in human medicine (2002/77/EC)
    • (Implementation report by end of year)

• World Health Assembly – WHA (WHO)
  – Resolution “Improving the containment of antimicrobial resistance” WHA58.27 (25 May 2005)
Built on previous activities (DG SANCO)

- **EARSS** – European Antimicrobial Resistance Surveillance System
- **ESAC** – Scientific Evaluation on the Use of Antimicrobial Agents in Human Therapy
- **EUCAST** – European Committee on Antimicrobial Susceptibility Testing
- **SAR** – Self medication with antibiotics and resistance levels in Europe
- **Enter-net** (enteric pathogens), **EU-IBIS** (HI and mgc), **Euro-TB** (MDR TB), **ESSTI** (gc)
- **HELICS** – Hospitals in Europe Link for Infection Control through Surveillance ➔ **IPSE** – Improving Patient Safety in Europe
- “The misuse of a miracle” – TV-film
Basic Principles

Surveillance
- Monitor: Antibiotic usage
- Resistance patterns

Decrease the need for antibiotics
- Lessen diseases incidence and hinder spread of bacteria

Use antibiotics properly
- Improve diagnostics and usage

Non medical usage
- Environment, food, plants etc.

Coordinate national activities
- Knowledge education, information, research

International commitment
- European Centre for Disease Prevention and Control
ECDC immediate activities

• Coordinate surveillance networks
• Establish scientific committees
  – Antimicrobial resistance
  – Immunizations
• Build up a web-site for AMR
• Convene a working group for the assessment/discussion tool
• Produce scientifically based information to public
• Localize contact points in Member States
• Start country visits
Where ECDC is now

• Discussions with networks have started
• Working group is discussing assessment/discussion tool
• AMR focal points localized in MS
  – First meeting in April 2006
• Consultant for information material contracted
Proposed instrument for assessment of Member State’s actions in combating antimicrobial resistance

1. Development of a National/Regional Coordinating Group – NCG
2. Local working groups
3. Laboratory capacity
4. Monitoring of antibiotic resistance
5. Monitoring of antibiotic usage
6. Antibiotic utilization
7. Infection control in hospitals
8. Infection control health care settings outside hospitals
9. Educational programs on AMR
10. Public information related to AMR
11. Marketing related issues
2 Local working groups

- **Examples for indicators for 2**
- **Structures**
  - Local working groups,
    - exist in some places
    - exist country-wide
    - are mostly multidisciplinary
    - have the participation of general practitioners
    - meet regularly
    - have access to local surveillance data on AMR
    - have access to local antibiotic consumption data
    - have public funding
- **Functions**
  - Local working groups,
    - analyse local consumption data and AMR patterns
    - review and discuss local prescribing habits
    - provide local guidelines
    - convenes local meetings with prescribers at least yearly
7 Infection control in hospitals

• Infection control system implemented in most hospitals
• Alcohol based hand disinfection recommended
• Evidence based guidelines including standardized barrier precaution in >90% of hospitals
• At least one infection control nurse/doctor per hospital
• Surveillance of healthcare acquired infections (HAI) in >80% of hospitals
• Legal requirements for infection control system in hospitals
• Implementation of Infection control practice is regularly evaluated
IPSE – Improving Patient Safety in Europe

- WP1 - European training for infection control doctors & nurses in connection with ESCMID
- WP2 - European standards & indicators for Public Health surveillance and technical guidelines for the control of HAI & AMR
- WP3 - Event warning and rapid exchange on NI & AMR
- WP4 - Technical support for sustaining and extending of HELICS surveillance of nosocomial infections and control of HAI & AMR
- WP5 - Improving surveillance and controlling AB resistance in ICU
- WP6 - Providing complementary tools for the study and control of AMR in ICUs
- WP7 - Feasibility study of surveillance of HAI in European nursing homes
- WP8 - Dissemination
- WP9 - Project Management
Clostridium difficile 027
A new emerging epidemic in European health care?

• ECDC and MS should:
  – Do a survey in MS to find if Cl. Diff 027 is spread in Europe
  – Write a background paper to be published on ECDC web site
  – Suggest MS to do a look back
  – Build up a surveillance system in MS
  – Develop guidelines for infection control