

COMMISSION DECISION
of 17 July 2003
amending Decision 2000/96/EC as regards the operation of dedicated surveillance networks

(notified under document number C(2003) 2522)

(Text with EEA relevance)

(2003/542/EC)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

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

Whereas:

- (1) Commission Decision No 2000/96/EC of 22 December 1999 on the communicable diseases to be progressively covered by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council ⁽²⁾ lists the communicable diseases and special health issues to be progressively covered by epidemiological surveillance.
- (2) It is necessary to specify those communicable diseases and special health issues for which dedicated surveillance networks have already been put in place in order to ensure the effective operation of those networks and that the designated structures/authorities are aware of their responsibilities.
- (3) Each Member State should nominate contact points, which may be institutions, services, departments or other bodies, to ensure that the Community network is informed regularly and without delay of events, data, statistics, and information regarding communicable diseases and special health issues covered by dedicated surveillance networks. One of those contact points or another appropriate body should act as a coordinating structure.
- (4) Operating procedures of the dedicated surveillance network should be communicated to the Community network in order to improve comparability and compatibility of data.
- (5) The measures provided for in this Decision are in accordance with the opinion of the Committee set up by Article 7 of Decision No 2119/98/EC,

HAS ADOPTED THIS DECISION:

Article 1

Decision 2000/96/EC is amended as follows:

1. In Article 4 the present text becomes paragraph 1 and the following paragraph 2 is added:

'2. The communicable diseases and special health issues for which a dedicated surveillance network has been put in place are marked with an asterisk in Annex I.

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

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

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

2. The Annexes to Decision 2000/96/EC are amended as set out in the Annex to this Decision.

Article 2

This Decision is addressed to the Member States.

Done at Brussels, 17 July 2003.

For the Commission

David BYRNE

Member of the Commission

⁽¹⁾ OJ L 268, 3.10.1998, p. 1.

⁽²⁾ OJ L 28, 3.2.2000, p. 50.

ANNEX

The Annexes to Decision 2000/96/EC are amended as follows:

1. Annex I is replaced by the following:

'ANNEX I

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

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

2. **DISEASES**

2.1. **Diseases preventable by vaccination**

Diphtheria

Infections with *Haemophilus influenza* group B (*)

Influenza (*)

Measles (*)

Mumps

Pertussis (*)

Poliomyelitis

Rubella

Smallpox

Tetanus

2.2. **Sexually-transmitted diseases**

Chlamydia infections

Gonococcal infections

HIV-infection (*)

Syphilis

2.3. **Viral hepatitis**

Hepatitis A

Hepatitis B

Hepatitis C

2.4. **Food- and water-borne diseases and diseases of environmental origin**

Anthrax

Botulism

Campylobacteriosis

Cryptosporidiosis

Giardiasis

Infection with Enterohaemorrhagic *E. coli* (*)

Leptospirosis

(*) Those communicable diseases and special health issues for which a dedicated surveillance network is in place are marked with an asterisk.

Listeriosis
Salmonellosis (*)
Shigellosis
Toxoplasmosis
Trichinosis
Yersinosis

2.5. Other diseases

2.5.1. Diseases transmitted by non-conventional agents

Transmissible spongiform encephalopathies, variant Creutzfeldt-Jakob's disease (*)

2.5.2. Air-borne diseases

Legionellosis (*)
Meningococcal disease (*)
Pneumococcal infections
Tuberculosis (*)

2.5.3. Zoonoses (other than those listed in 2.4)

Brucellosis
Echinococcosis
Rabies
Q-fever
Tularaemia

2.5.4. Serious imported diseases

Cholera
Malaria
Plague
Viral haemorrhagic fevers (*)

3. SPECIAL HEALTH ISSUES

3.1. Nosocomial infections

3.2. Antimicrobial resistance (*)

2. The following Annex III is added:

'ANNEX III

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

1. Coordinating structure and decision-making process.
2. Project management administration and supervision.
3. Case definitions, nature, and type of data to be collected.
4. Data management and protection, including data access and confidentiality.

(*) Those communicable diseases and special health issues for which a dedicated surveillance network is in place are marked with an asterisk.

5. Ways in which data are made comparable and compatible (quality requirements and data validation).
 6. Appropriate technical means and the procedures by which the data are to be disseminated and analysed at Community level (data dissemination and reporting).
 7. Proposed public health action, infection control procedures, and laboratory procedures.'
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