TWINNING INTERIM QUARTERLY REPORT

No. 5

ANNEX

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Annex 1 Minutes 4th Steering Committee

4th Meeting of the Steering Committee

Minutes

Date: 7 March 2006 (12.00-14.00)
Place of meeting: Ministry of Health, Limbová 2, 837 52 Bratislava, room no. 152/3

Participants

- **Present:**
  Mr Geert van Etten – Dutch Project Leader (NSPOH) [chair]
  Ms Zuzana Škublová – Slovak Project Leader (MoH of SR)
  Ms Anne Maria Aalders – new RTA (NSPOH)
  Ms Zuzana Krištúfková – Project Manager (PHA SR Bratislava)
  Ms Mária Avdičová – Co-ordinator component I (RPHA Banská Bystrica)
  Ms Jana Bosá – Co-ordinator component II (PHA SR Bratislava)
  Mr Milan Nikš – Co-ordinator component III (PHA SR Bratislava)
  Mr Miroslav Škvarka - CFCU at the Ministry of Finance of SR
  Ms Jana Potúčková on behalf of Ms M. Čačová – Section of Public Health at the MoH of SR
  Ms Elena Marušáková – PHA SR Bratislava
  Ms Jana Ráčková – RTA Assistant

- **Absent:**
  Ms Jana Minarovičová - National Contact Point for Twinning, Office of the Government of SR
  Ms Soňa Gabčová – Task manager, Office of Government of SR
  Ms Martina Galabová - CFCU at the Ministry of Finance of SR
  Mr Steef van den Berg – Royal Netherlands Embassy
  Ms Linda Winklerová – MoH of SR

Agenda

1. Opening
Mr van Etten as the chairperson officially opens the meeting, welcomed new participants and introduced agenda. Ms Škublová apologized for the absence of Ms Gabčová and Ms Galabová.

2. Discussion on 4th Quarterly report
Mr van Etten gave the floor to Ms Škublová who apologized for being late with her comments to the draft 4QR. Some of her comments were incorporated but some were not. Generally, the report is good and detailed enough. She only had some technical questions, like missing general and overall assessment of the project related to delayed activities or change of experts. Ms Škublová informed about the change of the director of PHA SR / chief hygienist (Mr Valašek) and suggested to add one sentence about this in the report / section 2 / Policy developments. Ms Škublová also informed about the meeting with CFCU representative, RTA and RTA Assistant on 6th of March 2006 which will be mentioned later.

Mr van Etten´s comments were incorporated into the draft 4QR. He agreed with Ms Škublová to incorporate some general assessment on page 16 of the report. Then he asked component coordinators for update of each component.

Ms Avdičová informed about component I. Cooperation and work with company Softec (software development) runs according to schedule as agreed with the CFCU. Working group prepared some comments to Softec analysis which have been included. Softec prepared another version. Within the next week working group will finalize their definitive comments. Work runs successfully without any big difficulties. The only problem is the time pressure (avian flu eg.) under which epidemiologists have to work.
Concerning activity 1.8 Mr van Etten asked why there is no information in the Mission report of STE Mr Otto as to what happened with the preparation of the Terms of reference for TA & training. Ms Škublová explained that the working schedule had to be modified according to reality because of deadline of public procurement (end November 2005). Therefore the Terms of reference and TA framework were done at the end of last summer, not during the mission of Mr Otto in autumn 2005, as planned in the schedule. Ms Avdičová also clarified that pilot project assistance was discussed with STE Mr Otto to be done later for integration into later phase, i.e. activity 1.13.
Ms Marušáková asked for more clarification in order to better understand the whole issue. Ms Škublová and Mr van Etten suggested that Ms Krištúfková will provide her with the copy of the contract with Softec company. *See conclusions.*

Ms Bosá informed about component II and replied on question regarding accreditation process which was planned for end of March 2006. She expressed her doubts and mentioned again the current critical moment of reconstruction which has been mentioned during the last SC meeting – lack of finances for reconstruction of laboratory area. She informed that reconstruction (on 1st floor) has been partly done (new electricity, wall painting … etc.) so they could receive and implement first delivery of new equipment. As because part of laboratory area has not been reconstructed until now Ms Bosá did not see any sense to receive also the remaining second part of equipment delivery. She also has no official reply to official letter that was sent to chief hygienist in this matter. Ms Škublová asked to get copy of mentioned letter. *See conclusions.*
Ms Marušáková on behalf of PHA SR asked who is the final recipient of this TW project. Ms Škublová asked for the relation of this question to issue of reconstructions. Ms Marušáková explained that there was no money budgeted for this project within the budget of PHA SR. Ms Škublová clarified that there was a huge discussion between the former chief hygienist Mr Rovný and MoH SR regarding this issue where the commitment about this finances between Mr Rovný and Minister of MoH SR was taken. Ms Škublová would like to organize and join official meeting with Mr Valašek (current chief hygienist) to discuss mentioned financial issues. *See conclusions.*
Ms Škublová asked about the current overall situation with Vitrum supply which was divided into 3 main parts. Ms Bosá replied that in generally she will not sign any protocols until she will not have all requested documentation (for example manual in Slovak language). She informed about the end of supply for RPHAs Banská Bystrica and Košice next week (16-17 March). Second part of supply for PHA SR Bratislava is stopped because of not reconstructed laboratory parts. Ms Škublová reminded contracted limited period for delivery. Ms Bosá informed that currently she is preparing with CFCU an addendum to the Vitrum contract. The addendum was proposed after Vitrum visited the place where the laboratory equipment is supposed to be installed. After consultations it was proposed to modify the specification of laboratory equipment while the technical parameters of machines remain unchanged. Indicated changes concern the decreasing of electricity load and water consumption in respect to existing laboratory infrastructure (*additional explanation given by Ms Škublová after the meeting*).

Mr Nikš informed about component III where the work runs according to plan. Next month, there will be experimental external control runs. A routine laboratory is the most complicated part but seems to work ok and everything will be ready in time. Regarding unavailability of STE for remaining activities within this component he did not believe to find another (more

competent) expert who will be able to help also specifically, not only generally. A specific Slovak expert would be better than a Dutch one, but because such an expert will belong to commercial company, he/she will not be independent. Therefore it is better to have a general Dutch expert. Both project leaders asked whether there is actually in general any need for a replacing expert either on specific or harmonisation level. Mr Nikš expressed his opinion that the same expert in component II (Ms De Schipper-Visser) would be enough to have a look on this component. No new expert is required. Ms Aalders asked about the best time for organizing the mission with mentioned expert. Mr Nikš replied in May or June.
Ms Škublová asked whether there exists any EU rule for harmonisation in this field. Mr Nikš replied that there are some general rules, but not too specific. Mr van Etten asked what kind of rules there are because maybe there is no need to be at the level of EU but at least it would be good to be on appropriate scientific level. Mr Nikš´s aim is to write appropriate Standard Operating Procedures.

Mr van Etten and Ms Škublová agreed that component coordinators should write in one or two sentences their opinion about the main factor that is influencing running of their component, for example exchanging of short-term experts or delays in implementing of activities. *See conclusions.*

Mr van Etten opened the issue of financial report, as part of each quarterly report and gave the floor to Ms Škublová. She informed about the meeting with CFCU financial manager (Ms Pavlíková), RTA and RTA Assistant on 6th of March 2006. Ms Škublová already indicated some missing information in the template of financial report in the past therefore NSPOH financial manager Ms van Keulen modified this template. The main conclusions from the meeting at CFCU were as follows:

- Ms Pavlíková considered modified template as sufficient from their side and suggested to change only order of columns. There are even columns which are not relevant to keep for CFCU but might be important for NSPOH.
- Regarding the issue of putting new information, she proposed following columns: figure as budgeted in TW budget + spent each quarter + spent in total for all previous quarters + balance / remaining. Last two columns should be all the time updated.
- Regarding the changes made by Side letter or Addenda, she proposed to add separate column after part describing original budget saying what changes were made; in + or – figures while total should be “0”.
- Regarding the money from contingencies, there is a possibility to transfer money that is leftover from already finished activities to reserves. It is very easy to use this money if needed but this money can not be used for fixed items but only for estimated (number of working days, translation eg.) budgeted money.

Ms Aalders supported this idea. Ms Škvarka suggested follow this advice because he is not very involved in this matter. Ms Aalders proposed to write it down and forward to Ms van Keulen to NSPOH for later discussion. *See conclusion.*
Ms Škublová proposed to apply the change of re-ordering columns for the 4th financial report within a week by Ms Aalders. Mr van Etten proposed to introduce reserves to 5th financial report. *See conclusion.*

Conclusions:

- Ms Krištúfková will provide Ms Marušáková with the copy of Softec contract.
- Ms Bosá will provide Ms Škublová with the copy of letter to chief hygienist regarding reconstructions of laboratory area.
- Ms Škublová will organize and join official meeting with Mr Valašek to discuss financial issues regarding the project.
- RTA office will collect and incorporate into the 4QR (General assessment) opinions of CCs about the impact of exchanging of short-term experts or delays in implementing of activities within each component.

- Ms Aalders will write down the advice of CFCU financial manager and forward them to NSPOH for later discussion within a week.
- RTA office will prepare new version of the 4QR at the end of this week to be forwarded to CCs for their input. Second week the report should go to PLs for final comments and approval.

3. Discussion on Action plan

Ms Aalders apologized for late distribution of the action plan before this meeting due to difficulties with getting all information. She would like to update it more in coming days. Mr van Etten suggested finish new version within 10 days. *See conclusion.*

Ms Škublová reminded the recommendation on technical part – software development. She asked for official opinion of STE Mr Otto whether to insist on this recommendation not to develop new software but use an existing one. Ms Avdičová clarified that a hot discussion on this issue took place with final conclusion to develop new software because of many specific reasons (for example adding of older data). From Dutch system they learnt about some specific outputs from software which is very much useful in current developing. Mr Otto agreed and supported this decision.

Mr van Etten asked some questions about the results of the questionnaire survey and what actions will follow. Ms Avdičová briefly mentioned results from the questionnaire survey among GPs and practitioners and their interest to use new software for reporting if infectious diseases. Disappointment was the result that 50% preferred writing form for feedback information.

Conclusions:

- RTA office will finish new version of the action plan within 10 days.

4. Proposals extra RTA budget

Ms Škublová informed that at the end of February a first discussion on this issue took place. Later on she received from RTA office proposals of component coordinators and project manager which were already commented by NSPOH and RTA. She subsequently forwarded the proposals to CFCU for comments. Ms Škvarka sent comments that were discussed on 1st of March during the meeting with Ms Krištúfková, Ms Aalders and Ms Ráčková. Main conclusion was to extend clarification of mentioned activities which was discussed next day with component coordinators. The issue was also discussed yesterday at CFCU where Ms Pavlíková (financial manager) expressed her opinion that translation of guidelines should be accepted if good reasoning is given. General conclusion there should not be any objections to translations, workshops or prolongation of study visit from CFCU side, only more reasoning is necessary.
Ms Aalders added that RTA office already received some more reasoning from Ms Bosá (already forwarded again to NSPOH) but is still waiting from Ms Avdičová´s; deadline is end of this week.
Mr Škvarka adviced to add better justification and connect requested workshops to activities. Translations are not generally supported but could be accepted with better explanation.

5. Any other business

Not.

6. Date of next meeting

The tentative date of next meeting is agreed on 9 June 2006 at 12.00 hrs.

7. Closure

Mr van Etten officially thanks all participants for their co-operation and contribution.

Annex 2 Minutes 01 / 03 / 2006

MINUTES

PHARE Twinning project 2003-004-995-03-07
„Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic“

Place: Slovak Medical University in Bratislava

Date: 1 March 2006 at 14.00 hrs.

Present: Ms Zuzana Škublová, SK-PL
Ms Annemarie Aalders, RTA
Ms Zuzana Krištúfková, Project manager
Ms Jana Ráčková, RTA Assistant (taking minutes)

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1) Proposals extra RTA budget

Ms Škublová informed about the reaction and comments of CFCU / Mr Škvarka that she received on 28th February. The comments are as follows:

- Activities 1.10 & 2.4 – translations: in article 5.9 of Twinning Manual stays that only EU acquis legislative materials related to previously realized activities could be translated.
- Activity 1.11 – translation and 1-day workshop: unsatisfactory reasoning; 2 Slovak epidemiologists could not be paid by project budget; incorrect calculation for translation.
- Activity 1.12 – translation and 1-day workshop: unsatisfactory reasoning.
- Activity 1.15 – 5-day course and translation: same as 1.11, 1.12, unsatisfactory reasoning.
- Activity 2.3 – extension of Ms Adamčáková´s internship: unsatisfactory reasoning.

Conclusion:

- Component coordinators together with project manager will write in more details explanation and reasons of each proposal (preferably before Stc on 7 March) which will be subsequently discussed with CFCU representatives.
- Financial side should be communicated with NSPOH especially the 10% rule and usage of side letter or addendum.

2) 4th Quarterly report

Ms Aalders informed that the draft 4th QR is updated with comments of both PLs. There are still some missing or unclear information which will be discussed at the Stc and incorporated into the final version of the report which will be distributed after the Stc meeting.

