

Table 1. What do you see as the strengths of hosting the Surveillance networks hubs in surveillance institutes across Member States (MS)?

	Epidemiologists (n=24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Surveillance network hubs are very engaged	18	75	1	4	5	21	13	100	-	-	-	-
Staff working in surveillance networks hubs are very experienced	21	88	1	4	2	8	13	100	-	-	-	-
Surveillance network hubs are very experienced	17	71	1	4	6	25	13	100	-	-	-	-
Dedicated disease experts are available from the host institutes to assist surveillance networks	19	79	-	-	5	21	13	100	-	-	-	-
Surveillance networks hubs are closer to the field work	20	83	1	4	3	13	12	92	-	-	1	8
Effective working relationships have been formed between surveillance networks epidemiologists and host institute laboratory staff	18	75	1	4	5	21	8	62	1	8	4	31
Positive impact on host institute	17	71	1	4	6	25	12	92	1	8	-	-
Host institutes provide extra resources	12	50	2	8	10	42	10	77	2	15	1	8
Strong surveillance networks leadership	12	50	5	21	7	29	9	69	1	8	3	23
Better collaboration between member states	9	38	5	21	10	42	8	62	1	8	4	31

Totals may differ due to missing values

Table 2. What do you see as the strengths of hosting the surveillance networks hubs at the ECDC in Stockholm?

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't Know		Yes		No		Don't Know	
	n	%	n	%	n	%	n	%	n	%	n	%
Better standardisation within each surveillance network	16	67	7	29	1	4	4	31	7	54	2	15
Better standardisation between surveillance networks	21	88			3	13	7	54	4	31	2	15
Better analysis and dissemination of results	15	63	4	17	5	21	2	15	8	62	3	23
Easier to imports data from national system	16	67	3	13	5	21	3	23	5	39	5	39
Reduced costs and shared overheads	19	79	-	-	5	21	6	46	3	23	4	31
Sustained funding	19	79	-	-	5	21	7	54	2	15	4	31
Better performance management of surveillance networks	12	50	1	4	11	46	4	31	5	39	4	31
Easier to ensure networks are action orientated and effect policy	15	63	2	8	7	29	6	46	3	23	4	31
Ms only need to report data on each disease to one location	21	88	2	8	1	4	9	69	2	15	2	15
Easier access to information on all diseases	22	92	-	-	2	8	7	54	4	31	2	15
Increased surveillance network visibility	17	71	2	8	5	21	6	46	5	39	2	15
Better data protection procedures	12	50	4	17	8	33	4	31	7	54	2	15
Critical mass of experts to help support networks	10	42	7	29	7	29	3	23	5	39	5	39
Synergy between networks	21	88	-	-	3	13	10	77	2	15	1	8
Close links with ECDC rapid response unit	24	100	-	-	-	-	8	62	1	8	4	31
Better collaboration between MS centres	14	58	4	17	6	25	3	23	5	39	5	39
Will guarantee long term maintenance of surveillance networks	19	79	1	4	4	17	7	54	3	23	3	23
Will avoid MS having to contribute direct funding to networks	14	58	-	-	10	42	6	46	4	31	3	23
Will help ECDC to better carry out its mission and link with EU action	22	92	-	-	2	8	8	62	2	15	3	23

Totals may differ due to missing values

Table 3. What criteria do you think should be used to identify where a surveillance network hub should be located?

	Epidemiologists (n=24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
All networks should be hosted by ECDC	9	38	8	33	7	29	2	15	7	54	4	31
Surveillance networks related to alert and crisis management should be hosted by ECDC first	22	92	1	4	1	4	7	54	2	15	4	31
Surveillance networks that currently have a poor connection to action should be hosted by ECDC first	7	29	11	46	6	25	3	23	6	46	4	31
Surveillance networks where there are effective and strong ties to the microbiology laboratories on site should not move to ECDC in the short term perspective	15	63	6	25	3	13	10	77	-	-	3	23
Surveillance networks with a well documented feed back mechanism to MS should not move to ECDC in the short term	10	42	7	29	7	29	6	46	2	15	5	39
Cost of operation	13	54	4	17	7	29	5	39	3	23	5	39
Agreement with the current hosting institutes	17	71	3	13	4	17	13	100	-	-	-	-
Agreement with the surveillance network staff	12	50	6	25	6	25	9	69	2	15	2	15
Availability of relevant experience	20	83	1	4	3	13	12	92	-	-	1	8
Availability of support infrastructure	20	83	2	8	2	8	12	92	-	-	1	8

Totals may differ due to missing values

Table 4. What criteria do you think determine the success of a European surveillance network?

