

Date last modification documentation sheet: 14-05-2012

Compared to previous version documentation sheet (02-08-2010) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet
- Remark added on discussion in the ECHIM Core Group on selection criteria applied for this indicator, and item added to work-to-do section that these criteria need to be assessed based on this discussion.

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 18. Selected communicable diseases
<i>Relevant policy areas</i>	- Health threats, communicable diseases - (Preventable) Burden of Disease (BoD)
<i>Definition</i>	Incidence of selected communicable diseases, per 100,000 population.
<i>Calculation</i>	Following ECDC methodology (see preferred source and remarks): The total number of confirmed new cases of the disease in a specific year divided by the population of the country in question in the same year, expressed per 100 000 population (using Eurostat dataset 'Population by sex and age on 1 January of each year' for the calculation of the rate). Incidence is calculated for the following communicable diseases (see remarks for rationale selection): 1. Chlamydia, 2. Giardiasis, 3. Campylobacteriosis, 4. Salmonellosis, 5. Mumps, 6. Hepatitis A, 7. Invasive pneumococcal disease, 8. Hepatitis B, 9. Legionellosis, 10. Listeriosis, 11. E. Coli infections (VTEC, STEC, EHEC), 12. Yersiniosis
<i>Relevant dimensions and subgroups</i>	- Calendar year - Country - Age group (0-24, 25-64, 65+)
<i>Preferred data type and data source</i>	Preferred data type: - Surveillance reports  Preferred source: - ECDC
<i>Data availability</i>	As of 2007 ECDC publishes annual surveillance reports. The data reported are the data from year N-2 (so the 2009 report contains data from 2007). Data are reported for the EU27 and EEA/EFTA countries. Data are reported by age group (0-4, 5-14, 15-24, 25-44, 45-64, 65+), so preferred age groups as defined by ECHIM can be compiled from these.
<i>Data periodicity</i>	Annually.
<i>Rationale</i>	Communicable diseases cause, or have the potential to cause, significant disease burden (morbidity and/or mortality). They are also diseases for which effective preventive measures are available with a protective health gain. Communicable diseases move across borders and therefore ask for sometimes rapid internationally based interventions.
<i>Remarks</i>	- The ECHI shortlist contains a separate indicator on the vaccination coverage in children for major childhood diseases (see indicator 56. Vaccination coverage in children). - ECDC reports confirmed cases, i.e. the notification rate per 100,000 population. Generally this is a good proxy for incidence. However, in case of a disease with few symptoms, e.g. Chlamydia, people may not report to a doctor/nurse, and cases may be missed by routine surveillance systems. For such diseases the notification rate derived from routine surveillance systems will be (much) lower than the actual incidence rate. - Next to providing breakdowns by age, ECDC also reports distribution by sex and season. - Commission Decision 2002/253/EC of 19 March 2002 lays down the compulsory case definitions for reporting $\pm$ 40 communicable diseases. ECHIM and ECDC experts together have made a selection – based on the 2006 data – to be reported for this ECHI indicator. Inclusion criteria applied were: A) Vaccine preventable diseases; top 4 incidence, B) Non-vaccine preventable diseases; top 4 incidence, C) Clear upward trend in incidence. This selection needs to be revised at regular intervals (see work to do section). - In 2011 there has been some discussion in the ECHIM Core Group that the criteria above may need to be adapted, as a major public health concern like Tuberculosis now is excluded from the indicator based on these criteria. A solution could be to broaden the C) category to

	<p>'Other important public health concerns (e.g. clear upward trend in incidence, large burden of disease)'.  - Comparability of data between countries is limited due to different underlying national surveillance systems (e.g. obligatory vs. voluntary reporting).  - Epidemiological data on reportable communicable diseases are uploaded by the Member States using ECDC's online system for the collection of surveillance data (TESSy).</p>
<i>References</i>	<p>- ECDC, surveillance reports: <a href="http://ecdc.europa.eu/en/publications/surveillance_reports/annual_epidemiological_report/Pages/epi_index.aspx">http://ecdc.europa.eu/en/publications/surveillance_reports/annual_epidemiological_report/Pages/epi_index.aspx</a>  - Commission Decision 2002/253/EC of 19 March 2002: <a href="http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2002:086:0044:0062:EN:PDF">http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2002:086:0044:0062:EN:PDF</a>  - ECDC's online system for the collection of surveillance data (TESSy): <a href="http://www.ecdc.europa.eu/en/activities/surveillance/Pages/Surveillance_Tessy.aspx">http://www.ecdc.europa.eu/en/activities/surveillance/Pages/Surveillance_Tessy.aspx</a></p>
<i>Work to do</i>	<p>- Compare selection criteria once every 2 years with latest data available to see whether list of selected communicable diseases for this indicator is still accurate. N.B.: last update based on 2006 data.  - The ECHIM Core Group (or a comparable body, if the Core Group will not be maintained after the ending of the Joint Action) needs to reassess the selection criteria applied for this indicator (see remarks).  - Compiling the data from the surveillance reports requires a lot of manual work. ECHIM should therefore discuss with ECDC whether data can be provided by ECDC in data file format.</p>