3) Mrs Wendy Waijboer

Ms Aalders informed that Ms Waijboer changed her job and is not able to come anymore for remaining missions. After the meeting with Mr Nikš, it is clear that for comp. III no other expert is needed, according to Mr Nikš and Ms Bosá. However, Ms Aalders mentioned that Mr van Etten has some questions about this. Ms Škublová also was not sure about this so it was decided to discuss this on the Steering Committee meeting on 7th March. Regarding comp. II a replacement would be needed. Co-ordinator comp. II, Ms Bosá met during her internship suitable expert therefore she provided Ms Aalders with this contact. Contact was forwarded to NSPOH and we are now waiting for feedback.

4) Mr Melchers activity 2.5, 2.6 (Side letter 5.)

Side letter no. 5 has been prepared and signed by Ms Aalders. Ms Škublová clarified that also her signature is necessary therefore new version should be prepared.

Conclusion:

- Ms Aalders will bring on 4th Stc new version of SL 5. to be signed by Ms Škublová and to be forwarded to CFCU.

5) Roles, responsibilities and communication within the project

Ms Škublová expressed her satisfaction with current communication within the project which has been according to her very much improved. Due to time pressure, this issue might be brought up again by RTA during the next meeting.

6) Other

Ms Škublová informed that the 3rd Quarterly report was not officially distributed as a hard copy because of unclear annex - 3rd financial report. Ms Škublová already long time ago asked NSPOH for changes in format of this document by adding other columns. Unfortunately the final version was not prepared yet.

Ms Aalders and Ms Ráčková mentioned that they also did not received hard copies of Side letter 3 and Addendum 1. Also copies of contracts between CFCU and selected companies for HW, SW and laboratory equipment would be useful to have. Ms Škublová said that also other information regarding the progress with selected companies is available on request to her or Ms Krištúfková

Conclusion:

- Ms Škublová will ask CFCU / Financial department for meeting (with RTA) to discuss this issue, preferably on Monday 6th March.
- Ms Škublová will bring copies of SL 3 and Addendum 1 for RTA to 4th Stc meeting.
- Ms Krištúfková will provide RTA office with copies of contracts by coming Friday.

3 March 2006

Jana Ráčková
RTA Assistant

Annex 3 Minutes 02 / 03 / 2006

MINUTES

PHARE Twinning project 2003-004-995-03-07
„Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic“

Place: Slovak Medical University in Bratislava

Date: 2 March 2006 at 12.00 hrs.

Present: Ms Annemarie Aalders, RTA
Ms Zuzana Krištúfková, Project manager
Ms Mária Avdičová, coordinator comp. I
Ms Jana Bosá, coordinator comp. II
Ms Jana Ráčková, RTA Assistant (taking minutes)

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1) Proposals extra RTA budget

Ms Krištúfková informed about the conclusions from the meeting with SK-PL Ms Škublová on 1st March 2006 and reaction and comments of CFCU / Mr Škvarka to given proposals.
Extension of Ms Adamčáková´s internship is the most important and urgent proposal at the moment to be solved.
Conclusion:

- Component coordinators together with project manager will write in more details explanation and reasons of each proposal (prior extension of Ms Adamčáková´s internship) which will be subsequently discussed at Stc meeting with CFCU representatives. ***Deadline: 3 March***
- Ms Ráčková will forward to Ms Avidčová and Ms Bosá comments of Mr Škvarka. ***Today***

2) Mrs Wendy Waijboer

Ms Bosá will explain on the Steering Committee meeting on 7th March her opinion to possible replacement of this expert.

3) Action plan & other

Ms Aalders asked for an update of the action plan before the Stc meeting and also other missing documents regarding component I.
Ms Krištúfková suggested create special list of STE´s recommendations for future discussion with director of PHA SR.
Ms Bosá briefly informed about the planned amendment regarding delivery of equipment, last delivery to RPHA Banská Bystrica next week, handover protocols and insurance of lab equipment.
Conclusion:

- Ms Ráčková will forward to Ms Avdičová last version of an action plan to be updated. ***Today***
- Ms Avdičová and Ms Bosá will send updates to their part of an action plan. ***Deadline: 3 March***
- Ms Avdičová will send missing documents “Results questionnaire survey” to be added by RTA office to mission report for activity 1.7 and to 4th QR draft. ***Deadline: 3 March***

Jana Ráčková 7 March 2006
RTA Assistant

Annex 4 Minutes 06 / 03 / 2006

MINUTES

PHARE Twinning project 2003-004-995-03-07
„Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic“

Place: Central Finance and Contracting Unit, Ministry of Finance of the Slovak Republic

Date: 6 March 2006 at 14.00-15.00 hrs.

Present: Ms Zuzana Škublová, SK-PL
Ms Zora Pavlíková, Financial manager at CFCU
Ms Annemarie Aalders, RTA
Ms Jana Ráčková, RTA Assistant (taking minutes)

The aim of this meeting was to discuss financial matters within concerned project, template of financial report and other issues.

According to Ms Pavlíková, the main source for information is the Twinning Manual version 2004. RTA should not be also financial manager but this also depends on situation in the project.

Ms Škublová opened discussion on template of financial report. She already put forward some suggestions to template and after an earlier discussion with Ms Pavlíková who gave her an example the template for this project was modified. Ms Pavlíková clarified again the template - take original budget, add extra columns for each quarter (spent figure) and add if needed recapitulation of previous quarters. It is useful to add at the end of table 2 columns, 1. “Total spent” and 2. “Balance” (in total, not after each quarter). Financial report will then have following columns: Budget, 1Q, 2Q, 3Q …, total spent, and balance.
Ms Aalders showed the current (already once modified) version of the 4th financial report to Ms Pavlíková who said the format is sufficient enough for CFCU. According to her even some columns are not important (dates of services, invoice number, date of invoice) but she has no objections to keep them if these are important for counterpart. She suggested usage of different column ordering, for example: original budget, SL4, SL5, 1Q, 2Q, 3Q…total spent, balance.

Ms Škublová asked whether it is important inclusion of any additional columns regarding using of side letter or addenda. Ms Pavlíková replied it is good to add column with “revised budget” where by also balance will refer to revised budget, not original budget. A separate column should refer to changes that were made, that means + or – figures with total sum “zero”. Ms Pavlíková also said it is not necessary to include information which change was made by which side letter.

Ms Pavlíková also proposed to use reallocation within the reserves (quarterly) which can save us paperwork and usage of Side letters. Savings from finished activities should be put into reserves. If we spend more than estimated, we can use these reserves. Using of reserved money is limited only for estimated budget lines, for example number of working days (but not too many extra days). Subsequently the per diems for extra working days should be increased. If the weekend is included, only per diems and no salaries are budgeted. If the work is performed at the weekend, there must be a good reasoning added by BC for MS partner.

Extra proposals RTA savings
Ms Škublová asked whether the translations of Dutch or Slovak guidelines are eligible because according to Mr Škvarka (Task manager at CFCU) only translations regarding EU acqui legislation could be financed by project budget. Ms Pavlíková suggested checking this with TM 5.9 article. She said that may be just increasing the budget lone for translation of documents might the option.

Annex 5 Minutes 28 / 03 / 2006

MINUTES

PHARE Twinning project 2003-004-995-03-07
„Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic“

Place: Public Health Authority of the Slovak Republic in Bratislava

Date: 28 March 2006 at 12.45 hrs.

Present: Ms Annemarie Aalders, RTA
Ms Zuzana Krištúfková, Project manager
Mr František Valašek, Chief hygienist / Director of PHA SR
Ms Katarína Kafková, PHA SR
Ms Elena Marušáková, PHA SR
Ms Jana Ráčková, RTA Assistant

Introduction of Mr Valašek to Ms Aalders and Ms Ráčková.

Mr Valašek informed that Ms Krištúfková is staying on the position of the Project manager and indicated that she might start to work again as a full-time employee for PHA SR. He also asked her to write a preliminary report containing general information about the twinning project as well as current progress with the three companies selected in public procurement (Softec, Vitrum and Tempest). He is expecting to have this report within a week. Then he would like to study all given documents related to the project and think about the solutions of problems that remain and that he considers as very serious and urgent. Because otherwise the project could collapse. After the Easter holiday he would like to organize a meeting to tell his solutions and the next steps he wants to suggest. Ms Škublová, Slovak project leader, will be also invited.

Mr Valašek expressed his doubts about the preparation of the whole Twinning project and tenders regarding the real conditions of the beneficiary institution, PHA SR. The project is not running only “on the paper” but has to be also implemented into the real life. He stressed that this is the aim and intention of both, Dutch and Slovak, partners and he will do his best to help as much as possible to make the project successful. On the other hand he can already see many critical moments and problems closely related to the project that worries him. Firstly, there is a problem with financing the reconstruction of laboratory area at PHA SR where the new equipment is supposed to be placed. Secondly, he is in doubt regarding the software development. Additionally, he pointed out on possible problems with the compatibility between hardware products.

In general, he clarified that mentioned problems are on the Slovak side, not on Dutch side therefore he will try to find solutions with all involved Slovak institutions. However, Ms Aalders said that she would like to inform the Dutch partners about all mentioned issues and let them also be involved if possible because the success of the whole project is apparently at risk.

At the end Mr Valašek mentioned his big disappointment with the running of the PHA SR and that he, as a brand new director, has to quickly solve many problems and make lot of changes within the institution. He informed about the new established department responsible for foreign affairs where all projects will be placed, also this twinning project.

Annex 6 Minutes 04 / 05 / 2006

MINUTES

PHARE Twinning project 2003-004-995-03-07
„Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic“

Place: Public Health Authority of the Slovak Republic in Bratislava

Date: 4 May 2006 at 10.30 hrs.

Present: Ms Annemarie Aalders, RTA
Ms Zuzana Krištúfková, Project manager
Ms Mária Avdičová, coordinator comp. I
Ms Jana Bosá, coordinator comp. II
Mr Milan Nikš, coordinator comp. III
Ms Jana Ráčková, RTA Assistant (taking minutes)

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1) Update of each component

Component I

Ms Avdičová informed about the work with the company Softec which continues on a daily basis. The work runs according to agreed time schedule stated in the contract. Coming steps:

- End of May – finalizing of the software.
- 1st week of June – meeting about first results & preparation of testing at pilot workplaces (two phases).
- End of June - phase 1: pilot testing at PHA SR and RPHA Banská Bystrica; looking for last mistakes to be corrected.
- 1st week of July - phase 2: Two weeks of official simulated pilot testing at 5-6 selected workplaces (RPHAs in Bratislava, Banská Bystrica, Trenčín, Rimavská Sobota, Martin and Košice?) as well as all NRCs. STE Mr Otto is planned to be involved by visiting all places.

Ms Krištúfková suggested writing an official letter (signed by the Chief Hygienist) to directors of all mentioned Regional PHAs informing about their involvement in the pilot study. Ms Avdičová and Ms Krištúfková will also give an update on the project to participants of the meeting of epidemiologists that will take place in 16-17 May.

Ms Avdičová additionaly clarified that developing of software is not only technical but also professional problem and they have to study a lot of things for instance guidelines. Specific issues are connected to each other.

Ms Aalders reminded that RIVM is able and willing to give for free Dutch reporting system ISIS which was offered during the internship. Ms Marja Esveld is the contact person in case that Ms Avdičová would consider this possibility as valuable.

Conclusions:

- Ms Aalders will provide Ms Avdičová with the contact details to Ms Marja Esveld from RIVM concerning offered system ISIS.

Component II

Ms Bosá expressed her big satisfaction with the last visit of experts Ms De Schipper-Visser and Mr Melchers (Act. 2.5). They are still in contact with them. Mr Melchers supports their steps and also promised to send the primers.

Regarding the management / system of quality, on 11-12 April the assessment by SNAS took place at PHA SR labs. In generally, the assessment went ok and the overall statement of the main assessor was positive. The report from SNAS point out a number of non-conformities as follows: 1 main-serious, 22 medium and 7 small. The worst one is about "no Head for Meningoccocci NRC". The solution could be Ms Bosá who could be accepted as temporary Head of this NRC but this issue still needs to be discussed with the PHA SR Director / Chief Hygienist. The 22 non-conformities are mostly on the Quality Manual which was prepared according to old standard; therefore the amendments in some chapters required by the new standard have to be done. Ms Bosá asked whether there is still some money available for additional translations in this matter. Ms Aalders can not promise but at least she can maybe find someone who will check the new text in the case that Ms Bosá will do the translation on her own. Ms Bosá reminded the critical moments related to passing the accreditation process: 1. room temperature in NRC for MMR is not convenient; 2. NRC for Influenza does not have a biosafety level 3 laminar box (solution – the lab will be prepared after receiving the money for reconstruction). All non-conformities were deeply and effectively discussed with Ms De Schipper-Visser.

Ms Bosá informed about the end of equipment delivery by company Vitrum to RPHAs Banská Bystrica and Košice. The rest delivery at PHA SR is still in the waiting phase. Tomorrow a meeting between Vitrum representatives and Ms Škublová (SK-PI), Ms Bosá and Ms Kafková (deputy PHA SR Director) will take place. The appendix to the contract was finally signed by the Vitrum and the CFCU. Ms Krištúfková asked for clarification of this appendix on which she was not informed at all. Ms Bosá explained the whole story and reason why the appendix had to be done; because of technical matter of distributing the temperature in new machines. The situation is solved – the company promised to install air-conditioning for free.

Ms Bosá mentioned that the reconstruction in general is possible. The PHA SR Director informed that the Ministry of Health SR might send still this year some finances to PHA SR for the reconstruction, but the situation depends on MoH administration.

Ms Bosá asked Ms Aalders to help her to get a letter / declaration / certificate for each of four participants of the internships saying that they visited particular laboratories / NRCs in the Netherlands. They need the document for Slovak professional chamber. Ms Bosá will send to RTA office the names and positions of participants.

