

Emerging Diseases – highlights from Eurosurveillance



Watching out

(≠ summarizing)

Outbreaks abroad, disease ecology

RAPID COMMUNICATIONS

Outbreak of poliomyelitis in Tajikistan in 2010: risk for importation and impact on polio surveillance in Europe?

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RAPID COMMUNICATIONS

Type 1 wild poliovirus and putative enterovirus 109 in an outbreak of acute flaccid paralysis in Congo, October-November 2010

G Grard^{1,2}, J F Drexler^{2,3}, S Lekana-Douki^{1,2}, M Caron¹, A Lukashev⁴, D Nkoghe¹, J P Gonzalez¹, C Drosten³, E Leroy (eric.leroy@ird.fr)^{1,2,5}

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Euro Surveill 25 November 2010

NEWS>>



Montagnier to study "magnetic waves" from DNA 1732



INFECTIOUS DISEASE

Polio Outbreak Breaks the Rules

Polio is a horrendous disease, but it is seldom fatal—except now. An explosive outbreak in the Papublic of Congo is writing another

unrulier neighbor to the east—had rid itself of polio in 2000 through countrywide campaigns to vaccinate each and every child. Since

No Mystery About the Polio Outbreak

THE POLIO OUTBREAK IN THE REPUBLIC OF THE Congo ("Polio outbreak breaks the rules," L. Roberts, News of the Week, 24 December 2010, p. 1730) is a tragic example of the socalled "virgin soil" epidemics, described by Macfarlane Burnet (1), that occurred in isolated regions such as St. Helena, Guam, New Guinea, Samoa, and the Hudson Bay Arctic, where the population had not been exposed to the poliovirus early in life and had not acquired any immunity. These epidemics were characterized by severe paralysis and a high mortality. For example, the Eskimos suffered a paralysis rate of 40% (although there were no paralyzed cases in infants under 3 years of age) and the mortality was 14%. The disease's effect on males between 15 and 25 in the Congo was not an "unusual twist." It was in fact predicted

Notes from the Field

Poliomyelitis Outbreak — Republic of the Congo, September 2010–February 2011

On November 4, 2010, a case of wild poliovirus type 1 (WPV1) was confirmed in a resident of the port city, Pointe Noire, the first WPV case in Republic of the Congo (ROC)

Poliomyelitis Outbreak, PointeNoire, Republic of the Congo, September 2010February 2011

Arnaud Le Menach, Augusto E. Llosa, Isabelle Mouniaman-Nara, Felix Kouassi, Joseph Ngala, Naomi Boxall, Klaudia Porten, and Rebecca F. Grais

On November 4, 2010, the Republic of the Congo declared a poliomyelitis outbreak. A cross-sectional survey in Pointe-Noire showed poor sanitary conditions and low vaccination coverage (55.5%), particularly among young adults. Supplementary vaccination should focus on older age groups in countries with evidence of immunity gaps.



Organisation mondiale de la Santé

Weekly epide Relevé épidémi

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No. 15, 2011, 86, 141-152 http://www.who.int/wer

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- 143 Meningitis in Burkina Faso, Chad, Niger, Nigeria and Ghana: 2010 epidemic season



Outbreak of poliomyelitis, Republic of the Congo, September 2010–February 2011

On 4 November 2010, a case of poliomyelitis due to wild poliovirus type 1 (WPV1) was