	Epidemiologists (n=24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Positive cost benefit analysis	16	67	6	25	2	8	8	62	2	15	3	23
Action orientation	24	100	-	-	-	-	10	77	2	15	1	8
Demonstrated public health impact	21	88	2	8	1	4	13	100	-	-	-	-
Increased awareness of the disease	21	88	1	4	2	8	11	85	1	8	1	8
Demand for the data provided	22	92	1	4	1	4	13	100	-	-	-	-
Integration of epidemiology and microbiology	20	83	2	8	2	8	11	85	1	8	1	8
Sensitivity	20	83	2	8	2	8	8	62	-	-	5	39
Timely data	24	100	-	-	-	-	13	100	-	-	-	-
Timely analysis	23	96	-	-	1	4	13	100	-	-	-	-
Timely feedback	24	100	-	-	-	-	13	100	-	-	-	-
Standardised data definitions applied	22	92	1	4	1	4	12	92	1	8	-	-
Standardised reporting system	24	100	-	-	-	-	11	85	1	8	1	8
Surveillance networks meet the system objectives	21	88	-	-	3	13	11	85	-	-	2	15

Totals may differ due to missing values

Table 5. The BSN will be evaluated in the next year. How should the BSN be improved?

	Epidemiologists (n=24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Link surveillance network data to BSN data where feasible	21	88	2	8	1	4	9	69	1	8	3	23
Reduce amount of data collected for each disease	5	21	14	58	5	21	2	15	5	39	6	46
Gradually add the information collected for each disease after agreement with MS	16	67	4	17	4	17	4	31	1	8	8	62
Minimise duplication of data collection with surveillance networks	24	100	-	-	-	-	13	100	-	-	-	-
Minimise duplication of data collection with WHO	23	96	1	4	-	-	12	92	1	8	-	-
Improve feedback from BSN to MS	23	96	1	4	-	-	9	69	1	8	3	23
Identify priority diseases for MS who can not meet all BSN demands at this time	22	92	2	8	-	-	8	62	-	-	5	39

Totals may differ due to missing values

Outbreak Surveillance

Table 6. Data collection

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Should ECDC collect information on outbreaks in EU member states	22	92	1	4	1	4	12	92	-	-	1	8
If yes, what type of outbreaks should data be collected on												
All outbreaks	3	14	18	82	1	5	1	8	8	67	3	25
nosocomial infections	5	23	13	59	4	18	5	46	4	36	2	18
vaccine preventable diseases	17	77	2	9	3	14	11	92	1	8	-	-
STIs	8	36	10	46	4	18	10	83	1	8	1	8
respiratory diseases	9	41	8	36	5	23	9	75	1	8	2	17
Water-borne	10	50	5	25	5	25	5	46	3	27	3	27
Vector borne	9	41	6	27	7	32	9	81	1	9	1	9
Affecting more than one MS	20	95	-	-	1	5	11	92	-	-	1	8
National outbreaks with novel source	22	100	-	-	-	-	10	83	2	17	-	-
National outbreaks with novel modes of transmission	22	100	-	-	-	-	8	67	2	17	2	17

Totals may differ due to missing values

Table 7. What should be the purpose of collecting this information?

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Focus outbreak training to meet the needs of each MS	19	79	3	13	2	8	7	54	3	23	3	23
Alert MS to new sources of outbreaks so they can respond more efficiently and effectively	24	100	-	-	-	-	12	92	-	-	1	8
Monitoring trends	15	63	8	33	1	4	6	46	2	15	5	39
Performance management of training and response capacity across Europe	19	79	3	13	2	8	5	39	2	15	6	46

Surveillance of zoonotic infections

Table 8. What information should be included in the European Zoonoses report?