Ms Bosá indicated that Ms Adamčáková (the last internship) was not very satisfied with the internship where by she was expecting a little bit more attention. Ms Aalders proposed to mention all negative points in her mission report, Ms Adamčáková is currently drafting.

Conclusions:

- Ms Bosá will send to Ms Aalders a list of participants of the internships and Ms Aalders will contact NSPOH in order to get requested letters / declarations / certificates of their visits to NL labs. *Deadline: 5 May*

Component III

Mr Nikš informed about the good continuation of the work in this component. Testing at pilot workplaces runs. Ms. Aalders informed that ms. de Schipper will also implement activities 3.3. and 3.4 but not for the same number of days as mentioned in the workplan. She will combine activity 2.6 with 3.3 (June) and activity 2.7 with 3.4 (September). Mr Nikš, Ms Bosá and Ms Aalders clarified the number of days (different from what was originally planned in the project schedule) of the next activities in both components as follows:

- Activities 3.3 (1 day) and 2.6 (4 days): in total 5 days.
- Activities 2.7 (5 days) and 3.4 (2 days): in total 7 days – but will be confirmed later!!!

Ms Aalders adviced to contact STE Ms de Schipper-Visser in order to discuss the template for reports in pilot project.

2) "Proposals" extra RTA budget

Ms Aalders informed that the final version of the "proposals" was finally agreed with CFCU. The concerned Side letter No. 7 (covering proposed extension of act. 1.10 and 1.12) will be signed tomorrow by her and Ms Škublová and will be subsequently submitted to the CFCU for final approval.

Regarding to "proposals", NSPOH is currently looking for the new experts for the extra activities, especially for workshop act. 1.12 because Mr van Pelt, requested by the CC, is not available to come. RIVM was asked to find a new one. The proposed date of this workshop, the 2nd of June, was forwarded to NSPOH.

Ms Avdičová informed RTA office which sections of the Dutch National Guidelines (Edition 2004) she would like to be translated as part of the extra "proposals" for activity 1.10:

- Chapters 8, 9 and 10 from each disease.
- The whole SARS chapter; p. 354-364.
- The whole chapter, p. 452-459.

RTA office will communicate with translating company the price calculation for this translation service.

Conclusions:

- Ms Aalders will send the last version of "proposals" to Ms Krištúfková.
- RTA office will communicate with the translating company the price calculation for translation of Dutch guidelines in coming days.

3) Other issues

Ms Aalders also informed about the fact that Mr. Aarendonk will leave NSPOH as of 1st June 2006, but he will have a replacement.

Ms Aalders and Ms Ráčková asked Ms Krištúfková and all comp. coordinators for an updates of some parts from the draft 5th Quarterly report.

Ms Ráčková asked Ms Bosá for an update of an action plan / comp. II / new recommendations.

Ms Avdičová will continue her communication with STE Mr Otto in order to finalize the annex to the Mission report 1.9.

Ms Aalders informed about the discussion with MC and BC Project Leaders about the next quarterly reports and Stc meetings. Because of time pressure it was proposed after 5th QR to write combined 6th & 7th QR. The next Steering committee meeting regarding the 5th quarter will take place on 9th June at 12hrs. Then there will be only one Stc meeting at the end of September for 6th and 7th quarter, maybe already combined with the "Closing ceremony". This however still has to be officially approved of by CFCU and National Contact Point. Ms Škublová sent them an email with this request last week.

Ms Aalders asked everybody to keep all communication in English; give quick responses to emails and cc all important e-communication to RTA office!

Conclusion:

- Ms Krištúfková and all comp. coordinators will send their updates to the draft 5th QR ***till 10 May.***
- Ms Bosá together with Ms Ráčková will update the action plan / comp. II / new recommendations ***till 11 May.***
- Ms Avdičová will send a reply to Mr Otto regarding the annex to the Mission report 1.9 ***on 5 May.***

Jana Ráčková 5 May 2006
RTA Assistant

Annex 7 Extra proposals

Component I.

Proposal to supplement the activity 1.10 Formulation of Slovak specific, general guidelines:

Aim of the activity No.10 is **Formulation of Slovak specific, general guidelines** for outbreak management and management of each case of reported communicable disease. In the process of harmonization of the surveillance, the Slovak guidelines should be created in accordance with Dutch National guidelines. In this context it is very helpful to translate Dutch National guidelines to Slovak language. Dutch guidelines are created for each communicable disease under surveillance. Epidemiological characteristics and measures targeted on each case and focus/outbreak of infection are described in these guidelines.

Reason:
Translation of measures targeted on cases and focus of infection would allow comparing the methodology of measures adoption in Slovakia with Dutch system. The increase of the level of epidemiological action and its harmonization with EU standards could be expected. The translation of epidemiological characteristics of every disease is not needed.
If this translation does not take place, the methodology of anti-epidemic measures will not be sufficiently harmonised with EU standards. For preparation of Slovak guidelines it is necessary to have a concrete example of guideline from other EU country, without that, it will be very difficult to prepare guidelines in high level of quality.

Resources:
Translation service

Proposal to extend the activity 1.12 Registration for new membership of EU networks:

In activity 1.12, the registration of Slovak PH authorities in specialized EU networks is anticipated. From the viewpoint of their frequency of occurrence, in most of the European countries food-borne diseases, mainly salmonellas play an important role. The EU network specialized for this kind of communicable diseases is called the ENTERNET. In order to fully exploit this network it is considered useful to organize a **1-day workshop** in (May or June) 2006 in Bratislava to explain the functions and usage of this network for future Slovak participants.

Reason:
Salmonelloses are one of the communicable diseases with the highest incidence in the Slovak Republic. In the process of decreasing this incidence the close cooperation between veterinarians, microbiologist, experts in the field of food hygiene and epidemiologist is crucial. In the Netherlands on national level these experts are working in one National reference centre. The knowledge of the principals of working methods in this centre and the discussion how to implement them in the Slovak condition strengthen the fight against the salmonellas, the diseases with the highest health and economic impact of the Slovak population.
If this workshop will not take place the principles of functioning and financing of such a National Reference Centre for Salmonellosis will not be known to Slovak experts in this field. The possibility to establish a similar centre in the Slovak Republic can simply not be discussed in this case and possible establishment of such a centre would be quite difficult.

Objectives of the workshop:

- Introduction into ENTERNET
- Presentation of the Dutch system of surveillance, monitoring and control salmonellas
- Evaluation of the present system of salmonellas surveillance in the Slovak Republic

- Examples of detection and recognition of outbreaks of food-borne diseases at the international level
- Practical use of ENTERNET in the daily work – discussion of cases and case management, importance of molecular epidemiology in finding the source of infection

Participants:

- Epidemiologists of the Slovak National and Regional Public Health Authorities (PHA) (ca 40 persons)
- Microbiologists working in the hospital laboratories (ca 40 persons)
- Microbiologists working in the environmental laboratories of the Slovak National and Regional PHAs (ca 10 persons)
- Specialists in the field of food hygiene of the Slovak National and Regional PHAs (ca 40 persons)
- NRC of salmonella sero- and phage typing 4 persons
- Veterinarians (ca 5 persons)

Methods:

- 1–day workshop in Bratislava in May or June (?)
- Interpretation Slovak-English during the workshop 7 hours
- Translation into English of Slovak legal documents related to the infection diseases

Resources

- Invitation of 1 expert from the Netherlands (from the current pool of STEs) for three days (1 day preparation of the workshop, 1 day provision, 1 day assessment and drafting report). These days also will include preparation of the workshop in close cooperation with the Slovak experts.
- Translation service
- Interpretation service

Proposal to extend the activity 1.15: One-day conference on Intervention epidemiology for surveillance and control of communicable diseases, extend to 5-day training in total

We suggest extending mentioned activity and to organize a 5 day training in total (1 day preparation, 3 day training, 1 day conference), consisting of an intensive training course for 10 selected epidemiologists on Risk assessment in infectious diseases and epidemiological principles in general. The last day (5th day) will be organised as a conference for a broader public and will be mainly concerned with the original subject of this activity, intervention epidemiology.

Reason:
Risk assessment in infectious diseases is one component of the modern Intervention epidemiology. Slovak epidemiologists are not educated in this topic and therefore this method is not used in the process of surveillance of communicable diseases in Slovakia. The workshop would increase the level of epidemiological surveillance and harmonize it with EU countries.

The Dutch STE who came for activities 1.10 and 1.11 (see also mission report act. 1.10 and 1.11) strongly supports this longer training for a small group of selected epidemiologists, with attention paid to risk assessment and basic epidemiological principles and statistic significance (RR, OR, AR, CI, p, confounding and bias) as well. This longer and more intensive training will be very useful and will increase the knowledge of the Slovak epidemiologists on Risk assessment in particular and epidemiology in general.

Next to this, the last day of the training, the conference on Intervention epidemiology, can be used by the participants of the 3- day training as well to present what they learned to a broader public.

Objectives of the course: to strength early response and emergency within outbreaks and to update the knowledge on basic epidemiological principles in general

If this training will not take place the early response and emergency system within outbreaks will not be strengthened and the knowledge about risk assessment and statistics will not be increased among the epidemiologists of the Regional Public Health Authorities. Slovak experts will be not be prepared for unusual epidemiological events on the expected level. If the measures will be inadequate, an infection can spread. This could be a threat for other EU countries.

Participants:

- Epidemiologists of the Slovak National and Regional Public Health Authorities (PHA) (10 persons)

Methods:

- 4–day training course in 3rd week of September in Banská Bystrica or Bratislava for 10 persons (of which 1 day preparation for Dutch and Slovak experts)
- 1- day conference for a broader public in Banska Bystrica or Bratislava

Resources

- Invitation of 2 experts from Netherlands for 5 days (preparation of training by STE's with Slovak partners included on 1st day)
- Translation service
- Interpretation service

Annex 8 Side letter No. 7

SIDE LETTER No. 7

TO TWINNING CONTRACT 2003-004-995-03-07/0001 "Strengthening the surveillance and control of Communicable Diseases"

Twinning No. SK/03/IB/SO/01

Both Twinning partners have agreed the following:

Art. 1 Objective

1. The objective of this Side letter is to notify reallocations in the "Budget for Action" (annex III) to the Twinning Contract 2003-004-995-03-07-0001.

Overall project budget remains as contracted.

Art. 2 Modification

The reallocations are mentioned in the Notification of Reallocations No 5.

The modifications were made for the following reasons:

- to supplement activity 1.10 by translating Dutch National Guidelines on outbreak management.
  - In the process of harmonization of surveillance, the Slovak guidelines should be created in accordance with Dutch National guidelines. In this context it is very helpful to translate these guidelines to Slovak language. In this way the increase of the level of epidemiological action and its harmonization with EU standards could be expected.
  - The estimated cost of mentioned modification amount to € 4.400,00 and will be financed out of savings within budget section 'RTA Remuneration' and activities 1.6, 1.7, 1.8, 1.9 and 2.4.

- to extend activity 1.12 by organizing a 1 day workshop on ENTERNET for future Slovak participants of this network.
  - In order to fully exploit Enternet, the EU network specialized in food borne diseases, a.o. salmonellas, the disease with the highest incidence in the Slovak Republic, a 1 day workshop into the use of the this network is considered very useful. Next to this, a general overview and comparison of the Slovak system and the Dutch system of salmonellas surveillance will be discussed as well during this workshop, in order to gain knowledge on the working methods of a possible future National Reference Centre for Salmonellalosis in the Slovak Republic.
  - The estimated cost of mentioned modification amount to € 5.870,00 and will be financed out of savings within budget section 'RTA Remuneration'.

Detailed clarification of proposed activities is attached to this Side letter as annex 1.

- to reallocate savings of the completed activities to budget item 'Provision for changes in prices'.
    - o Please refer to the Notifications of Reallocations No 5 enclosed with this letter for a detailed overview (annex 2).

The budgetary implications are presented under budget sections 1, 2, 3 and 7 of the Notification of Reallocations No 5 enclosed with this letter. Not used savings remain within the original budget line.

No other changes have been made in Notification of Reallocation No 5.

The reallocations were made for a cumulated amount of less than 10% of the total budget for this Twinning project.

Art. 3 Confirmation of validity

All of the parts and dispositions of the initial Twinning Contract 2003-004-995-03-07/0001 and the approved side letters or addenda which are not modified here remain valid.

Read and approved for the parties of the Twinning Project:

For Mr. Geert van Etten,
Project Leader
Ms Annemarie Aalders
RTA

Ms. Zuzana Škublová

Project Leader

Annex 1: clarification of the proposals for the extension of activities 1.10 and 1.12
Annex 2: revised budget - Notification of Reallocation No 5

Annex 1

Clarification of the proposals for the extension of activities 1.10 and 1.12

Proposal to supplement the activity 1.10 Formulation of Slovak specific, general guidelines:

Aim of the activity No.10 is **Formulation of Slovak specific, general guidelines** for outbreak management and management of each case of reported communicable disease. In the process of harmonization of the surveillance, the Slovak guidelines should be created in accordance with Dutch National guidelines. In this context it is very helpful to translate Dutch National guidelines to Slovak language. Dutch guidelines are created for each communicable disease under surveillance. Epidemiological characteristics and measures targeted on each case and focus/outbreak of infection are described in these guidelines.