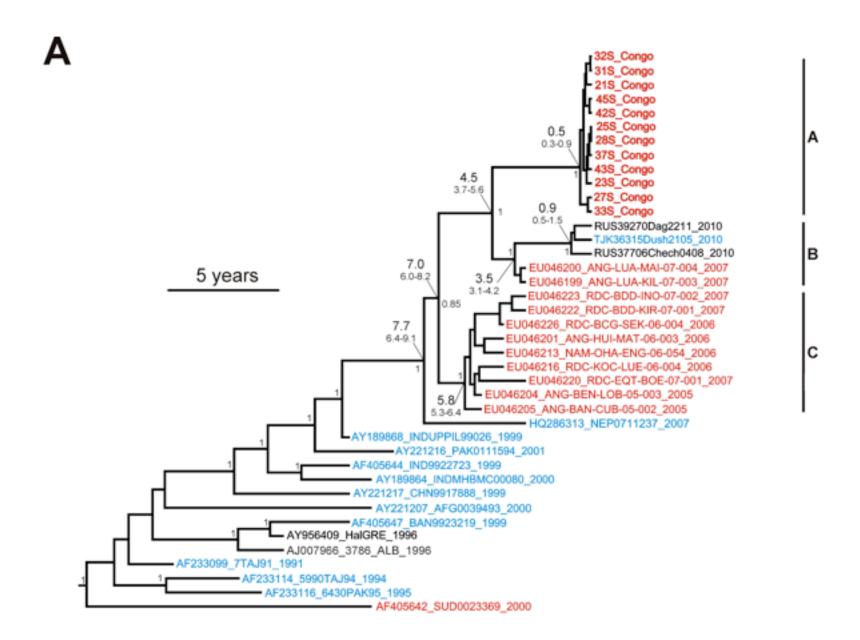
RAPID COMMUNICATIONS

Type 1 wild poliovirus and putative enterovirus 109 in an outbreak of acute flaccid paralysis in Congo, October-November 2010

G Grard^{1,2}, J F Drexler^{2,3}, S Lekana-Douki^{1,2}, M Caron¹, A Lukashev⁴, D Nkoghe¹, J P Gonzalez¹, C Drosten³, E Leroy (eric.leroy@ird.fr)^{1,2,5}

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Euro Surveill 25 November 2010



Drexler, Drosten, Leroy, unpulished data

Surveillance

...what's new?

EDITORIALS

Eurosurveillance – keeping an eye on infectious diseases

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This article has been published on 7 January 2010

The rapid communications on the pandemic, usually published within two to seven days from submission, increased in length and scientific content over time.

Rapid communications

INFLUENZA A(H1N1)V IN GERMANY: THE FIRST 10,000 CASES

A Gilsdorf (GilsdorfA@rki.de)¹, G Poggensee¹, on behalf of the working group pandemic influenza A(H1N1)v²²

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- The members of the group are listed at the end of this article

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Euro Surveill. 2009;14(34):pii=19318. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19318

Rapid communications

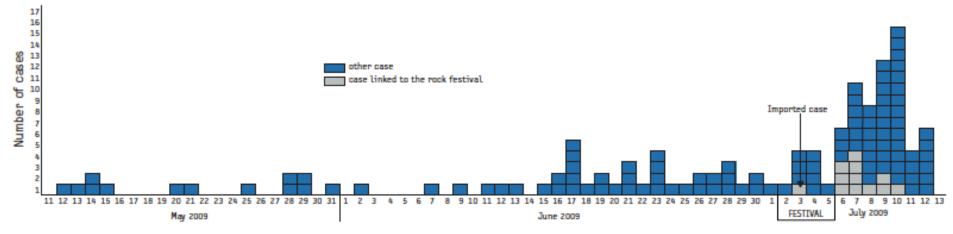
COMMUNITY TRANSMISSION OF INFLUENZA A (H1N1) V VIRUS AT A ROCK FESTIVAL IN BELGIUM, 2-5 JULY 2009

I Gutiérrez (ignacio.gutierrez@iph.fgov.be)^{1,2}, A Litzroth², S Hammadi², H Van Oyen², C Gérard3, E Robesyn⁴, J Bots⁵, M T Faidherbe⁶, F Wuillaume²

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FIGURE

Distribution of laboratory-confirmed cases of influenza A(H1N1)v by date of onset, including cases with epidemiological link to "Rock Werchter festival", Belgium, 12 May-28 June 2009 (n=123)*



SURVEILLANCE AND OUTBREAK REPORTS

Mortality of 2009 pandemic influenza A(H1N1) in Germany

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Citation style for this article

Wilking H, Buda S, von der Lippe E, Altmann D, Krause G, Eckmanns T, Haas W. Mortality of 2009 pandemic influenza A(H1N1) in Germany. Euro Surveill. 2010;15(49):pii=19741. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19741

Article published on 9 December 2010

RAPID COMMUNICATIONS

Ongoing outbreak of mumps affecting adolescents and young adults in Bavaria, Germany, August to October

W Otto', A Mankertz², S Santibanez², H Saygili³, J Wenzel⁴, W Jilg⁴, W F Wieland⁴, S Borgmann (Synlab@gmx.de)³
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RAPID COMMUNICATIONS

Spotlight on measles 2010: Measles outbreak among travellers returning from a mass gathering, Germany, September to October 2010

G Pfaff (guenter.pfaff@rps.bwl.de)1, D Lohr1, S Santibanez2, A Mankertz2, U van Treeck3, K Schönberger4, W Hautmann4

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- 4. Bavarian Health and Food Safety Agency, Oberschleißheim, Germany