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Standardised presentation of human and veterinary data	24	100	-	-	-	-	9	69	1	8	3	23
Description of data reporting systems	23	96	-	-	1	4	9	69	-	-	4	31
More comprehensive view of non food-borne zoonotic infections	16	67	5	21	3	13	7	54	1	8	5	39
Reports of outbreak investigations	15	63	4	17	5	21	9	69	1	8	3	23
Results of surveys that indicate the relationship between surveillance statistics and actual incidence in the population	17	71	4	17	3	13	8	62	1	8	4	31
Incidence data for common pathogens	19	79	2	8	3	13	8	62	1	8	4	31
Interpreted data	22	92	1	4	1	4	12	92	-	-	1	8
<i>Totals may differ due to missing values</i>												

Table 9. How can the ECDC build close working relationships with the national reference laboratories in Europe?

	Epidemiologists (n=24)						Networks (n=13)						Laboratories (n=25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Regular communication by email	21	88	2	8	1	4	8	62	1	8	4	31	24	96	-	-	1	4
Regular face to face meetings	18	75	4	17	2	8	10	77	2	15	1	8	23	92	2	8	-	-
Regular teleconferences	11	46	7	29	6	25	6	46	4	31	3	23	7	28	11	44	7	28
Better involvement of microbiologists in EU surveillance	21	88	1	4	2	8	11	85	1	8	1	8	24	96	-	-	1	4
Seconding laboratory staff to ECDC for short periods	15	63	4	17	5	21	6	46	4	31	3	23	17	68	3	12	5	20
Providing epidemiology training for laboratory staff	19	79	3	13	2	18	8	62	3	23	2	15	22	88	1	4	2	8
Develop plan for working with reference laboratories	23	96	1	4	-	-	13	100	-	-	-	-	25	100	-	-	-	-
A panel of public health microbiologists should be established at the ECDC	16	67	5	21	3	13	8	62	2	15	3	23	19	76	1	4	5	20

Totals may differ due to missing values

Table 10. If in the future European Collaborating Laboratories (a limited number of centres of excellence) are appointed what selection criteria should be used to identify them?

	Epidemiologists (n=24)						Networks (n=13)						Laboratories (n=25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Based on technical competences and excellence	23	96	1	4	-	-	13	100	-	-	-	-	25	100	-	-	-	-
Criteria identified by a panel of experts	17	71	1	4	6	25	8	62	3	23	2	15	18	72	4	16	3	12
A transparent process	21	88	1	4	2	8	11	85	1	8	1	8	23	92	-	-	2	8
Accreditation of laboratories	19	79	1	4	4	17	9	69	1	8	3	23	19	76	3	12	3	12

Totals may differ due to missing values

Table 11. How would you apply the selection criteria?

	Epidemiologists (n=24)						Networks (n=13)						Laboratories (n=25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	N	%	n	%	n	%	n	%	n	%	n	%
The MoH of each MS should nominate the most appropriate laboratories and then the ECDC should review the applications	6	25	15	63	3	13	1	8	10	77	2	15	11	44	11	44	3	12
A call for European collaborating laboratories should be publicly advertised , open to all, and then the ECDC should review applications	6	25	14	58	4	17	5	39	6	46	2	15	5	20	15	60	5	20
The MoH of each MS should nominate the most appropriate laboratories and then a review committee including microbiologists , epidemiologists, ECDC and MoH representatives should review the applications	9	38	11	46	4	17	4	31	7	54	2	15	11	44	9	36	5	20
A call for European collaborating laboratories should be publicly advertised , open to all, and then a review committee including microbiologists , epidemiologists, ECDC and MoH representatives should review the applications	10	42	10	42	4	17	10	77	1	8	2	15	9	36	11	44	5	20

Totals may differ due to missing values

Table 12. Should ECDC in collaboration with surveillance networks and national reference laboratories work on the harmonization of laboratory methods (e.g. molecular typing) for the respective pathogens ?

	Epidemiologists (n=24)						Networks (n=13)						Laboratories (n=25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Should ECDC in collaboration with surveillance networks and national reference laboratories work on the harmonisation of laboratory methods (e.g. molecular typing) for the respective pathogens?	23	96	1	4	-	-	12	92	1	8	-	-	24	96	-	-	1	4

Totals may differ due to missing values

Table 13. Molecular databases

	Epidemiologists (n=24)						Networks (n=13)						Laboratories (n=25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	N	%
Should all European Laboratory networks establish molecular databases	19	79	1	4	4	17	7	54	2	15	4	31	21	84	1	4	3	12

Totals may differ due to missing values

Table 14. What should be the function of these databases?