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If this translation does not take place, the methodology of anti-epidemic measures will not be sufficiently harmonised with EU standards. For preparation of Slovak guidelines it is necessary to have a concrete example of guideline from other EU country, without that, it will be very difficult to prepare guidelines in high level of quality.

Resources:
Translation service

Proposal to extend the activity 1.12 Registration for new membership of EU networks:

In activity 1.12, the registration of Slovak PH authorities in specialized EU networks is anticipated. From the viewpoint of their frequency of occurrence, in most of the European countries food-borne diseases, mainly salmonellas play an important role. The EU network specialized for this kind of communicable diseases is called the ENTERNET. In order to fully exploit this network it is considered useful to organize a **1-day workshop** in (May or June) 2006 in Bratislava to explain the functions and usage of this network for future Slovak participants.

Reason:
Salmonelloses are one of the communicable diseases with the highest incidence in the Slovak Republic. In the process of decreasing this incidence the close cooperation between veterinarians, microbiologist, experts in the field of food hygiene and epidemiologist is crucial. In the Netherlands on national level these experts are working in one National reference centre. The knowledge of the principals of working methods in this centre and the discussion how to implement them in the Slovak condition strengthen the fight against the salmonellas, the diseases with the highest health and economic impact of the Slovak population.
If this workshop will not take place the principles of functioning and financing of such a National Reference Centre for Salmonellosis will not be known to Slovak experts in this field. The possibility to establish a similar centre in the Slovak Republic can simply not be discussed in this case and possible establishment of such a centre would be quite difficult.

Objectives of the workshop:

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Participants:

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- NRC of salmonella sero- and phage typing 4 persons
- Veterinarians (ca 5 persons)

Methods:

- 1–day workshop in Bratislava in May or June (?)
- Interpretation Slovak-English during the workshop 7 hours
- Translation into English of Slovak legal documents related to the infection diseases

Resources

- Invitation of 1 expert from the Netherlands (from the current pool of STEs) for three days (1 day preparation of the workshop, 1 day provision, 1 day assessment and drafting report). These days also will include preparation of the workshop in close cooperation with the Slovak experts.
- Translation service
- Interpretation service

Annex 9 **Annex to report Mr. Otto – activity 1.9**

Phare Twinning Project

Twinning No. SK03/IB/SO/01

„Strengthening the Surveillance and Control of Communicable Diseases“

Component 1

Document on Technical Framework for the Information System concerning Surveillance and Control of CD Benchmark according to Activity 1.9

Matthias Otto (STE of NSPOH)
Kinderumwelt gGmbH
German Academy of Pediatrics
Osnabrück, Germany

March 2006

Sources of Information

This document is based on the following materials:

- contract no. 200300499503-0701-0005 between the Ministry of Finances (CFCU) of the Slovak Republic and SOFTEC s.r.o. Bratislava signed on November 30,2005 (in Slovak language)
- analysis of requirements/development of an information system for the surveillance and control of Communicable Diseases prepared by SOFTEC Ltd. on January 27, 2006 including amendments by the Regional Institute of Public Health Banska Bystrica (in Slovak language)
- statement of the Regional Institute of Public Health Banska Bystrica on the analysis document prepared by SOFTEC on February 2006 (in Slovak language)
- results achieved during activity 1.9 (see STE Mission Report, in English)

Some of the above mentioned documents were provided in Slovak language only. Though the STE has a good working knowledge of Slovak language, language based errors and misinterpretations cannot be absolutely excluded. The STE will gladly make corrections made necessary by these said circumstances.

Background

The aim of the project is to build and implement an information system for the surveillance and control of communicable diseases („new EPIS“) in the Slovak Republic.

EPIS should facilitate:

- the acquisition/collection of data (individual & bulk data) on infectious diseases
- analyses of data (individual & bulk)
- the cooperation between the Regional Institutes of Public Health (RÚVZ‘s) and the Institute of Public Health of the Slovak Republic (ÚVZ SR)

EPIS should act as:

- an Early Warning System as an indicator of epidemics as well as of sporadically occurring severe or quickly spreading diseases
- a (web-based) official and trustworthy source of information providing general information to the Slovak population as well as expert information to health professionals

The forthcoming information system for the surveillance and control of communicable diseases should be based on an open architecture to facilitate at a later date the implementation of subsystems offering new functionalities. It should rely to the maximum possible extent on the latest information technology as well as on commercially available software. Part of the project is the definition of an interface to other information systems of the healthcare sector. This holds also for an interface to labsystems used in laboratories of clinical microbiology and in National Reference Centers (NRC).

The main required functionalities can be summarised as follows:

- central collection by means of a defined (web-based) interface of cases of communicable diseases reported by the healthcare sector
- standardised analyses of infectious diseases
- non-standard analysis of infectious diseases (to be performed by selected users)
- preparation of epidemiological reports for networks of the European Union

- acquisition of data produced in the laboratories of National Reference Centers
- acquisition of data from laboratories of clinical microbiology
- management of epidemics and emergency situations. Automatic detection of an increased occurrence of infectious diseases above a defined threshold („Semafor system“)
- publication of Early Warning messages
- publication of epidemiological analyses on the information portal
- improvement on the communication between the Institute of Public Health (ÚVZ) and the Regional Institutes of Public Health (RÚVZ's) by means of bulletin board discussion and online discussion (chat). Better feedback with the general public by means of discussion fora.

From a technical point of view, the following features are required:

- open flexible and parameterised system built on a modular concept using the latest information technology and observing all applicable standards set in the Slovak Republic and in other countries of the European Union
- multi-layer architecture comprising
  - a presentation layer for the interaction with users,
  - an application layer realising the data processing and
  - a data layer responsible for data storage and communication with external systems
- access to the portal via standard internet browsers

Other relevant items are a security concept including the protection of personal data as well as a possibility for a feasible modification of the data structure

Proposal offered by SOFTEC Ltd.

The proposal of SOFTEC as described in annex 2 of the contract comprises such a multi-layer and service-oriented architecture system using a web-based „thin client“ approach. (cf. also chapter 6 of the SOFTEC analysis document).

Web application (EPIS „sensu strictu“)

This application will be used for

- the acquisition/processing of reports on communicable diseases including bulk reports on influenza and flu-like diseases,
- for the import and processing of data from departments of clinical mirobiology as well as from national reference centers.
- the automatic detection of epidemics according to pre-defined criteria
- the creation of standard reports.
- the map production and export of data into an external GIS system.

Portal application

This application will be based on a Content management System (CMS) which allows for an easy administration of content published on the portal. A suitable commercially available CMS should be selected.

Management Information System (MIS)

The management information system will have to provide quick answers to standard and non-standard analytical queries which are multidimensional in nature. The MIS is composed

of a „data mart“ (data extracted from the EPIS system), of multidimensional (OLAP) cubes and of an analytical tool.

Technical realization

The following software configurations have been proposed (cf. chapter 9 of the SOFTEC analysis document).

Application server:

operating system: MS Windows 2003 Standard

installed SW products: .NET framework specification 2.0
IIS – Internet Information Services 6.0
POP3 mail server

Internet connectivity: broad band (2 – 5 Mb/s)

Database server:

operating system: MS Windows 2003 Standard

installed SW products: .MS SQL Server 2005 (including MS Reporting Services)

Technology and procedures for backup and archiving have not been defined yet.

EPIS will offer a web-based administration of users, user groups and the users access to application objects (blanks, data entry fields etc).

The „thin client approach“ offers potentially the advantage of lower hardware and IT administration costs as well as an increase in security and malware protection. However, this approach requires a sufficient bandwidth to ensure an acceptable response time. In addition, the validation of data entries will not be validated in real time but after submitting a completed blank to the server only.

It is recommended that all participating Regional Institutes of Public Health (RÚVZ´s) should agree preferentially on one and the same Internet provider. This would facilitate the construction of a Virtual Private Network and thus enable also remote diagnosis and maintenance.

Annex 10 Report Mrs. Timen – activity 1.10 & 1.11

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Aura Timen

COMPONENT 1

ACTIVITY NO. 1.10 & 1.11

DATES OF VISIT 13-17 /02/06

Activities according to the Work Plan
1.10 ❑ Assisting in the formulation of Slovak specific, general guidelines for outbreak management ❑ Specific requirements from component co-ordinator: - Workshop for epidemiologists (36-40 persons) of each Regional Institute of Public Health in Slovakia. 1.11 □ One day workshop on outbreak management for regional staff with exercise on case control study and cohort study. □ Specific requirements from component co-ordinator: - One day workshop with members of working group for Monitoring infectious diseases. - To explain principles creating of national guidelines for specific diseases and outbreak.

Summary discussed items (bullets)
1.10 workshop on outbreak management with 60 participants - principles and organization of communicabloe disease control and of outbreak management in the Netherlands and Slovakia. Reflection on similarities and differences, strong and weak points - interactive training with cases from the daily practice of communicable disease control and outbreak management 1.11 principles of guidelines in the Netherlands (including practice guidelines and national preparedness and outbreak management guidelines for crisis situations inventarisation needs of the Slovak partners agreement on the approach for the Slovak guidelines (disease based) and the focus on preventive and control measures for patients and contacts, epidemic measures (development of a framework on the basis of hepatitis A and hepatitis B, annex 1)

Persons met **Name**	**Position**
Ms Zuzana Krištúfková	Slovak Medical University Bratislava & Section Epidemiology, PHA SR Bratislava / Project manager
Ms Mária Avdičová	Head Section of Epidemiology, RPHA Banská Bystrica / coordinator comp. I
Ms Františka Hrubá	Head Section of Informatics and Health Statistics, RPHA Banská Bystrica
Ms Margaréta Sláčiková	Section Epidemiology, PHA SR Bratislava
Ms Henrieta Hudečková	Head Section of Epidemiology, RPHA Martin
Ms Mária Štefkovičová	Head Section of Epidemiology, RPHA Trenčín
Mr Peter Truska	Head Section of Epidemiology, RPHA Bratislava
Mr Peter Blažek	Section of Informatics, PHA SR Bratislava
Mr Karol Accipiter	IT manager - Section of Informatics and Health Statistics, RPHA Banská Bystrica
60 participants in the workshop	Chief epidemiologists and magisters from the 36 regions

Conclusions (bullets)

- the training method (workshop, interactive approach) was appropriate
- the chosen subject (outbreak management and investigation) is actual and it fulfilled the need of the participants
- the big amount of participants was a barrier in establishing a more intense contact between trainer and participants
- the language formed a barrier in the contact between trainer and participants, the chosen solution (simultaneous translation) was adequate
- more preparation is needed by the working group with respect to the next step in the project
- a better assessment should be performed with respect to the needs of the Slovak specialists in developing new guidelines, before the next step is taken
- a better assessment should be performed with respect to the purpose and the users of the electronic surveillance system that will be set up within the coming months
- the organization and responsibilities of the national and regional PHS with respect to outbreak investigation and outbreak management should be made explicit
- the early warning system should be extended with periodical up dates on most recent international publication
- a system to communicate outbreak measures from national to regional level and for coordinating outbreaks in which more regions are involved is needed

Recommendations (bullets)

Assess the goals of this project component on short and long term; formulate the content of the remaining activities on the basis of this assessment. The development of the new software requires a great deal of energy and it is my feeling that other activities in this component are subordinated to the software development.
Organize an in depth training for a small group in methodology of outbreak investigation:

- lecture on basic epidemiological principles and statistic significance (RR, OR, AR, CI, p, confounding and bias)
- interactive training with a case – control study

Profile expert: epidemiologist working in the field of surveillance of infectious diseases at the national level (possible topics: salmonellosis, legionellosis)

Follow-up by RTA (bullets)

Remarks (bullets)

Evaluation (bullets) **Positive**	**Negative**
1 2 3	1 2 3

Date/signature of Expert	Date/signature of Component co-ordinator	Date/signature of Adviser

Annexes to the Mission report of Mrs. Timen

Annex 1 of the Mission report 1.11

Slovakia, February 16th 2006

Session with the working group for monitoring of infectious diseases

Framework for viral hepatitis

Your own guidelines:

- Type of guideline: disease based (for instance: hepatitis A; Hib)
- Focus: prevention and control measures, notification, epidemic measures
- Approach: key terms
- Emphasis: to be used as the criteria for case management in the new notification and surveillance system

Hepatitis A

- CONTROL MEASURES

Source and contact tracing

- More people with jaundice?
- Travel abroad
- Contact with persons from risk groups
- Food history
- Special events
- Hobby (group activities like football)
- Student houses
- Community with low hygienic standard

Measures

- Disinfection
- Hand washing
- Prohibition to visit public swimming pools, spa's, public places with transmission risk
- Hospitalization of the patient (isolation)
- Immunization of family and other close contacts

Outbreak measures

- Vaccination of the class
- Hygienic measures and health education
- Medical investigation of the close contact (blood investigation and 2 times medical check up by family doctor)
- Restriction of physical activities

Hepatitis B

- CONTROL MEASURES

Source and contact tracing

- Hospitalizacia
- Ambulantne zakroky
- Piercing, tetovanie
- Sexualne praktiky a kontakty
- Poranenia
- Kontakt s chorym na VHB
- Transfuzia, transplantacia
- Pobyt v kupeloch

CONTROL MEASURES
Source and contact tracing

- Pobyt v zahranici
- Navsteva zariadeni starostlivosti o ludske telo
- Clen rizikovej skupiny

CONTROL MEASURES
Source and contact tracing

RIZIKOVE SKUPINY
- Narkomani
- Pobyt vo vaznici
- Cestovatelia
- Homosexuali
- Zdravotnici
- Ustavy socialnej starostlivosti
- Starostlivost o ludske telo
- Diabetici
- Hemodializovani pacienti
- Osoby so zdravotnym rizikom

Continuation

- To be filled in for other diseases like (vaccine preventable disease, gastro-enteritis, Hib, meningococcal meningitis)
- Sources: Slovak directives on communicable disease control; CDC guidelines (Control of Communicable Disease in Man, most recent edition); eventually LCI protocollen

List of participants of the workshop 15 / 02 / 2006

List of participants - 15/02/2006 Regional PHA Banská Bystrica

Prezenčná listina

Manažment epidémií v rámci programu PHARE – posilnenie projektu „Monitoring prenosných ochorení", konané dňa 15.2.2006 – RÚVZ Banská Bystrica.