RAPID COMMUNICATIONS

Virological analysis of fatal influenza cases in the United Kingdom during the early wave of influenza in winter 2010/11

Ellis (joanna.ellis@hpa.org.uk)¹, M Galiano¹, R Pebody¹, A Lackenby¹, Cl Thompson¹, A Bermingham¹, E McLean¹, H Zhao¹, S Bolotin¹, O Dar¹, J M Watson¹, M Zambon¹

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RAPID COMMUNICATIONS

Ongoing measles outbreak in Romania, 2011

A Stanescu (aurora.stanescu@insp.gov.ro)^{1,2}, D Janta^{1,2}, E Lupulescu³, G Necula³, M Lazar³, G Molnar⁴, A Pistol^{1,2} 1. National Institute of Public Health, National Centre for Communicable Diseases Surveillance and Control, Bucharest, Romania

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RESEARCH ARTICLES

Effectiveness of pandemic and seasonal influenza vaccine in preventing pandemic influenza A(H1N1)2009 infection in England and Scotland 2009-2010

P Hardelid (pia.hardelid@hpa.org.uk)¹, D M Fleming², J McMenamin³, N Andrews¹, C Robertson³.4, P SebastianPillai¹, J Ellis¹, W Carman⁵, T Wreghitt⁶, J M Watson¹, R G Pebody¹ 1. Health Protection Agency Centre for Infections, London, United Kingdom

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- University of Strathclyde, Glasgow, United Kingdom
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SURVEILLANCE AND OUTBREAK REPORTS

Two waves of pandemic influenza A(H1N1)2009 in Wales – the possible impact of media coverage on consultation rates, April - December 2009

M Keramarou (maria.keramarou@wales.nhs.uk)1.2, S Cottrell1, M R Evans1.3, C Moore4, R E Stiff1, C Elliott1, D R Thomas1, M Lyons5,

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- Public Health Wales Microbiology, Cardiff, United Kingdom
- Health Protection Services, Public Health Wales, Cardiff, United Kingdom

RAPID COMMUNICATIONS

Ongoing outbreak of mumps infection in Oban, Scotland, November 2010 to January 2011

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SURVEILLANCE AND OUTBREAK REPORTS

Measles in Italy, July 2009 to September 2010

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RAPID COMMUNICATIONS

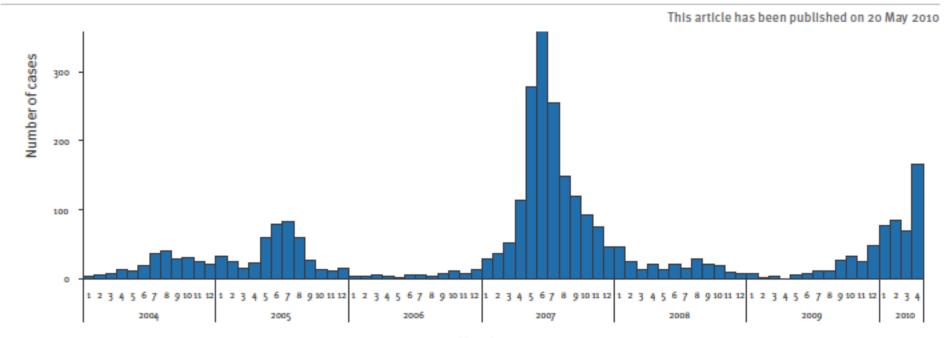
Steep rise in notified hantavirus infections in Germany, April 2010

M S Faber (faberm@rki.de)1, R G Ulrich2, C Frank1, S O Brockmann3, G M Pfaff3, J Jacob4, D H Krüger5, K Stark1