	Epidemiologists (n=19)						Networks (n=7)						Laboratories (n=21)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Detect linked events within one country	16	84	3	16	-	-	5	100	-	-	-	-	16	76	4	19	1	5
Detect EU communitywide outbreaks	18	95	1	5	-	-	6	100	-	-	-	-	21	100	-	-	-	-
Describe molecular epidemiology	18	95	1	5	-	-	7	100	-	-	-	-	10	91	-	-	2	9
Detect early trends in molecular epidemiology	19	100	-	-	-	-	6	86	-	-	1	14	21	100	-	-	-	-

Totals may differ due to missing values

Collaboration with national centers in accession, candidate, and neighbouring countries (neighbours to the EU)

Table 15. Are you currently capable of ensuring the safe transportation of samples to laboratories within your country?

	All Pathogens		Level 1 and 2		Up to level 3		Up to level 4		Don't know		No	
	n	%	n	%	n	%	n	%	n	%	n	%
Policy makers (n=44)	21	47	-	-	-	-	-	-	-	-	-	-
Laboratories (n = 25)	12	48	4	16	7	28	1	4	-	-	1	4
Epidemiologist (n = 24)	13	54	2	8	4	17	3	13	3	13	-	-
Networks (n = 13)	4	31	1	8	2	15	-	-	6	46	-	-

Totals may differ due to missing values

Table 15a. Are you currently capable of ensuring the safe transportation of samples to laboratories outside your country?

	All Pathogens		Level 1 and 2		Up to level 3		Up to level 4		Don't know		No	
	n	%	n	%	n	%	n	%	n	%	n	%
Policy makers (n=44)	19	43	4	9	10	23	3	7	8	18	-	-
Laboratories (n = 25)	10	40	4	16	6	24	1	4	2	8	2	8
Epidemiologist (n = 24)	11	44	2	8	4	17	2	8	5	21	-	-
Networks (n = 13)	4	31	1	8	2	15	-	-	6	46	-	-

Totals may differ due to missing values

Table 16. Do you have routine surveillance collaboration with a non-EU country in Europe, North Africa, of the Middle East?

	Epidemiologists (n = 24)						Networks (n =13)						Policy Makers (n = 44)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Do you have routine surveillance collaboration with a non-EU country in Europe , North Africa, of Middle East?	8	33	15	63	1	4	11	85	2	15	-	-	10	23	24	55	10	23
Is the data exchange part of a formal agreement?	1	13	-	-	-	-	7	64	-	-	-	-	6	67	-	-	-	-
Name of the countries	Algeria; Belarus, Bulgaria, Estonia, Iceland, Kaliningrad, Morocco, Norway, Russia, Switzerland, Ukraine.																	

Table 16a. What do you see as the main benefits from such collaboration?

	Epidemiologists (n=24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Early Identification of outbreaks	18	75	2	8	4	17	8	62	4	31	1	8
Early identification of disease threats	20	83	-	-	4	17	12	92	-	-	1	8
Improvement of surveillance in your country	11	46	10	42	3	13	1	8	7	54	5	39
Provision of targeted care for immigrants from those countries	12	50	6	25	6	25	2	15	7	54	4	31
Improvement of trust between countries	17	71	1	4	6	25	9	69	1	8	3	23
Enabling more effective cross border outbreak investigation	19	79	2	8	3	13	8	62	2	15	3	23

Totals may differ due to missing values

Table 16b. What do you see as the main benefits from such collaboration?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Early Identification of outbreaks	12	92	1	8			10	83	-	-	2	17	9	82	1	9	1	9	8	100	-	-	-	-
Early identification of disease threats	11	85	1	8	1	8	10	83	-	-	2	17	9	82	1	9	1	9	8	100	-	-	-	-
Improvement of surveillance in your country	7	54	2	15	4	31	10	83	-	-	2	17	7	64	3	27	1	9	6	75	2	25	-	-
Provision of targeted care for immigrants from those countries	7	54	2	15	4	31	7	58	2	17	3	25	7	64	3	27	1	9	7	88	1	13	-	-
Improvement of trust between countries	9	69	1	8	3	23	10	83	-	-	2	17	8	73	3	27	-	-	6	75	1	13	1	13
Enabling more effective cross border outbreak investigation	8	62	2	15	3	23	9	75	1	8	2	17	9	82	1	9	1	9	5	63	1	13	2	25
<i>Totals may vary due to missing values</i>																								

Table 17. What do you see as the main obstacles to collaboration with neighboring countries?