Priezvisko, meno	Inštitúcia	Podpis
MUDr. JAKUBÍKOVÁ GABRIELA	RÚVZ PREŠOV	
Mgr. PRISTAČOVÁ ALŽBETA	RÚVZ PREŠOV	
MUDr. LAIFROVÁ MIROSLAVA	RÚVZ BRATISLAVA	
MUDr. SVENTEKOVÁ SILVIA	RÚVZ BRATISLAVA	
MUDr. PEŠTIANSKOVÁ JARMILA	RÚVZ BRATISLAVA	
MUDr. HLAVIŤOVÁ DENISA	RÚVZ NOVOZÁMKY	
MUDr. FAMČIOVÁ SIMONA	RÚVZ LUČENEC	
MUDr. BAKOSS Ivan	RÚVZ SPIŠSKÁ NOVÁ VES	
Ing. MINÁRIKOVÁ KLÁRA	RÚVZ PRIEVIDZA	
Dr. KOLCUNOVÁ Stefánia	RÚVZ SV. ĽUBOVŇA	
Dr. Pompura Mária	RÚVZ Poprad	
MUDr. KRAKOVÁ EMÍLIA	RÚVZ POPRAD	
RNDr. HUSTECKÁ ANNA	RÚVZ ZVOLEN	
MUDr. SLAČÍKOVÁ MARGARÉTA	RÚVZ Rožňava	
Mgr. PALOVÁ	ÚVZ SR Bratislava	
MUDr. STEPMARSKI JAROSLAV	ÚVZSR - BA	
MUDr. MIKAS JÁN	ÚVZ SR BRATISLAVA	
KRAJČÍKOVÁ IVANKA	RÚVZ TOPOĽČIAN	
Mgr. STEHLOVÁ KLAUDIA	RÚVZ NOVÉ ZÁMKY	

1.

P r e z e n č n á l i s t i n a

Manažment epidémií v rámci programu PHARE – posilnenie projektu „Monitoring prenosných ochorení", konané dňa 15.2.2006 – RÚVZ Banská Bystrica.

Priezvisko, meno	Inštitúcia	Podpis
KORYTÁROVÁ RAVENKA	RÚVZ K. ZÁHKY	
SLÁDEKOVÁ VALÉRIA	RÚVZ Krupina	
BOUTAKOVÁ ANNA	RÚVZ HUMENNÉ	
STAŠKOVÁ Janka	RÚVZ Michalovce	
CZIGÁNYIOVÁ ADRIANA	RÚVZ LEVICE	
TINÁKOVÁ [illegible]	RÚVZ NITRA	
ŽÁDIKOVÁ JANA	RÚVZ Nitra	
RÁČKOVÁ JANA	ÚPZ SR, Bratislava	
Aalders, Annemarie	WHO/ERR	
RANOSTAJOVÁ Katarína	RÚVZ Dunajská	
MASLENOVÁ Darina	RÚVZ Žilina	
HORÁKOVÁ Terézia	RÚVZ D. Streda	
ČÁSKA, Ľubor	SOFTEC	
Vágnerová Alena	RÚVZ Kežmarok	
Dragon' [illegible]	RÚVZ Komárno	
HUDECOVÁ Jarmila	RÚVZ TT	
[illegible]	RÚVZ TR	
Mulalová Katarína	RÚVZ PP.	
[illegible]	RÚVZ PP	
STREČKOVÁ Adriana	RÚVZ R. S.	
Andlová NADEŽDA	RÚVZ R. S.	

2.

P r e z e n č n á l i s t i n a

Manažment epidémií v rámci programu PHARE – posilnenie projektu „Monitoring prenosných ochorení", konané dňa 15.2.2006 – RÚVZ Banská Bystrica.

Priezvisko, meno	Inštitúcia	Podpis
ONDICOVÁ MIRIAM	RÚVZ TT	
Ľudmila Žuľová	ZÚVZ Sen.	
Ing. PETRÁŠOVÁ	-11-	
MUDr. KVAČKAJ	ŽILINA	
MOLNÁROVÁ	RÚVZ BR	
MINÁRIKOVÁ	RÚVZ KE	
HOLOBRADOVÁ	RÚVZ BB	
REDOJA	RÚVZ V.K.	
DONOVALOVÁ	RÚVZ RV	
MICHALIŠINOVÁ	RÚVZ SK	
DRIENOVÁ	RÚVZ LM	
SLÁDEKOVÁ	RÚVZ Vranov n/T	
Ľudmila	RÚVZ B.B.	
[illegible]	RÚVZ BB	

3.

Annex 11 Programme Study visit Mrs. Adamčáková

Phare Twinning Project in Slowakia

Twinning no. SK 03 IB SO 01
Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic

Internship

Programme

Slovakia to the Netherlands – April 2006

Contact person: Diederik Aarendonk
Mobile: +31 (0) 6 23209708

Flight: **2 April 2006**

Arrival in Rotterdam:
KL1838 VIE-AMS 06.55-09.00
KL223 AMS-RTM 10.16-11.01

Transfer from Airport to Hotel in Rotterdam:

Travel to Hotel by Train
Maritime Hotel
Willemskade 13
3016 DK Rotterdam
Tel.: 010- 2010900
www.maritimehotel.nl

Participant

1. Dr Jaroslava Adamčáková Virologist at the Public Health Authority of the Slovak Republic

Background from Covenant

Act 2.3 Two weeks internships in corresponding institutes in the Netherlands or Germany of 4 selected Slovak employees of NRC's including for one employee an additional training of one week in quality assurance, EQAS

Issues of interest:

- RT-PCR (possibility to using other commercial kits, their advantages and disadvantages in compare with our lab)
- Applied methods for sub typing influenza viruses
- Nested PCR
- Multiplex PCR applicable for respiratory viruses
- Methods for the increase the sensitivity of molecular operating procedures for detection viruses in CFS, pathological sample
- Real Time PCR
- Sequencing
- Reconstructing Phylogenetic Trees
- Possibility to discuss current problems (diagnosis of birth flu, technical question about realization and quality diagnostic),
- Differential diagnostics

2 April Sunday	Contact person:	Diederik Aarendonk Mobile: +31 (0) 6 23209708
		Travel to Rotterdam airport Diederik Aarendonk, will pick you up at the airport in Rotterdam
Travel to Hotel by car Maritime Hotel Willemskade 13 3016 DK Rotterdam Tel.: 010- 2010900 www.maritimehotel.nl		Travel to hotel and distribution of per diem etc.

3 April Monday	Contact person:	**Anila Peri** Mobile: +31 (0) 6 15321755 **or Tamara van Keulen** Mobile: +31 (0) 6 49692342
Travel by walking / public transport to Erasmus virology dep.		Dineke Venekamp will meet you in the Hotel at 09.00 Mobile: +31 (0) 620056207
Erasmus Medical Centre	09.30 Virology department	Erasmus Medical Centre Address: Dr. Molewaterplein 40/50, Rotterdam *Tel: +31.(0)10.408.8066/8067* Mr. Ruud van Beek Virology department ▪ Introduction of the department ▪ Routine activities on human samples o Applied methods for sub typing influenza viruses

Willemskade

4 - 7 April Tuesday - Friday	Contact person:	**Diederik Aarendonk** Mobile: +31 (0) 6 232309708
Travel by walking / public transport to Erasmus virology dep.		
Erasmus Medical Centre	09.30 Virology department	Erasmus Medical Centre Address: Dr. Molewaterplein 40/50, Rotterdam *Tel: +31. (0)10.408.8066/8067* Mr. Ruud van Beek and Mr Guus Rimmelzwaan Virology department ▪ Routine activities on human samples o Applied methods for sub typing influenza viruses ▪ Introduction in other virology diagnostics

8 & 9 April Saturday & Sunday	Contact person:	**Diederik Aarendonk** Mobile: +31 (0) 6 232309708
		Free time

10 – 14 April Monday - Friday	Contact person:	**Diederik Aarendonk** Mobile: +31 (0) 6 232309708
Travel by walking / public transport to Erasmus virology dep.		
Erasmus Medical Centre	09.30 Virology department	Erasmus Medical Centre Address: Dr. Molewaterplein 40/50, Rotterdam *Tel: +31. (0)10.408.8066/8067* Mr. Ruud van Beek and Mr Guus Rimmelzwaan Virology department ▪ Routine activities on human samples o Applied methods for sub typing influenza viruses ▪ Introduction in bird flue (H5N1) surveillance

15 April Saturday	Contact person:	**Diederik Aarendonk** Mobile: +31 (0) 6 232309708
Travel by train to Airport of Rotterdam.		**15 April 2006**
		Flight: **15 April 2006** Departure: KL220 RTM-AMS 09.31-10.16 KL1845 AMS-VIE 12.30-14.20

Annex 12 Report Study visit Mrs. Adamčáková

STUDY VISIT REPORT

April 2 – 15, 2006

Participant:

Dr. Jaroslava Adamčáková
Virologist
National Influenza Centre (NIC)
Public Health Authority of the Slovak Republic
Trnavská cesta 52, 826 45 Bratislava, Slovak Republic
+421 (2) 49 284 275
E-mail: adamcakova@uvzsr.sk

Person met and discussed items

2 April

Traveling: Bratislava – Vienna (car)
Vienna – Amsterdam (plane)
Amsterdam – Rotterdam (train)
Traveling from Rotterdam railway station to hotel and accommodation.

3 April

I met *Mrs. Anila Peri* who accompanied me to Erasmus Medical Centre.
Virology department, Erasmus Medical Centre, Dr. Molewaterplein 40/50, Rotterdam
Mr. Ruud van Beek, r.vanbeek@erasmusmc.nl

- Introduction of the department
- Collection and transport of specimens
- Routine activities on human samples
  - Applied methods for sub-typing influenza viruses
    - starting of hemagglutination inhibition (HI) assay
    - PCR
- Discussion about molecular methods performed in NIC Slovakia (PCR Influenza A, PCR Influenza B, Multiplex PCR – sub-typing influenza A viruses)

4 April

Erasmus Medical Centre, Virology department
Mr. Ruud van Beek

- Routine activities on human samples
  - Applied methods for sub-typing influenza viruses
    - continue of hemagglutination inhibition (HI) assay
    - theoretical introduction in sequencing

- purification of PCR fragment for SEQUENCING
- sequence reaction
- purification of sequence samples

5 April

Erasmus Medical Centre, Virology department

Mr. Ruud van Beek

- Seminary
- Routine activities on human samples
  - Applied methods for sub-typing influenza viruses
    - influenza virus isolation in cell culture (inoculation of MDCK cells, passaging)

6 April

Erasmus Medical Centre, Virology department

Mr. Ruud van Beek

Introduction to BioEdit Sequence (internet program)
Phylip (internet program)
SeqMan (LaserGen, commercial program)

7 April

Erasmus Medical Centre, Virology department, Molecular Diagnostic

Dr. H.G.M. Niesters, PhD., h.g.m.niesters@erasmusmc.nl

- Theoretical introduction in real-time PCR
- Discussion about requirements for accreditation of molecular diagnostic laboratories

Mr. Cedrick Copra, BSc., c.copra@erasmusmc.nl

- Isolation of nucleic acid (Magna Pure LC Total Nucleic Acid Isolation Kit, *Roche*)
- Real-time reaction (TaqMan)

10 April

Erasmus Medical Centre, Virology department, Cell cultures

Mrs. G.I.Aron, BSc., g.arron@erasmusmc.nl

- Theoretical introduction in respiratory viruses culturing
- Respiratory viruses isolation in different cell lines
- IFA, DIFA

11 April

Erasmus Medical Centre, Virology department, Molecular Diagnostic

Mrs. Susan Diepstraten-Pas, BSc., s.pas@erasmusmc.nl

- Discussion about molecular methods (PCR, nested PCR, real-time PCR, primer/probe designing)

12 – 14 April

Erasmus Medical Centre, Influenza research

Mrs. Chantal Baas, BSc., c.bass@erasmusmc.nl

- Activities on avian samples
  - HIT
  - Molecular methods
    - PCR
    - purification of PCR fragment for sequencing
    - sequence reaction
    - purification of sequence samples
  - Influenza virus isolation on embryonated chicken eggs
  - Discussion

15 April

Traveling from Rotterdam (The Netherlands) to Bratislava (Slovakia) by car, plane, bus.

Organization of travel

I found confusing the period of my study visit. During organizing of my visit I was asked to come during the influenza season because it was stated by Dutch side as the best time for an effective study visit. On the other hand, this time was quite inconvenient for persons in laboratory because they were very busy and have lot of work. They also mentioned that they use to organize such study visits also during the summer which I was originally suggesting also because of my busyness at work.