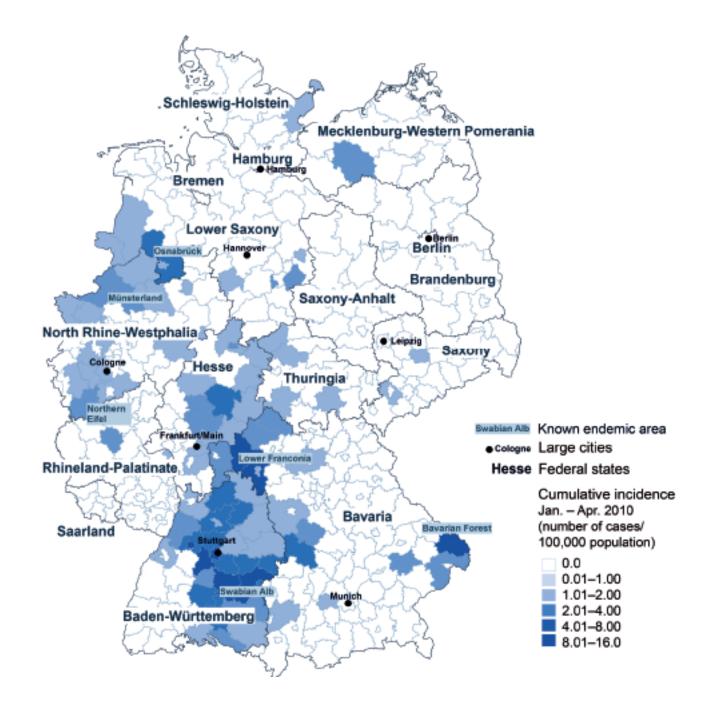
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- 2. Friedrich-Loeffler Institute, Institute for Novel and Emerging Infectious Diseases, Greifswald Insel Riems, Germany
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- 5. Institute of Virology, Helmut-Ruska-Haus, Charité Universitätsmedizin Berlin, National Consultation Laboratory for Hantaviruses, Berlin, Germany

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Month, year



Rapid communications

AUTOCHTHONOUS CHIKUNGUNYA VIRUS TRANSMISSION MAY HAVE OCCURRED IN BOLOGNA, ITALY, DURING THE SUMMER 2007 OUTBREAK

T Seyler (thomas.seyler@iss.it)^{1,2}, C Rizzo¹, A C Finarelli³, C Po³, P Alessio⁴, V Sambri⁵, M L Ciofi Degli Atti¹, S Salmaso⁶

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Surveillance is moving into Ecology

This finding suggests that transmission may have occurred 75 km away from the initial cluster. This could be explained by the importation of the virus in the area where the three cases live through an undetected (asymptomatic) viraemic patient. Another possible explanation is passive vector mobility (e.g. infected mosquitoes transported by car from the initial cluster), since the flight range (active mobility) is usually considered to be less than 1 km, The sensitivity of the surveillance system relies on the continued dissemination of information to physicians regarding the clinical symptoms (i.e. fever and severe arthralgia) that should prompt laboratory investigation for chikungunya virus infection. The present report highlights the need for reinforcing information and surveillance.

Ecology and Natural History

...what's on the horizon?

RAPID COMMUNICATIONS

Recent expansion of dengue virus serotype 3 in West Africa

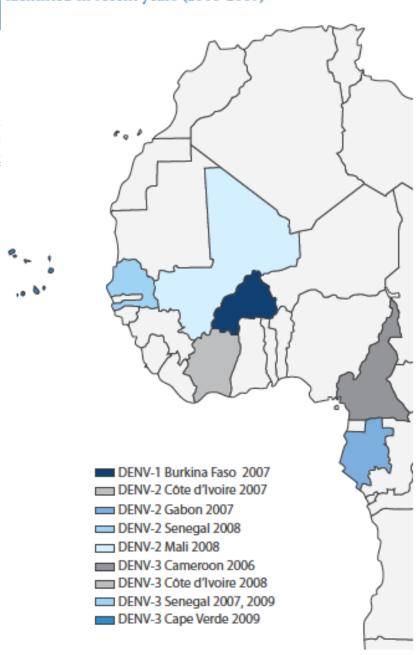
L Franco (francolet@lscill.es)^{1,2}, A DI Caro^{3,2}, F Carletti³, O Vapalahti^{4,2}, C Renaudat^{5,2}, H Zeller⁶, A Tenorio^{1,2} 1. National Centre for Microbiology, Instituto Carlos III, Madrid, Spain 2. European Network for Imported Viral Disease - Collaborative Laboratory Response Network (ENIVD-CLRN). www.enivd.org 3. National Institute for Infectious Diseases 'Lazzaro Spallanzani', Rome, Italy 4. Haartman Institute and Dept of Veterinary Biosciences, University of Helsinki, Finland 5. National Reference Centre for Arboviruses, Institut Pasteur, Paris, France 6. European Centre for Disease Prevention and Control, Stockholm, Sweden

Citation style for this article: Citation style for this article: Franco L, Di Caro A, Carletti F, Vapalahti O, Renaudat C, Zeller H, Tenorio A. Recent expansion of dengue virus serotype 3 in West Afri Euro Surveill. 2010;15(7):pii-19490. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId-19490