	Epidemiologists (n =24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Lack of interest from countries	7	32	11	50	4	18	2	15	8	62	3	23
Language difficulties	5	23	15	68	2	9	5	39	8	62	-	-
Legal problems	8	36	10	46	4	18	3	25	8	67	1	8
Confidentiality issues	10	46	9	41	3	14	3	23	9	69	1	8
Lack of resources	17	81	3	14	1	5	12	92	-	-	1	8

Totals may differ due to missing values

Table 17a. What do you see as the main obstacles to collaboration with neighbouring countries?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Lack of interest from countries	2	18	9	82	-	-	4	36	5	46	2	18	3	33	6	67	-	-	5	63	2	25	1	13
Language difficulties	3	27	8	73	-	-	1	10	6	60	3	30	3	30	7	7	-	-	2	25	4	50	2	50
Legal problems	4	36	7	64	-	-	3	30	4	40	3	30	8	80	2	20	-	-	3	38	3	38	2	25
Confidentiality issues	4	36	7	64	-	-	7	70	1	10	2	20	6	67	3	33	-	-	5	63	1	13	2	25
Lack of resources	11	100	-	-	-	-	7	70	1	10	2	20	7	78	2	22	-	-	4	50	3	38	1	13

Totals may vary due to missing values

Collaboration with International organisations

Table 18. Routine surveillance with WHO

	Epidemiologists (n=24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Are you able to fully meet the requests for routine surveillance information from WHO	17	71	5	21	2	9	7	54	4	31	2	15
If No, what are the barriers												
We cant report in the time specified	2	67	1	33	-	-	1	33	2	67	-	-
We cant report in the format specified	2	40	3	60	-	-	-	-	2	100	-	-
We do not always use the same case definitions	3	60	2	40	-	-	3	100	-	-	-	-
We do not have enough staff to carry out this task	3	60	2	40	-	-	1	50	1	50	-	-
Data requested are in a different format to that which we supply to other surveillance systems	3	60	2	40	-	-	2	67	1	33	-	-
Data requested do not fit with our national priorities	2	50	2	50	-	-	3	100	-	-	-	-
We do not collect all the data they request	4	80	1	20	-	-	2	67	1	33	-	-
National vaccine data are incomplete	2	40	3	60	-	-	1	33	2	67	-	-
<i>Totals may differ due to missing values</i>												

Table 19. Collaboration with WHO

	Epidemiologists (n = 24)						Networks (n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
In order to avoid duplication with WHO would you agree to fully standardising the definitions, data formats, variables etc between ECDC and WHO for surveillance data	23	96	-	-	1	4	9	69	2	15	2	15
Would you agree to sharing the data platform between ECDC and WHO	22	92	2	8	-	-	11	85	1	8	1	8

Totals may differ due to missing values

Table 19a. Collaboration with WHO

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
In order to avoid duplication with WHO would you agree to fully standardising the definitions, data formats, variables ect between ECDC and WHO for surveillance data	12	100	-	-	-	-	8	73	-	-	3	27	8	80	1	10	1	10	8	100	-	-	-	-
Would you agree to sharing the data platform between ECDC and WHO	12	100	-	-	-	-	8	73	-	-	3	27	10	100	-	-	-	-	8	100	-	-	-	-

Table 20. How could the ECDC and WHO successfully coordinate their surveillance activities in the future?

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Exchange reports and information	23	96	-	-	1	4	13	100	-	-	-	-
Standardize case definition (where possible)	24	100	-	-	-	-	12	92	-	-	1	8
Standardize data collection	23	96	-	-	1	4	12	92	1	8	-	-
Have a single reporting system	15	63	6	25	3	13	9	69	2	15	2	15

Totals may differ due to missing values

Table 20a. How could the ECDC and WHO successfully coordinate their surveillance activities in the future?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Exchange reports and information	12	100	-	-	-	-	8	73	-	-	3	27	10	100	-	-	-	-	8	100	-	-	-	-
Standardise case definition	12	100	-	-	-	-	9	82	-	-	2	18	10	100	-	-	-	-	8	100	-	-	-	-
Standardise data collection	12	100	-	-	-	-	7	64	1	9	3	27	10	100	-	-	-	-	8	100	-	-	-	-
Have a single reporting system	11	92	1	8	-	-	7	64	-	-	4	36	8	80	-	-	2	20	5	63	1	13	2	25

Table 21. How should ECDC support and promote implementation of International Health Regulations (IHR)?