There was a change during my travel from Amsterdam to Rotterdam. I should travel by plane but I traveled by train – confusing information from the Slovak travel agency. Therefore nobody waited for me at the Rotterdam railway station, but I don't find it as a problem. I traveled to the hotel and accommodate on my own. Next morning, Mrs. Anila Peri accompanied me to Erasmus Medical Centre in Rotterdam and helped me to orientate in new surroundings. On my return journey, Mr. Diederik Aarendonk offered me kindly transport and accompanied me from Rotterdam to Amsterdam Shiphol airport on 15 April.

Conclusion

During my 14-days internship I visited all units (molecular diagnostic, serology diagnostic, cell cultures) of Department of Virology in Erasmus Medical Centre and Influenza Research part. The aim of my internship was to study the laboratory practice for detection of respiratory viruses (including influenza viruses); compare methods used in these laboratories with methods used in NIC of Slovak Republic and discuss problems with sensitivity of molecular operating procedures.

Before the study visit, I provided "Issues of interest" to organizers of my trip, but I was very surprised that persons in laboratory weren't informed about it. There was no exact program for me (Dutch side sent very general program before the visit). Fortunately, especially

Mr. Ruud van Beek and Dr. Niesters were very flexible and able to arrange my claims so I should see most of the methods and discuss the topics included in my "Issues of interest".

I received valuable professional contacts for possible future collaboration between the NIC of Slovak Republic and laboratories of Virology department at Erasmus Medical Centre and I am very thankful for providing us with the panel of positive controls of different respiratory viruses.

Evaluation

Participation of the study visit enable me to get overview about realization of detection methods of pathogens that causing respiratory infections. Very valuable was the possibility to compare these methods, equipment and facilities of visited laboratories with NIC of Slovak Republic as well as getting knowledge on molecular diagnostic methods and immuno fluorescence assay. Very valuable are required professional contacts. NIC of Slovak Republic is very thankful for panel of positive controls of respiratory viruses and reagents (primers/probes) for real time PCR. There is a possibility of introducing real time PCR in daily routine in NIC of Slovak Republic.

Didactic approach of individual experts came up from their working busyness (influenza season – organization misunderstanding?) and I suppose that exact prepared program and informing the persons in laboratories about my "issues of interests" would increase final contribution of these study visit.

RNDr. Jaroslava Adamčáková May 19, 2006

Annex 13 Report Mr. Galama – activity 2.5

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Galama Jochem M. D.

COMPONENT 2

ACTIVITY NO. 2.5

DATES OF VISIT 26th of February- 1th of March 2006

Activities according to the Work Plan
Training of staff of 9 selected National Reference Centres (in quality control systems and) progressive detection methods. - Participation and a presentation at the "Consultation Day" (see Abstract, annex). - Experts from the Public Health Authority of the Slovak Republic who have been involved in activity 2.3 will inform the expert about the new selected methods which allow rapid laboratory detection of infectious agent and they will discuss about the condition of their implementation. - Laboratory diagnosis of measles, rubella and parotitis. - Isolation and propagation of viruses on cell cultures (Vero-Slam culture, rabbit kidney). - Detection and identification of isolates by immunofluorescence test and Plaq-neutralisation test. - Isolation of viral RNA from clinical samples (throat swab, urine, oral fluid). - Detection of Mycoplasma contaminants in cell cultures (PCR).

Summary discussed items (bullets)
- Participation at the Consultation Day with presentation of a lecture entitled "Surveillance Networks and the role of PCR". - Discussions on public health issues like vaccination, surveillance, the kind of samles and the way samples are collected for surveillance purposes. - Analysis of the working procedures at the Tissue Culture (TC) and Measles Mumps Rubella (MMR) lab (dr. J. Tiezova).

Persons met **Name**	**Position**
R.N. Dr. Jana Bosa	Coordinator component 2
R.N. Dr. Jarka Tiezova	Head TC and MMR laboratory
R.N. Dr. Jana Cĕrnicka	Biologist working on molecular diagnostics
Annemarie Aalders	RTA
Jana Račkova	RTA assistant

Conclusions (bullets)
- From the Consultation Day, the expert's impression is one of overall progress in methodology and activities since April 2005 (date of Activity 2.2).

- Expert's conclusions are more solid regarding the MMR lab (dr. Tiezova), which was visited.
- Since the training on MMR in Berlin, Dr. Tiezova's lab made clear progress. Levels of technology (introduction of PCR, Vero-SLAM cells and RK13 cells for measles and rubella detection) improved considerably and the number of staff members has been increased.
- The numbers of samples for MMR detection are still a limiting factor and serology remained the standard screening method.

Future plans at the MMR lab, which the expert encourages, are:

- PCR for mumpsvirus, parvovirus B19 and mycoplasma contamination of TC soon be implemented.
- Providing of the PHL's in Banska and Kosice with Vero-SLAM-, and RK13 cell lines as to spread the capacity for MMR surveillance over the country.
- To establish with the epidemiologists a more tight cooperation on Improvement of the MMR surveillance by raising the numbers of adequate samples reaching the lab.

Recommendations (bullets)

- To expand the number of facilities for virus diagnostics (for example in university or teaching hospitals) as to increase the numbers of samples being analysed for viruses which can be a PH threat.

Follow-up by RTA (bullets)

Remarks (bullets)

Evaluation (bullets)

Positive	**Negative**
1	1
2	2
3	3

Date/signature of Expert	Date/signature of Component co-ordinator	Date/signature of Adviser

Annex to the Mission report of Mr Galama

Abstract, Consultation Day, Bratislava 28th February 2006

Jochem Galama, MD, PhD
Professor in Virology
Radboud University medical Center
Nijmegen,
The Netherlands

Surveillance Networks and the use of PCR

The quality of infection surveillance relies on several important aspects, among which are (1) the clinical presentation and (2) the numbers of individuals tested for possible infection. Many infectious diseases run a subclinical or non-specific course in a majority of their victims. This makes that some infections will only be recognized at the moment that they manifest with a complication. To minimize delay in recognition after introduction of a new outbreak, many samples have to be screened for the pathogen of interest, including samples from healthy people. In the Netherlands, this aim is achieved by collecting data from all virus diagnostic laboratories of the country. The results of all positive findings are reported to the National Public Health Authority. In this way, surveillance is made a part of daily clinical practice, where the diagnosis is relevant for the individual patient and the aggregated data are extremely useful for surveillance and public health. In this way, intensifying of virus diagnostic activities will serve both aims. In this situation, the National Public Health Authority has a somewhat different position in that it no longer does the surveillance on its own, but in close collaboration with the professional field of virologists and microbiologists.

In this daily practice PCR is rapidly becoming a standard technique, however with consequences for the quality of the surveillance data. As example, the surveillance on enteroviruses is discussed. The main consequence of PCR is that actual information on serotypes that circulate in the environment will be lost. From recent re-emergence of poliovirus outbreaks in various parts of the world, it has been learned that even new recombinant poliovirus strains will be missed by classical PCR. So the future of PCR will be that sequencing of several parts of the genome has to be performed in order not to miss important developments. It is therefore also recommended not to replace classical tissue-culture techniques by PCR and to reserve PCR for conditions where it is difficult to isolate the virus.

Annex 14 Side letter No. 5

SIDE LETTER No. 5

TO TWINNING CONTRACT 2003-004-995-03-07/0001
"Strengthening the surveillance and control of Communicable Diseases"

Twinning No. SK/03/IB/SO/01

Both Twinning partners have agreed the following:

Art. 1 Objective

The objective of this Side letter is to appoint Mr Willem Melchers as expert for activities 2.5 and 2.6 (article 4. Tasks of Annex I), replacing Mr Dick van Soolingen who is no longer available as expert due to personal reasons. The proposed expert has the same qualifications and field of expertise, being specialised in molecular microbiology in relation to surveillance and public health (CV in annex 1, part of this side letter). Mr Melchers will add specific expertise in Pulsed Fields Gel Electrophoresis methods, Moleculair Epidemiology and Rapid Diagnostic Methods.

Art. 2 Modification

In Art. 5 (Human Resources) and Art. 6 – Work schedule.
The expert van Soolingen for act 2.5 and 2.6 is replaced by expert Melchers; the fee will remain 450 euro for each working day. The replacement of Mr van Soolingen by Mr Melchers has no implications for the budget.

Art. 3 Confirmation of validity

All of the parts and dispositions of the initial Twinning Contract 2003-004-995-03-07/0001 and the approved side letters or addenda which are not modified here remain valid.

Read and approved for the parties of the Twinning Project:

For Mr. Geert van Etten, Project Leader
Annemarie Aalders, RTA

Ms. Zuzana Škublová
Project Leader

Annex 1: CV Mr Melchers

Annex 1: **CURRICULUM VITAE**

Proposed position in the programme: Short Term expert on Medical Microbiology

1. Family name: Melchers
2. First names: Wilhelmus Johannes Gerardus
3. Date of birth: December 13, 1960
4. Nationality: Dutch
5. Civil status: Married
6. Education:

Institution	**Date: from (m/y) to (m/y)**	**Degree(s) or Diploma(s) obtained**
University of Nijmegen	1986	MSc
Free University of Amsterdam	1989	PhD

7. Language skills (5=excellent, 4=good, 3=satisfactory, 2=fair, 1=weak for competence)

Language	**Reading**	**Speaking**	**Writing**
Dutch	Native		
English	5	5	5
French	1	1	1
German	4	3	2

8. Membership of professional bodies:

- Board Member Management Team Department of Medical Microbiology
- Board Member (Treasurer) Netherlands Society for Medical Microbiology
- Chairman Seminar Committee Graduate School Institute of Cellular Signalling (1999-2005)
- Chairman Research Committee Department of Medical Microbiology
- Chairman Professional Committee Medical Microbiological Researchers
- Board Member Research Council Nijmegen Center for Molecular Life Sciences (2000-2005)
- Board Member Research Committee Nijmegen University Center for Infectious Diseases
- Board Member National Committee for Medical-Biological Research Netherlands (KUN-delegate)
- Board Member Foundation Luis Pasteur

- Educator Medical Microbiological Researchers (UMC Nijmegen)
- Member NCMLS Research Committee - Grant-assessment (1999-2005)
- Member Dutch Working Group Molecular Diagnostics of Infectious Diseases

9. Other skills; (e.g. Computer literacy, etc):

- Co-promotor of Ph.D.thesises:

- **Esther ME Schoondermark-van de Ven**
  Title thesis: Toxoplasmosis: An experimental study in rhesus monkeys for prenatal diagnosis and treatment of congenital infections (September 21, 1995)
- **Frank JM van Kuppeveld**
  Title thesis: Structural and functional analysis of coxsackievirus protein 2B: A molecular genetic approach (March 13, 1997)
- **Paul T Odinot**
  Title thesis: Role of *Yersinia* outer membrane proteins in the pathogenesis of persistent *Yersinia enterocolitica* Infections (December 7, 1998)
- **Nicole de Leeuw**
  Title thesis: Putative pathogenic pathways in idiopathic dilated cardiomyopathy. Focus on enteroviral persistence and immune processes (March 25, 1999)
- **Jan Zoll**
  Title thesis: Translational control in cardiovirus infected cells (September 21, 1999)
- **Annabelle Ferrera Boza**
  Title thesis: Human papillomavirus infections and cervical cancer in Honduras. Focus on epidemiology and risk factors (November 23, 1999)
- **Gienke R Vreugdenhil**
  Title thesis: Enteroviruses and type I diabetes mellitus; putative pathogenic mechanisms (June 07, 2001)
- **Ruud LM Bekkers**
  Title thesis: Diagnosis and therapy of cervical intraepithelial neoplasia: molecular, virological and clinical studies (December 11, 2003).
- **Mark J.M. van Ooij**
  Title thesis: Replication of the genome of positive-strand RNA viruses: Characterization of *cis*-elements and *trans*-acting factors involved in the replication of enteroviral (June, 2006).
- **Els Wessels**
  Title thesis: Structure-function analysis of the coxsackievirus protein 3A (Sept, 2006).

Teaching, training and supervision of PhD-students, BSc-students, technicians.

10. Present position:

Company/location	**Position**	**Description**
A) University Medical Centre Nijmegen	Head of the Molecular Micorbiology	Associate Professor in Molecular Microbiology.

(B) Netherlands School of Public & Occupational Health	Technical advisor	Advises from microbacterial perspective within International projects on the Surveillance of Infectious Diseases

11. Years within the firm:

A) 15 years
B) 0,5 year

12. Key qualifications (relevant to the programme):

My current work activities span from basic (i) to applied (ii) research and molecular diagnosis (iii).

(i) Molecular Aspects of Picornavirus Replication and Chronic Disease

Research interests are in molecular virology, with a specific focus on the molecular aspects of picornavirus replication and pathogenesis, especially the unraveling of structure-function relationships of RNA entities essential for virus replication. Current projects aim at solving structure-function relationships of RNA elements by comparing the structure and dynamics of RNA-protein complexes in their natural active and non-active states. My interests also include novel interdisciplinary approaches where molecular biology and genetics are tightly coupled with (bio)physical methods aimed at understanding the biological function of (non-coding) RNA elements at a molecular level.

Picornaviruses alter cellular functions to facilitate virus reproducton and to evade infection-limiting antiviral host cell responses. Important alterations are the modification of host cell membrane permeability, inhibition of secretory pathway transport, and suppression of interferon production. Current projects are aimed at identification of the viral proteins responsible for these effects and elucidation of the underlying mechanisms (see Publications Research-line 1).