This article has been published on 18 February 20

FIGURE 1

West African countries where dengue serotypes have been identified in recent years (2006-2009)

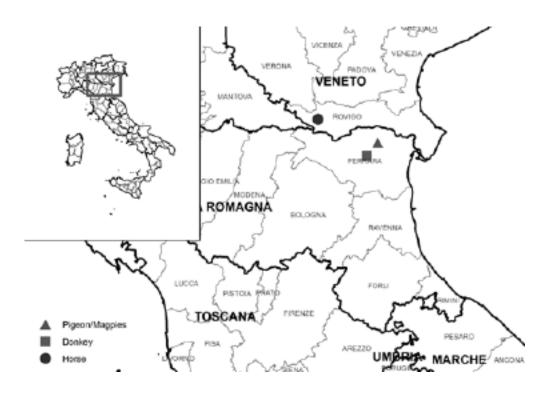


Rapid communications

PHYLOGENETIC ANALYSIS OF WEST NILE VIRUS ISOLATED IN ITALY IN 2008

G Savini¹, F Monaco¹, P Calistri (p.calistri@izs.it)¹, R Lelli¹

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Rapid communications

VECTOR-RELATED RISK MAPPING OF THE INTRODUCTION AND ESTABLISHMENT OF AEDES ALBOPICTUS IN EUROPE

M Straetemans (Masja.Straetemans@ecdc.europa.eu)¹, on behalf of the ECDC consultation group on vector-related risk for chikungunya virus transmission in Europe

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Arthropod-borne viruses transmitted by Phlebotomine sandflies in Europe: a review

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This article has been published on 11 March 2010

FIGURE 1

Distribution of (a) Toscana, (b) Sicilian, and (c) Naples viruses in the European Union and neighbouring countries around the Mediterranean Sea up to 2009

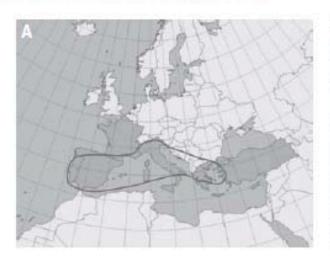
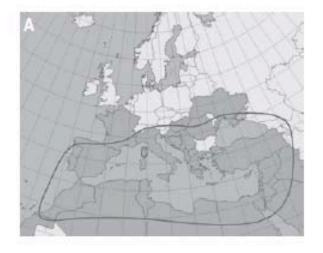


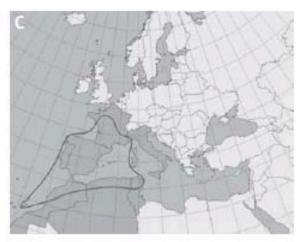




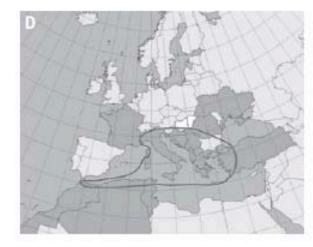
FIGURE 3

Distribution of main vectors in the European Union and neighbouring countries around the Mediterranean Sea up to 2009











Cases

Don't re-invent the wheel

Rapid communications

A FATAL CASE OF LASSA FEVER IN LONDON, JANUARY 2009

A Kitching (Aileen.Kitching@hpa.org.uk)^{1,2}, S Addiman³, S Cathcart³, L Bishop², D Krahé⁴, M Nicholas⁴, J Coakley4, G Lloyd⁵, T Brooks⁵, D Morgan⁶, D Turbitt³

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TABLE 1

Level of risk related to exposure to a patient with Lassa fever, and action, by category

Risk Category	Description	Action
No risk (Category 1)	No contact with the case Casual contact (e.g. sharing a room with the case, without direct contact with a potentially infectious material	Inform of absence of risk Give Category 1 (general) factsheet
Low risk (Category 2)	Close direct contact with the case (e.g. routine medical/nursing care, handling of clinical/ laboratory specimens), but did not handle body fluids or wore personal protective equipment (PPE) appropriately	Self-monitor* for fever and other symptoms compatible with Lassa fever Report to the senior nurse if temperature ≥38°C, with further evaluation as necessary Give Category 2 factsheet
High risk** (Category 3)	Unprotected exposure of skin or mucous membranes (e.g. mucosal exposure to splashes, needlestick injury) to potentially infectious blood or body fluids, or unprotected handling of clinical/laboratory specimens	Record own temperature daily* and report this temperature to the senior nurse by 12 noon each day, with further evaluation as necessary Give Category 3 factsheet

^{*} Contacts to be monitored for 21 days from last possible exposure to case
** Within this group, consideration for ribavirin prophylaxis, if any extreme exposure e.g. percutaneous injury

Guidance and Background

...clearing up the rumor mill

Editorials

WHY ARE MEXICAN DATA IMPORTANT?