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Development of guidelines for implementation	18	75	4	17	2	8	9	69	2	15	2	15
Advice to MS	21	88	2	8	1	4	12	92	-	-	1	8
Strengthening outbreak investigation capacity	20	83	1	4	3	13	10	77	1	8	2	15
Strengthening surveillance capacity	20	83	2	8	2	8	9	69	2	15	2	15
Training using the algorithm	22	92	1	4	1	4	6	46	1	8	6	46

Totals may differ due to missing values

Table 21a. How should ECDC support and promote implementation of International Health Regulations (IHR)?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Development of guidelines for implementation	11	85	1	8	1	8	10	83	-	-	2	17	10	91	1	9	-	-	7	88	1	13	-	-
Advice to MS	13	100	-	-	-	-	9	75	1	8	2	17	11	100	-	-	-	-	7	88	-	-	1	13
Strengthening outbreak investigation capacity	12	92	1	8	-	-	9	75	-	-	3	25	9	82	-	-	2	18	7	88	-	-	1	13
Strengthening surveillance capacity	12	92	1	8	-	-	9	75	-	-	3	25	10	91	-	-	1	9	7	88	-	-	1	13
Training using the algorithm	11	85	1	8	1	8	8	67	-	-	4	33	11	100	-	-	-	-	6	75	-	-	2	25

Some totals may vary due to missing values

Table 22. Other international organisations

	Epidemiologists (n = 24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Do you send human disease data routinely or on an ad-hoc basis to international organizations	16	67	7	29	1	4	8	62	5	39	-	-
EFSA	14	58	8	33	2	8	3	23	9	69	1	8
UNDP	6	25	16	67	2	8	-	-	12	92	1	8
OECD	5	21	16	67	3	13	-	-	12	92	1	8
FAO	4	17	17	71	3	13	-	-	12	92	1	8
OIE	5	21	15	63	4	17	2	15	10	77	1	8
Council of Europe	2	8	17	71	5	21	-	-	12	92	1	8

Totals may differ due to missing values

Table 22a. Other international organisations

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Do you send human disease data routinely or on an ad-hoc basis to international organisations	11	85	2	15	-	-	6	50	3	25	3	25	7	64	2	18	2	18	5	63	1	13	2	25
EFSA	8	62	3	23	2	15	11	92	-	-	1	8	7	64	1	9	3	27	4	50	1	13	3	38
UNDP	4	31	5	39	4	31	2	17	5	42	5	42	3	27	4	36	4	36	3	38	3	38	2	25
OECD	6	46	7	54	-	-	2	17	5	42	5	42	5	46	5	46	1	9	3	38	3	38	2	25
FAO	5	39	6	46	2	15	10	83	-	-	2	17	3	27	4	36	4	36	4	50	2	25	2	25
OIE	6	46	5	39	2	15	11	92	-	-	1	8	2	18	4	36	5	46	3	38	2	25	3	38
Council of Europe	3	23	8	62	2	15	5	42	4	33	3	25	4	36	4	36	3	27	3	38	2	25	3	38

Some totals may vary due to missing values

Table 23. What kind of data do you exchange?

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Trend data	12	50	8	33	4	17	9	69	4	31	-	-
Incidence data	15	63	6	25	3	13	8	62	5	39	-	-
Outbreak investigation reports	12	50	9	38	3	13	3	23	10	77	-	-

Totals may differ due to missing values

Table 23a. What kind of data do you exchange?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Trend data	8	62	5	39	-	-	9	75	1	8	2	17	5	46	3	27	3	27	5	63	2	25	1	13
Incidence data	11	85	2	15	-	-	11	92	-	-	1	8	7	64	2	18	2	18	6	75	1	13	1	13
Outbreak investigation reports	9	69	3	21	1	8	10	83	1	8	1	8	3	27	4	36	4	36	6	75	1	13	1	13

Some totals may vary due to missing values

Functional outputs from surveillance

Table 24. ECDC plans to have memoranda of understanding with MS on the receipt and use of information by ECDC.