(ii) Human papillomavirus and cervical cancer

Another line of research where I am very interested in, is the relationship between HPV and cervical cancer. Cancer of the cervix ranks number two worldwide of cancers of women. With 450,000 new cases per year with high mortality in the developing world and high morbidity everywhere, this cancer is a major health problem. Current projects are directed to obtain insight in the regressive/progressive behavior of cervical lesions related to HPV infections in the Netherlands and in developing countries (Honduras) (see Publications Research-line 2).

*(iii)**Molecular diagnosis and pathogenesis of infectious diseases***

Finally, microbial infections are the primary death cause in humans world-wide. Improvements in advanced diagnosis will be a main focus to prevent, diagnose and treat infectious diseases. The developments in Molecular Diagnostics, has grown explosively in the last five years and my group in this area has been expanded from one in 1996 to 12 technicians nowadays. The impact of molecular diagnosis of infectious diseases is both related to a laboratory change from artisanal to technology based diagnostics and to patient management (monitor-

ing, therapy etc). The area of this part of my work involves mainly technology development and clinical application for the benefit of public health (see Publications Research-line 3).

- Extensive experience in picornavirus research: both basic and applied research (i)
- Laboratory diagnostic of microbial diseases (iii)
- Population-based research with public health aspects in all its aspects (ii & iii)
- Extensive experience in human papillomavirus research: technology and pathogenesis (ii).

13. Specific work experience abroad:

Country	**Date:** **from (m/y) to (m/y)**	**description**
Honduras	February 1990 October 1995	Set-up Molecular microbiological laboratory Organisation Latin-American meeting on Human Papillomavirus and Cervical Cancer
Russia	From 1998 3 periods of two weeks	EEG-INTAS projects

14. Other professional experience record:

Date	**Company/location**	**Position and description**
!986-1987	National Institute of Health and Environmental Protection (RIVM), Bilthoven	Junior Research Fellow
1987-1989	Diagnostic Centre SSDZ, Delft	Junior Research Fellow

Scientific Memberships:

- Netherlands Society of Medical Microbiology
- American Society for Microbiology
- Netherlands Society for Biochemistry and Molecular Biology
- European Group of Rapid Viral Diagnosis

15. Other:

PRINCIPAL INVERSTIGATOR OBTAINED GRANTS

Research grants obtained as principal investigator:

- Dutch Cancer Society (KWF): Engineering of poliovirus as a vector for a human papillomavirus vaccine (KUN 97-1381).
- European Communities: Prevalence of human papillomavirus infections in women with cervical dysplasia, carcinoma of the cervix, and in a normal Honduran population

(CI*-CT92-0003).
- European Communities: Human papillomavirus and cervical cancer in Latin-America: Epidemiology and impact of screening (CI*-CT94-9011).
- Preventionfunds: Development of an HPV vaccine to prevent cervical cancer (28-2806).
- European Communities (INTAS/RFBR): Replication of the genome of positive-strand RNA viruses (INTAS/ RFBR 01365.i96).
- European Communities (INTAS/RFBR): Replication and recombination of the genome of positive-stranded RNA viruses and cellular response to viral infection (INTAS/RFBR .i98).
- Nuffic: Higher order RNA structures in the enteroviral 3'UTR and their role in viral replication (CN.3570 to Dr J. Wang).
- KUN-FMW: Modification of host cell membrane permeability by cytolytic viruses: Mode of action and effects on cellular structures and functions (KUN-FMW AIO 99/40).
- NWO-Chemical Sciences: Replication of the genome of positive-strand RNA viruses: Characterization of *cis*-elements and *trans*-acting factors involved in the replication of enteroviral RNA (NWO-CW 98008).
- KUN-FMW: Coding sequences as RNA entities: structural aspects and biological significance of *cis*-acting replication elements (CREs) in the coding region of enteroviruses (KUN-FMW 2001).
- NWO-Chemical Sciences: Functional domains of RNA genomes of enteroviruses: Structural aspects and biological significance (NWO-CW 2001).
- UMC Nijmegen: Human papillomavirus and the development of cervical intraepithelial neoplasia. Role of viral persistence, viral load, and genetic predisposition (KUN-FMW 2002).
- NWO-WOTRO: Genetic predisposition and high risk of squamous cell carcinoma of the cervix in Honduran women (NWO-WOTRO WB 92-215).
- European Communities (INTAS): Positive strand RNA viruses: virus/host and virus/virus interaction (INTAS 2012).
- ZonMW-NWO: Viral load, short-term fluctuations in HPV prevalence and different HPV testing methods: implications for population-based screening (ZonMW 22000147).
- RUNMW: Vulvar carcinoma oncogenesis and the prediction of biological behaviour of premalignant vulvar lesions (AGIKO 2005-2)

Publications: available on request.

16. Contact Address in the Member State, including telephone, fax and e-mail

Radboud University Nijmegen Medical Centre,
Department of Medical Microbiology, 574
P.O. Box 9101, 6500 HB,
Nijmegen, The Netherlands,
Tel.: +31 24 3614356
Fax.: +31 24 3540216
E-mail: w.melchers@mmb.umcn.nl

Annex 15 Report Mr. Melchers – activity 2.5

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Dr Willem JG Melchers

COMPONENT 2

ACTIVITY NO. 2.5

DATES OF VISIT April 23 – 26, 2006

Activities according to the Work Plan
Training of staff of 9 selected National Reference Centres in progressive molecular diagnostic methods. • Analysis of the avaliable equipment and logistics. • Analysis of the know-how. • Analysis of the potentials for advanced molecular diagnosis (diagnosis and genotyping).

Summary discussed items (bullets)
• Briefing with component coordinator and RTA • Discussions in detail with Staff members • Evaluation existing methods for molecular diagnosis • Discussion potential methods for molecular detection of Salmonella phage types, N. menigitidis, Parvovirus and Influenza virus • Discussion potential methods for molecular genotyping of Salmonella • Presentation of potentials and pitfalls of the molecular diagnosis of infectious diseases for about 30 employees from PHA NCRs • Evaluation logistics of molecular diagnosis • Debriefing with component coordinator and RTA

Persons met **Name**	**Position**
Dr. Jana Bosá	Head of NRC Medical Microbiology
Dr. Dagmar Gavačová	Head of NRC Salmonellosis
Dr. Pinakova	Staff member NRC Salmonellosis
Dr. Jana Černická	Biologist of NRC Molecular diagnostics
Dr. Jaroslava Tietzová	Head of NCR MMR

Dr. Hana Blaškovičová	Head of NCR Influenza
Annemarie Aalders	RTA
Jana Ráčková	RTA assistant

Conclusions (bullets)

- Overall the expert's impression is that the Staff of the NCR is very motivated and willing to incorporate new technologies to improve the existing methodologies.
- Based on both the discussions with the staff members and after the presentation during the seminar on progressive detection methods, both RAPD and PFGE would be appropriate and applicable tools for genotypic outbreak and epidemiological analysis.
- It is a necessary requirement to incorporate new molecular tools in a routine setting for the further development of the PHA and NCRs as reference centres.

Recommendations (bullets)

- The NCR is now establishing the infrastructure for reliable molecular diagnosis. This point will influence all further developments in this area and I therefore consider this aspect as a major break-point for future work. At this point I highly recommend to bring all molecular diagnostics work in a single unit under the supervision of full-area over-viewing head. This means that both molecular diagnosis and typing should be concentrated in the separate laboratories (clean-lab, clinical lab and analysing lab). In the analysis lab all available and new equipment (PCR, Light Cycler, PFGE) should be brought together, accessible for every assay.
- It is recommended that the potential supervisor will get extensive training possibilities in this area (either by following courses or work-visits in established laboratories)
- It is recommended to implement RAPD and PFGE as molecular tools for outbreak and epidemiological analysis in the laboratory setting.
- It is recommended to incorporate the molecular diagnosis of parvovirus by PCR and enterovirus by real-time PCR (LightCycler)
- It is recommended to incorporate gene-targeted detection as an addition for non serological typable Salmonella strains.
- It will be important to establish a Slovakian working group on molecular diagnosis in which open discussions concerning newly acquired experiences will extend the possibilities to introduce these techniques country-wide.
- It will be important to establish a net-work for proficiency-panels to quarantine quality assessments.

Follow-up by RTA (bullets)

Remarks (bullets)

- I enjoyed the very open and sincere discussions concerning the infrastructure, the possibilities, the pitfalls, and the potentials with Dr. Bosa and all Staff members of the NCR.
- The mission was very well organized and the time was effectively used and the translation of the presentation was highly professional.

- I am sure the ambitions of the NCR in molecular diagnosis and typing will result in efficient capacity building.

Evaluation (bullets) **Positive**	**Negative**
1 Open atmosphere of all participants 2 Construction of molecular laboratories 3 Developments in molecular diagnostics	1 Initiatives to access available literature 2 3

Date/signature of Expert	Date/signature of Component co-ordinator	Date/signature of Adviser
Bratislava, April 25, 2006	Bratislava, April 25, 2006	Bratislava, April 25, 2006

List of participants 25 / 04 / 2006

Public Health Authority of the Slovak Republic
Trnavská cesta 52, 826 45 Bratislava

Bratislava, 25th April, 2006
Activity no 2.5 „ Strengthening the Surveillance and Kontrol of Communicable Diseases in the Slovak Republic"
Name of expert: Mr. Wilhelmus Johannes Gerardus Melchers

"Molecular Diagnosis of Infectious Diseases"

	Name	Address of Institute	Signature
1/	RNDr. J. Bosá		
2/	MUDr. D. Gavačová		
3/	RNDr. J. Tietzová, CSc.		
4/	RNDr. Z. Sobotová		
5/	RNDr. Š Bláhová		
6/	Mgr. K. Pastuchová		
7/	Mgr. J. Černická		
8/	RNDr. Blaškovičová		
9/	Doc. MUDr. M. Nikš, CSc.		
10/	MUDr. E. Piňáková		
11/	Mgr. D. Duchoňová		
12/	PhMr. J. Mĺkva		
13/	RNDr. J. Adamčáková		
14/	AnnemarieAlders		
15/	Mgr. J. Račková		
16/	MUDr. C. Klement, CSc.		
17/	Ing. Z. Majlátová		
18/	MUDr. I. Miková		
19/	MUDr. Z. Krištúfková		
20/	E. Lojková		
21/	N. Babjaková		
22/	H. Kovalovská		
23/	O. Fogarassyová		
24/	M. Petergáčová		
25/	M. Bulková		
26/	R. Droppová		
27/	Ľ. Farbulová		
28/	M. Demovičová		
29/	J. Halmová		
30/	Ms.Karin de Schipper-Visser		
31/	Mr.Wilhelmus Johannes Gerardus Melchers		
32/	E. HONZOVÁ		
33/	J. FOERDOVÁ		
34/	S. ĎURDÍKOVÁ		
35.	BLAŽIČKOVÁ J.		
36.	ROVŇÁKOVÁ		

Annex 16 Side letter No. 6

SIDE LETTER No. 6

TO TWINNING CONTRACT 2003-004-995-03-07/0001
"Strengthening the surveillance and control of Communicable Diseases"

Twinning No. SK/03/IB/SO/01

Both Twinning partners have agreed the following:

Art. 1 Objective

The objective of this Side letter is to appoint Mrs Catharina de Schipper-Visser as expert for activities 2.5, 2.6 and 2.7 (article 4. Tasks of Annex I), replacing Mrs Wendy Waijboer who is no longer able to work as expert for the project because she has taken up a new job in the Netherlands as from the first of April 2006. The proposed expert has the same qualifications and field of expertise, being specialised in Quality Control Systems in relation to surveillance and public health (CV in annex 1, part of this side letter).

Art. 2 Modification

In Art. 5 (Human Resources) and Art. 6 – Work schedule.
The expert Waijboer for activities 2.5, 2.6 and 2.7 is replaced by expert de Schipper-Visser; the fee will remain 335 euro for each working day. The replacement of Mrs Waijboer by Mrs de Schipper-Visser has no implications for the budget.

Art. 3 Confirmation of validity

All of the parts and dispositions of the initial Twinning Contract 2003-004-995-03-07/0001 and the approved side letters or addenda which are not modified here remain valid.

Read and approved for the parties of the Twinning Project:

For Mr. Geert van Etten, Project Leader
Annemarie Aalders, RTA

Ms. Zuzana Škublová
Project Leader

Annex 1: CV Mrs de Schipper-Visser

CURRICULUM VITAE

Proposed role in the project: **Expert on Quality assurance for laboratories**

1. Family name: de Schipper-Visser
2. First names: Catharina Jeannette Wilhelmina (Karin)
3. Date of birth: 19 april 1962
4. Nationality: Dutch
5. Civil status: Married, 3 children
6. Education:

Institution	**Date: from (m/y) to (m/y)**	**Degree(s) or Diploma(s) obtained**
Utrecht School of Governance, Utrecht University	Jan/2003 - Dec/2004	MA in Public Administration (Organisation, Culture and Management)
Maruna, Leiden	1/2001 - 2/2001	Certificate Applied Laboratory Statistics
Academy for Higher Professional Education, West Brabant	3/1999	Certificate Integral Quality Care for Medical Laboratories
Kerteza and Co-ordination Committee for Quality in Medical Laboratories (CCKL), Belgium	2/1999	Certificate Internal Auditor for Medical Laboratories
Department of Community, occupational & family medicine, National University of Singapore, Faculty of medicine.	10/1996 - 11/1996	Certificates Health Education and Health Promotion
Van den Broek Institute, Amsterdam	8/1983 – 6/1985	Certificate Laboratory Technology: Immunology
Van ‘t Hoff Institute, Rotterdam	8/1978 – 8/1981	Bsc Laboratory Technology: Clinical Chemistry

7. Language skills (5=excellent, 4=good, 3=satisfactory, 2=fair, 1=weak for competence)

Language	**Reading**	**Speaking**	**Writing**

Dutch	Native		
English	5	5	5
German	5	3	2
Indonesian	5	5	5

8. Membership of professional bodies: -

9. Other skills; (e.g. Computer literacy, etc):
Project management; computer skills (Office, database and laboratory applications); financial and secretarial skills; tropical medicine, leprosy.