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What is R?

What influences Ro?

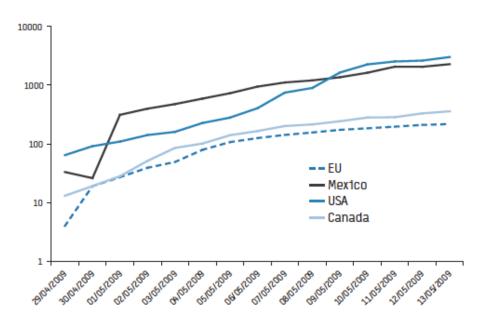
Why is Ro important in public health?

Why are Ro estimates so different for influenza?

Why is the Ro from Mexico important?

FIGURE

Daily reported cumulative number of cases in Mexico, Canada, USA, and EU/EFTA countries, outbreak of new influenza A(H1N1), April-May 2009



RAPID COMMUNICATIONS

Mass psychogenic illness in nationwide in-school vaccination for pandemic influenza A(H1N1) 2009, Taiwan, November 2009–January 2010

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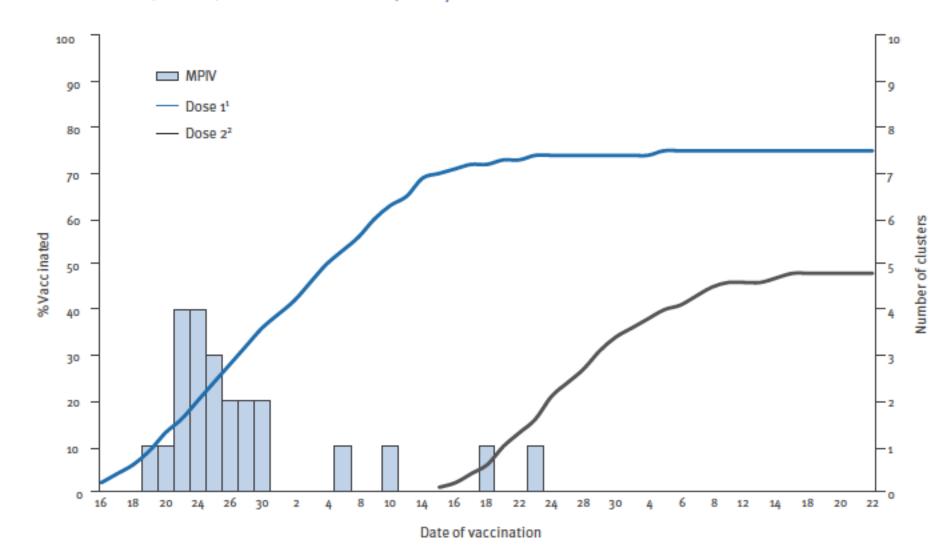
This article has been published on 27 May 2010

immunisation

On 23 November 2009, the government was notified that within two hours of pandemic influenza vaccination, a cluster of adverse events marked by dizziness, nausea and weakness occurred in 46 (7%) of the 692 schoolchildren aged 12 to 15 years who had received the vaccine at a middle school. Students were transported by ambulance to nearby hospitals and believed the illness was caused by the vaccine. Of the 46 ill students (26 female), physical and laboratory examinations found no organic cause for the reported symptoms. Forty-five patients recovered spontaneously and were discharged from the emergency department

FIGURE

Cumulative percentage of schoolchildren receiving pandemic influenza A(H1N1) monovalent vaccine, by date of vaccination and dose received, Taiwan, 16 November 2009–22 January 2010



News

EBOLA RESTON VIRUS DETECTED PIGS IN THE PHILIPPINES

Editorial team (eurosurveillance@ecdc.europa.eu)1

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The fact that the discovery of REBOV in pigs was fortuitious, shows that the virus may have been present but not recognised in this animal population in the past. The Philippine authorities have taken precautionary measures including a stop of pork export to minimise the risk of infection for humans. Overall the current risk for human infections with REBOV, which is known to be destroyed by cooking, is estimated to be very low.