	Epidemiologists (n=24)							Networks(n=13)						
	Yes		No		Don't know			Yes		No		Don't know		
	n	%	n	%	n	%		n	%	n	%	n	%	
Are you content with this proposal	20	83	-	-	4	17		10	77	1	8	2	15	

Totals may differ due to missing values

Table 24a. ECDC plans to have memoranda of understanding with MS on the receipt and use of information by ECDC

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n =8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Are you content with this proposal	13	100	-	-	-	-	11	92	-	1	8	-	10	91	-	-	1	9	7	88	-	-	1	33

Table 25. Authorization process

	Epidemiologists (24)						Networks (13)						Laboratories (25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't Know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Do you see a need for clearance authorisation process with the MS/ disease networks supplying data before ECDC issues any of the outputs	15	63	7	29	2	8	10	77	1	8	2	15	20	87	2	8	3	12
How should this take place?																		
Agree which types of data needs authorisation	15	100	-	-	-	-	10	100	-	-	-	-						
For routine outputs prior agreement should be sought	9	60	6	40	-	-	9	90	1	10	-	-	20	87	1	4	2	9
Identify contact persons in ECDC and MS for dealing with authorisation issues	14	93	1	7	-	-	9	90	1	10	-	-	9	41	6	27	7	32
Any agreement should be EU wide	12	80	2	13	1	7	9	90	-	-	1	10	19	83	1	4	3	13

Totals may differ due to missing values

Table 25a. Authorisation processes

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Do you see a need for clearance authorisation process with the MS/ disease networks supplying data before ECDC issues any of the outputs	10	77	3	23	-	-	10	83	1	8	1	8	9	82	2	18	-	-	6	75	2	25	-	-
How should this take place																								
Agree which types of data needs authorisation	9	90	1	10	-	-	10	100	-	-	-	-	9	100	-	-	-	-	6	100	-	-	-	-
For routine outputs prior agreement should be sought	8	80	2	20	-	-	4	40	6	60	-	-	6	67	3	33	-	-	6	100	-	-	-	-
Identify contact persons in ECDC and MS for dealing with authorisation issues	10	100	-	-	-	-	10	100	-	-	-	-	8	89	-	-	1	11	6	100	-	-	-	-
Any agreement should be EU wide	6	60	3	30	1	10	7	70	2	20	1	10	6	67	1	11	2	22	6	100	-	-	-	-

Some totals may vary due to missing values

Table 26. Future issues

	Epidemiologists (n=24)						Networks(n=13)					
	Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%
Should ECDC provide advice and support on mass-gathering surveillance	17	71	3	13	4	17	10	77	-	-	3	23
Should ECDC attempt to coordinate EU surveillance of travel associated infections	21	88	2	8	1	4	7	54	1	8	5	39

Totals may differ due to missing values

Table 26a. Future issues

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Should ECDC provide advice and support on mass-gathering surveillance	7	54	3	23	3	23	7	58	1	8	4	33	8	73	1	9	2	18	7	88	-	-	1	13
Should ECDC attempt to coordinate EU surveillance of travel associated infections	12	92	1	8	-	-	6	50	1	8	5	42	11	100	-	-	-	-	8	100	-	-	-	-

Some totals may vary due to missing values

Table 27. ECDC is keen to engage with microbiologists, clinicians and other disciplines with an interest in prevention and control of communicable diseases. How should we go about this?

	Epidemiologists (n=24)						Networks(n=13)						Laboratories (n = 25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Organising an annual conference	12	50	7	29	5	21	7	54	3	23	3	23	15	60	5	20	5	20
Publishing in peer reviewed journals	20	83	4	17	-	-	12	92	1	8	-	-	20	80	3	12	2	8
Theme-specific workshops	24	100	-	-	-	-	13	100	-	-	-	-	23	92	1	4	1	4
Developing joint training with MS for microbiologists, clinicians, epidemiologist	19	79	3	13	2	8	6	46	3	23	4	31	18	72	2	8	5	20