10. Present position:

Company/location	**Position**	**Description**
A) Leiden University Medical Center (LUMC)	1. Quality Co-ordinator for the Central Laboratory for Hematology (CKHL) 2. Quality Co-ordinator for one of the five divisions of the LUMC (started 2/2004). 3. Advisor	1. Co-ordination and management of quality system of the Central Laboratory for Hematology; communication with the bodies that grant accreditation; management of and participating in, projects for quality improvement; training of students in the area of Quality Care. 2.Co-ordination of the quality activities within the division; the coaching of other Quality co-ordinators within the division. Linking pin for interdivisional and central quality activities within the LUMC as a representative of the division. 3. Advise and management of projects for improvement of the quality of public service.
B) Netherlands School of Public and Occupational Health (NSPOH)	Technical advisor	Advises on co-ordination and management of quality systems within International Projects

11. Years within the firm:
A) 8 years
B) 0,5 year

12. Key qualifications (relevant to the project):
    - A broad expertise in developing, maintenance and evaluation of Quality Systems specific according to ISO 17025 and ISO 15189.
    - A broad expertise in the development, maintenance and evaluation of Standard Operating Procedures.
    - A broad expertise in internal auditing
    - Expertise in interpreting and evaluating Quality Control schemes.
    - A broad experience in training, advising and coaching, also with intercultural teams in an international setting and in projects

13. Specific experience abroad:

Country	**Date:** **from (m/y) to (m/y)**	**description**
Indonesia	6/1988 – 5/1997	Staffmember The Leprosy Mission International (TLMI) as a counterpart to employees of the Health Service of the Indonesian Government in the provinces "Irian Jaya"and "Nusa Tenggara Timor". Including e.g. Formal and on-the-job training; healthpromotion and -education activities; monitoring and evaluation of medication compliance of patients; preparing and evaluating projectagreements; financial- and office-management; collecting and preparing epidemiological data for evaluation.

14. Other professional experience record:

Date	**Company/location**	**Position and description**
1998-2003	Leiden University Medical Center (LUMC); Central Laboratory for Hematology (CKHL).	Laboratory technician Preparing and examining blood- and bonemarrow slides for diagnoses and follow-up of hematological malignities. Training of (medical) students and medical doctors in this area of expertise. First year full-time and from 1999 onwards in combination with coordinating and managing the Quality system as described earlier.

Date	Company/location	Position and description
1982-1987	Free University Medical Center, Amsterdam; Hematological Laboratory.	Laboratory technician Bloodbank and Special Hematology including examining blood- and bonemarrow slides for diagnoses and follow-up of hematological malignities and evaluating coagulation problems. Developing new techniques for coagulation tests and bonemarrow culture. Training of (medical) students, new colleagues and medical doctors in this area of expertise.

15. Other:
Member of Personnel Committee TLMI

Publications:

16. Contact Address in the Member State, including telephone, fax and e-mail

Karbonkelstraat 8,
2403 BV Alphen aan den Rijn,
Phone: +31172415195,
Mobile phone: +31648210703,
E-mail: deschipper@planet.nl

Annex 17 Report Mrs. De Schipper – activity 2.5

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME C.J.W. de Schipper-Visser

COMPONENT 2

ACTIVITY NO. 2.5

DATES OF VISIT 23 – 26 april 2006

Activities according to the Work Plan
Training of staff of selected National Reference Centres in quality control systems.

Summary discussed items (bullets**)**
• Quality and practical implementation of quality system • Non-conformities (NCF) SNAS visit • Main differences ISO 17025:2005 with the standard issued in 1999 • Quality Manual

Persons met **Name**	**Position**
Ms Jana Bosa	Comp. Co-ordinator (PHA SR Bratislava)
Ms Jana Rackova	RTA assistant
Ms Anne Maria Aalders	RTA
Participants training (see list)	
Different people during tour of the labs	

Conclusions (bullets)
• A lot of work has been accomplished, Sop's, working protocols and other recording of the laboratory processes and handling and control of equipment are generally in order. • The quality manual is already very complete but needs to include the new requirements of ISO 17025;2005 and has to be written in a more descriptive way on how things are done in stead of what has to be done. • Four persons have gone on internships, and applied, where possible, matters learned in there own work. These internships seem to be a good way for learning and motivation of employees. • The training went well, special emphasize was put on the new version of ISO 17025, continually improving, change of behaviour and learning from mistakes. The impression is that the employees are very dedicated to their job, and are eager to learn how to improve their work. • The SNAS visit went well, for a first visit there are a reasonable amount of NCF re-

ports. One NCF is categorised serious: one head of NRC doesn't have the required qualification. The reason is that the former one just left. There are 22 medium NCF's and 7 minor NCF's. Most non-conformities are on missing (parts) of documentation and will be easy to resolve. Apart from that, the system of complaints, the internal audit system and the management review still need operational improvement. The NCF on regulation of the temperature in the labs can only be resolved through reconstruction. Reconstruction including climate control should therefore have the highests priority.

- It was agreed that Ms Bosa will finish by june about half of the corrective and preventive actions on the NCF reports of the SNAS.
- It was agreed that Ms Bosa will by june have rewritten half of the Quality Manual according to ISO 17025:2005.
- It was agreed that Ms de Schipper will provide asap guidelines on management of complaints, checklists for training of employees, vertical audits and management review.
- It was agreed that Ms de Schipper will perform in june activity 2.6 and 3.3 combined.

Recommendations (bullets)

1. Reconstruction of the building especially climate control should be implemented asap.
2. Active involvement of the top management towards the management system has to be described and implemented (ref: ISO 17025;2005, 4.1.6, 4.2.3, 4.2.4, 4.2.7).
3. A system of seeking active feedback from the institutes sending the samples should be described and implemented. (ref: ISO 17025;2005, 4.7.2).
4. The instruments for continually improvement (ISO 17025;2005, 4.10) should be described and implemented (e.g. management of complaints, checklists for training of employees, vertical audits and management review).
5. Although Ms Bosa is doing a tremendous good job it would be helpful for her to appoint a independent quality officer for document control and review and follow-up of corrective and preventive actions (metrology and internal auditing is already partly delegated).

Follow-up by RTA (bullets)

Remarks (bullets)

Evaluation (bullets)

Positive	**Negative**
1 Cooperation and enthousiasm	1
2 Coffee and cookies	2
3	3

Date/signature of Expert	Date/signature of Component co-ordinator	Date/signature of Adviser
Bratislava, April 26, 2006	Bratislava, April 26, 2006	Bratislava, April 26, 2006

List of participants 25 / 04 / 2006

Public Health Authority of the Slovak Republic
Trnavská cesta 52, 826 45 Bratislava

Bratislava, 25th April, 2006
Activity no 2.5 „ Strengthening the Surveillance and Kontrol of Communicable Diseases in the Slovak Republic"
Name of expert: Ms. Karin de Schipper-Visser

"Practical Implementation of the Quality System"

	Name	Address of Institute	Signature
1/	RNDr. J. Bosá		
2/	MUDr. D. Gavačová		
3/	RNDr. J. Tietzová, CSc.		
4/	RNDr. Z. Sobotová		
5/	RNDr. Š Bláhová		
6/	Mgr. K. Pastuchová		
7/	Mgr. J. Černická		
8/	RNDr. Blaškovičová		
9/	Doc. MUDr. M. Nikš, CSc.		
10/	MUDr. E. Piňáková		
11/	Mgr. D. Duchoňová		
12/	PhMr. J. Mľkva		
13/	RNDr. J. Adamčáková		
14/	Annemarie Alders		
15/	Mgr. J. Račková		
16/	MUDr. C. Klement, CSc.		
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18/	MUDr. I. Miková		
19/	MUDr. Z. Krištúfková		
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21/	N. Babjaková		
22/	H. Kovalovská		
23/	O. Fogarassyová		
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33/	J. FORBÓOVÁ		
34/	J. ĎURDÍKOVÁ		
35.	BLAŽIČKOVÁ J.		
36.	KOVÁČIKOVÁ		

Annex 18 Time schedule

		2005											2006									
Calendar Month	from/to	14/2 13/3	14/3 13/4	14/4 13/5	14/5 13/6	14/6 13/7	14/7 13/8	14/8 13/9	14/9 13/10	14/10 13/11	14/11 13/12	14/12 13/1	14/1 13/2	14/2 13/3	14/3 13/4	14/4 13/5	14/5 13/6	14/6 13/7	14/7 13/8	14/8 13/9	14/9 13/10	14/10 31/10
Project Month		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**
Phase		**0**	**Phase 1**				**Phase 2**							**Phase 3**								
Inception period / "Kick-off"		**RTA**																				
Component 1																						
Activity 1.1			**RTA**																			
Activity 1.2			**x**																			
Activity 1.3				**Otto (3 days)**																		
Activity 1.4				**Holvast (4 days)**																		
Activity 1.5					**van Pelt (5 days)**																	
Activity 1.6						**Otto (3 days)**																
Activity 1.7							**Otto (5 days)**															
Activity 1.8								**Otto (5 days)**														
Activity 1.9									**Otto (5 days)**													
Activity 1.10											**LCI (Timen) (2 days)**											
Activity 1.11														**LCI (2 days)**								
Activity 1.12															RTA							
Activity 1.13																Otto (2 x 5 days)						
Activity 1.14																		RTA				
Activity 1.15																			RTA			
Component 2																						
Activity 2.1			**RTA**																			
Activity 2.2				**Mulder, Galama, Waijboer (3, 4, 7 days)**																		
Activity 2.3					**RTA**																	
Activity 2.4						**Waijboer (3 days)**																
Activity 2.5									**Melchers, Galama, de Schipper-Visser (2,2,3 days)**													
Activity 2.6										Melchers, Galama, de Schipper-Visser (3,3,5 days)												
Activity 2.7													de Schipper-Visser (5 days)									
Activity 2.8													RTA									
Component 3																						
Activity 3.1			**RTA**																			
Activity 3.2				**Waijboer (3 days)**																		
Activity 3.3						Waijboer (3 days)																
Activity 3.4									de Schipper-Visser (7 days)													

Annex 19 Overview activities until end of project

(version 1/6/2006)

Activities	Date	Experts	Remarks
activity 1.10: Extension: Formulation of Slovak specific general guidelines with the help of Dutch guidelines: Extra proposal	Deadline: Summer	Slovak Translation office	
activity 1.11 Two days workshop on outbreak management for regional staff with exercise on case control and cohort studies 2 days left for this activity: 1 to 2 day workshop on basic epidemiological principles and statistic significance	3-5 July	Willy-Anne van Stiphout	Basic training on epidemiological principles Combined with act. 1.15
activity 1.12 Registration for new memberships of EU networks	Deadline: Summer	RTA, PM and CC Comp. I	Corresponds with act. 1.5
activity 1.12: Extension: 1 day workshop into the use of ENTERNET network: Extra proposal	September wk. 36?	Wilfrid van Pelt??	
activity 1.13 Implementation, testing and evaluation of the new systems on data collection in 5 selected pilot regions	June/July for 2x 5 days ???	Mattias Otto	
activity 1.14 Full systems roll-out in all 36 Regional PHA's	At the same time as after act. 1.13	RTA	RTA will support the company responsible for the TA in the implementation of the new system in all 36 workplaces
activity 1.15 - Organization of a one day conference on Intervention epidemiology for surveillance and control of communicable diseases at the national and local level (integrated in extension act. 1.15, see below) ***Extension:*** - 4 day training on epidemiological principles in general and on risk assessment: Extra proposal Total: 5 days: 1 day preparation, 3 days training advanced epidemiological principles (Case control and Risk assessment), 1 day conference (original act. 1.15)	18/9-22/9	RTA Hannelore Gotz Jeanette de Boer	Advanced training on epidemiological principles Combined with act. 1.11

Activities	Date	Experts	Remarks
activity 2.6 Development and implementation of the quality control systems and progressive detection methods	12/6-16/6	Karen de Schipper	
activity 2.6 idem	13/6-15/6	Willem Melchers	
activity 2.6 idem	10/7-12/7	Joep Galama	
activity 2.7 Final assessment of the implementation of the new quality control system	4/9-8/9	Karen de Schipper	
Activity 2.8 Passing the accreditation process	Before end of project??	RTA	The process is running. RTA is keeping track of it
activity 3.3 Development of Standard Operating Procedures for external quality assurance based on the new-implemented quality assurance system	12/6-16/6	Karen de Schipper	Will be combined with act. 2.6, 1 day
activity 3.4 Implementation and testing in 5 selected pilot workplaces of Standard Operating Procedures for external quality assurance	4/9-8/9	Karen de Schipper	Will be combined with act. 2.7, 2/3 days

Annex 20 Financial report No. 5