Rapid communications

UNKNOWN DISEASE IN SOUTH AFRICA IDENTIFIED AS ARENAVIRUS INFECTION

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Acknowledgements

We gratefully acknowledge the openness, the collaboration and the information provided by the National Institute for Communicable Diseases in South Africa, as well as the International and Tropical Department of the French Institute for Public Health Surveillance (Institut de veille sanitaire, InVS).

E-alert

PANDEMIC PHASE LEVEL 4: HUMAN CASES OF THE NOVEL INFLUENZA A/H1N1 STRAIN CONFIRMED IN SCOTLAND AND SPAIN

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News

PANDEMIC PHASE LEVEL 5: RISING NUMBER OF CASES IN THE EUROPEAN UNION

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News

PANDEMIC ALERT LEVEL 6: SCIENTIFIC CRITERIA FOR AN INFLUENZA PANDEMIC FULFILLED*

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PRODUCTION OF EUROSURVEILLANCE TO BE SHARED WITH THE ECDC

Editorial team, Eurosurveillance editorial office

September 2005 marks a new stage in the continuing development of Eurosurveillance, as a special working relationship with the European Centre for Disease Prevention and Control (ECDC, http://www.ecdc.eu.int) is implemented. The ECDC has been mandated to publish a weekly epidemiological bulletin [1].

Eurosurveillance will draw on ten years of publishing experience to provide this service and be a platform for dissemination of scientific information from the collaboration between Paris, ECDC.

Dr Karl Ekdahl, Strategic Advisor to the ECDC Director, joined the editorial team as an Associate Editor, and work has begun to integrate the contents of the Eurosurveillance website into the new ECDC website. A member of the editorial team in London is taking up a secondment to the ECDC offices in Sweden from 1st October 2005, where the daily intelligence briefings will become another source

to inform the contents of Eurosurveillance [2]. The strengthened editorial team will introduce new features to build on the current publication format of news and short reports published weekly, and longer papers published monthly.

Through its weekly and monthly releases, Eurosurveillance has aimed to provide authoritative, peer-reviewed information on communicable diseases from a European perspective. Every country of the European Union (and three other countries, Norway, Bulgaria and Romania) is represented on the editorial board.

Eurosurveillance has always published important news from the national communicable disease surveillance centres as quickly and accurately as possible, so that the readers – mainly public health and infectious disease professionals throughout Europe – have access to the information they need.

The new editorial collaboration between Paris London and Stockholm will be a further example of European public health networking supported by DG-SANCO over the past decade

The first issue of Eurosurveillance was published in September 1995, and for the past ten years, the publication has been produced by an editorial team based at the Institut de Veille Sanitaire in France and the Health Protection Agency (formerly the Public Health Laboratory Service) in the United Kingdom. Eurosurveillance has been funded and supported throughout this time by the European Commission's Directorate-General for Health and Consumer Protection (DG-SANCO). The new editorial collaboration between Paris, London and Stockholm will be a further example of European public health networking supported by DG-SANCO

over the past decade.

Note: An earlier version of this editorial was published online on 1 September 2002 (http://eurosurveillanceorg/ew/2005/050901.asp#2)

References

- ECDC Programme of Work for 2005-2006. 4 February 2005. ECDC, Stockholm, Sweden (http://www.ecdc.eu.int/documents/pdf/ecdc_work_programme.pdf)
- Coulombier D, Paget J, Meijer A, Ganter B. Highly pathogenic avian influenza reported to be spreading into western Russia. Eurosurveillance 2005; 10(8): 18/09/2005 (http://www.eurosurveillance.org/ew/2005/050818.asp#1)

Editorial

SUCCESSFUL TRANSFER OF EUROSURVEILLANCE TO ECDC

further developing

leading journal

in its field in Europe

Zsuzsanna Jakab

Director, European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden

One of the first things the European Centre for Disease Prevention and Control (ECDC) had to address in 2005 when it was being set up was the requirement in its Work Plan 2005-2006 to issue a "weekly epidemiological report". This coincided with a visit to ECDC in June 2005 by the two editorial teams of Eurosurveillance; the Paris team from the Institut de Veille Sanitaire (InVS) in charge of the monthly release and the London team from the Health Protection Agency (HPA) in charge of the weekly release of the journal. This first meeting triggered a chain of events, leading up to the successful transfer of Eurosurveillance to ECDC in March 2007. This monthly issue of the journal symbolises the successful transfer as it has been co-produced by the Paris team and the new editors at ECDC in Stockholm.