Totals may differ due to missing values

Table 27a. ECDC is keen to engage with microbiologists, clinicians and other disciplines with an interest in prevention and control of communicable diseases. How should we go about this?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Organising an annual conference	8	62	5	39	-	-	8	67	1	8	3	25	7	64	1	9	3	27	7	88	1	13	-	-
Publishing in peer reviewed journals	12	92	1	8	-	-	10	83	1	8	1	8	10	91	-	-	1	9	7	88	1	13	-	-
Theme-specific workshops	12	92	1	8	-	-	11	92	-	-	1	8	10	91	-	-	1	9	8	100	-	-	-	-
Developing joint training with MS for microbiologists, clinicians, epidemiologist	10	77	3	23	-	-	9	75	1	8	2	17	9	82	-	-	2	18	8	100	-	-	-	-

Some totals may vary due to missing values

Table 28. How could ECDC best involve 'learned societies' in a collaboration?

	Epidemiologists (n=24)						Networks(n=13)						Laboratories (n=25)					
	Yes		No		Don't know		Yes		No		Don't know		Yes		No		Don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Involvement should be formal	5	21	14	58	5	21	5	39	4	31	4	31	12	48	7	28	6	24
Involvement should be informal	16	67	4	17	4	17	6	46	2	15	5	39	10	40	9	36	6	24
Regular meetings	10	42	8	33	6	25	6	46	2	15	5	39	13	52	4	16	8	32
Ask societies to feed-back ECDC work to their meetings	17	71	2	8	5	21	10	77	1	8	2	15	19	76	4	16	2	8
Societies should be asked what sort of collaboration they would like	19	79	3	13	2	8	10	77	-	-	3	23	23	92	-	-	2	8
ECDC staff should be involved in the scientific board of the societies	2	8	11	46	11	46	3	23	5	39	5	39	9	36	9	36	7	28

Totals may differ due to missing values

Table 28a. How could ECDC best involve 'learned societies' in a collaboration?

	CMO (n = 13)						CVO (n = 12)						MoH (n = 11)						Other (n = 8)					
	Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know		Yes		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Involvement should be formal	6	43	6	43	1	8	4	33	3	25	5	42	5	46	4	36	2	18	6	75	2	25	-	-
Involvement should be informal	7	54	5	39	1	8	5	42	1	8	6	50	6	55	3	27	2	18	3	38	5	63	-	-
Regular meetings	5	39	6	46	2	15	6	50	2	17	4	33	5	46	5	46	1	9	5	63	2	25	1	13
Ask societies to feed-back ECDC work to their meetings	10	77	-	-	3	23	8	67	-	-	4	33	8	73	1	9	2	18	8	100	-	-	-	-
Societies should be asked what sort of collaboration they would like	12	92	-	-	1	8	10	83	-	-	2	17	11	100	-	-	-	-	6	75	2	25	-	-
ECDC staff should be involved in the scientific board of the societies	3	23	2	15	8	62	5	42	1	8	6	50	2	18	3	27	6	55	4	50	2	25	2	25

Some totals may vary due to missing values

Table 29. Surveillance systems

	CMO (n = 13)								CVO (n = 12)								MoH (n = 11)								Other (n = 8)							
	Yes		Yes not immediately		No		Don't Know		Yes		Yes not immediately		No		Don't Know		Yes		Yes not immediately		No		Don't Know		Yes		Yes not immediately		No		Don't Know	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Do you think your present national surveillance system is capable of dealing with the current infectious disease situation	6	46	7	54	-	-	-	-	3	25	8	67	-	-	1	8	6	54	5	46	-	-	-	-	5	62	3	38	-	-	-	-
Do you think your present national surveillance system is capable of dealing with emerging health threats	1	8	12	92	-	-	-	-	4	33	7	58	-	-	1	8	2	18	9	82	-	-	-	-	5	62	3	38	-	-	-	-
In order to better respond to threats from current diseases or emerging health threats, would you consider prioritising funding for the development of the surveillance infrastructure in your country?	7	54	4	31	2	15	-	-	7	58	3	25	-	-	2	17	8	73	2	18	1	9	-	-	5	62	2	25	1	13	-	-
Would you consider prioritising funds to developing intervention epidemiology training in your country	3	23	6	46	3	23	1	8	6	50	4	33	-	-	2	17	6	55	2	18	3	27	-	-	5	62	3	38	-	-	-	-

Some totals may vary due to missing values