From the very beginning there was a full agreement between InVS, HPA and ECDC that Eurosurveillance would be handed over to ECDC Eurosurveillance, to make it the as soon as the contract with the Commission would end in early 2007. This agreement was also supported by the European Commission throughout the process. Through a great flexibility and generosity from InVS and HPA,

a satellite editorial office was set up at ECDC in the autumn of 2005, manned by an Assistant Editor seconded from HPA and supported by a newly appointed Associate Editor from the ECDC staff (see www.eurosurveillance.org/ew/2005/050901.asp#1). Through this arrangement, the new ECDC editorial team (Editorin-Chief, Managing Editor, and three Assistant Editors) could gradually assume responsibility for the journal, and for the first time both the weekly and the monthly releases of the journal will now be produced from the same office. ECDC is grateful for all the effort and commitment from all the members in the previous editorial teams for making each step of this transfer as smooth as possible.

It was not a small "gift" handed over to ECDC by the Commission and the previous contract holders. At the time of the transfer, the journal had over 10,000 subscribers to the electronic releases from all over the globe, and the quarterly print compilation (with articles from both the weekly and monthly releases) is issued in 6,000 copies. Over the years, articles from Eurosurveillance have been cited almost 500 times in the mailing list ProMed (only surpassed by Lancet among the European scientific journals). These impressive figures reflect the dedicated work of the previous editorial teams and the network of editorial advisers in the Member States to pick up high quality short and long scientific articles from all across Europe and have them published in a very timely way.

So what about the future? ECDC is fully committed to further developing Eurosurveillance, to make it the leading journal in its field in Europe. ECDC is fully committed to The editorial team is now applying for an impact factor for the journal, and whenever ECDC meets with European public health experts in Europe, they will be encouraged to submit their best work to Eurosurveillance. To safeguard the credibility of the journal, the editorial office is working under full editorial independence from the Centre, and submitted articles will be judged solely on the

> basis of their scientific standard. This is very important, but also fully in line with ECDC being a provider of independent scientific advice, according to our Founding Regulation (see: www.ecdc. europa.eu/About_us/Key_Documents/ecdc_regulations.pdf). As Director of ECDC, I am proud to have Eurosurveillance as an ECDC publication. The journal is of strategic importance to the Centre as

it has already proven its value in disseminating the most relevant scientific information to public health officials across Europe and the world in a very timely manner.

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Editorial

EUROSURVEILLANCE COMES OF AGE AND MOVES TO ECDC

Hélène Therrei, Jean-Claude Desencloszi, Elizabeth Hoflei, Noel Gflli, and Jean-Baptiste Bruneti

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Eurosurveillance was created in 1995 to support exchange and dissemination of authoritative scientific information within the part of public health community involved in the field of infectious disease surveillance and control, at a time when European surveillance networks were at an early stage of growth. Now part of a large network, the publication is entering a new stage: the editorial function will now be hosted at the European Centre for Disease Prevention and Control (ECDC) in Stockholm. This will strengthen the platform for the next stage in Eurosurveillance's development as the major home of peer-reviewed European information on infectious disease surveillance and control.

It was in the early 1990s that the feasibility of a Europe-wide disease surveillance through a network of experts was first explored. As stated in 1992 in The Lancet '... one response to the AIDS epidemic has been the establishment of a European network for monitoring this disease. Experience has proved that effective international surveillance is feasible in Europe...' [1]. This network, now known as EuroHIV, weak. The growth of Eurosurveillance relied heavily on the pioneers of these growing surveillance networks, the support of the European Commission through the PH programme and the work of the editorial board, made up of 'national gatekeepers' from each of the European national public health institutes. These national gatekeepers who served as editorial advisors to Eurosurveillance were frequently the editors of the national epidemiological bulletins.

Eurosurveillance is one of the numerous pieces of a patiently assembled puzzle that benefited from growing political interest and recognition. With the 2119/98/EC Decision of the EU Parliament

and Council on the network for infectious disease surveillance [9], the 2000/57 Commission Decision on the early warning and response system [10], and in May 2005 [11], the creation of the ECDC, the goal of a European service for public health surveillance and control of infectious diseases has become a reality.

Eurosurveillance is entering adulthood: in the name of all its parents, let us say that we are very proud

Within the past 10 years, many public health

Congratulations, Eurosurveillance

- Original articles
- Beyond Europe, beyond surveillance and outbreaks
- Epidemiology < > Ecology
- Large review articles
- More figures
- Colour
- Article-level metrics
- Impact factor