TWINNING INTERIM QUARTERLY REPORT

No. 7

ANNEX I

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Annex I.1 Minutes 6th Steering Committee

6th Meeting of the Steering Committee

Minutes

Date: 8 September 2006 (12.00-14.30)
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)
  Ms Zuzana Škublová – Slovak Project Leader (MoH of SR) [chair]
  Ms Annemarie Aalders – RTA (NSPOH)
  Ms Karin de Schipper – short-term expert (LUMC)
  Ms Zuzana Krištúfková – Project Manager (PHA SR Bratislava)
  Ms Mária Avdičová – Co-ordinator component I (RPHA Banská Bystrica)
  Mr Milan Nikš – Co-ordinator component III (PHA SR Bratislava)
  Ms Soňa Gabčová – Task manager, Office of Government of SR
  Ms Martina Galabová - CFCU at the Ministry of Finance of SR
  Ms Jana Ráčková – RTA Assistant

- **Absent:**
  Ms Jana Bosá – Co-ordinator component II (PHA SR Bratislava)
  Ms Jana Minarovičová - National Contact Point for Twinning, Office of the Government of SR
  Mr Miroslav Škvarka - CFCU at the Ministry of Finance of SR
  Ms Linda Winklerová – MoH of SR

Agenda

1. Opening
Ms Škublová as the chairperson officially opens the meeting and introduced Ms Karin de Schipper, short-term expert for components II and III.

2. 6th Quarterly report
Ms Škublová asked for comments to the 6th quarterly report. Generally, the report is ok for her but she has following small technical remarks for clarification:

- Page 6 / Mandatory results / comp. III: "…drastic reduction of RPHA microbiology laboratories, from … to … ". Mr Nikš and Mrs Krištúfková clarified this issue and added the following text:
  EQAS will be provided:
  1. in two virological labs in RPHA Banská Bystrica and Košice on mumps, rubeola, measles, influenza and polio, because the virological diagnosis of mumps, rubeola, measles, influenza and polio were cancelled on the other (56) microbiology labs (private and hospital).
  2. in 56 private and hospital labs (4 were cancelled) on salmonellosis and ATB resistance.
- Page 6 / Activities in the reporting period: To add information that no minutes in English are available from the Monthly meeting held on the 16th of June 2006 at the MoH.
- Page 7 / Activities in the reporting period: To add main conclusions that were made during the meeting held on the 9th of August 2006 with the Deputy of the Director of PHA SR, Mr Fitz.

- Page 8 / Activity 1.12 on EU networks: Ms Škublová asked whether the Slovak experts are able to give an updated info on existing EU networks. Ms Krištúfková clarified that for a few of the networks, Ms Máderová (former Project manager) was the contact point in Slovakia, but unfortunately she left the PHA SR and therefore has to be replced. The list with the new people responsible for each EU network will be known soon. Ms Aalders said that the original list of EU networks was created within the activity 1.5 but for mentioned reason it is difficult to update it. Ms Škublová proposed to have this list to be made in two levels. Firstly, to add the information on increased number of the networks and secondly, to add information about the quality of the cooperation within the EU networks. Mr Nikš added that there are not only changes on the Slovak side but also in the whole EU so it will be difficult to make such an evaluation. Ms Škublová clarified that any evaluation mentioning also this aspect would be useful especially because it is one of the benchmark. Ms Krištúfková will send this evaluation and updated list of EU networks to the RTA office for adding to the 7th Quarterly report.
- Page 10 / component II / Main conclusions of the mission of RTA and RTA Assistant to RPHA Košice: Last bullet says: "Unclear is how much work there is during working hours." Ms Škublová asked for clarification of this sentence. Ms de Schipper expresses the same impression from her trip she made to these labs. Even all documents, papers and notes were available it was difficult to evaluate the real work from the quality management point of view. Ms Krištúfková clarified that NRC for diphtheria, included in the project, is not so busy due to zero incidence of difteria. The work of this laboratory is more focused on investigations on immunization programme as well as to be ready for any import of disease from the East. Ms Škublová suggested adding to this sentence "…because of not seeing the work in the progress…"
- Page 11 / Update on Tempest: Ms Škublová suggested shifting this information to other part concerning the software.
- Page 12 / Update in Vitrum: Ms Škublová suggested adding the information that the contract with company Vitrum has been prolonged. But because the prolongation was signed only today, this information can appear in the 7th QR.

See conclusions.

Mr van Etten asked Ms de Schipper to update component II. Ms de Schipper concluded her visits to all 3 workplaces (PHA SR Bratislava and RPHAs Banská Bystrica and Košice).
Banská Bystrica: They passed the re-accreditation of an existing quality system and already received the certificate from SNAS. The quality system is very good but maybe it would be also good to focus not only on evidence but also on improvements. In general, the work is ok.
Košice: They passed the accreditation and currently are in the last stage - expecting to receive the certificate from SNAS. They did a very hard but good work.
Bratislava: There are some problems and delays caused by the reconstruction. SNAS can come for the second visit only when the reconstruction is finished (end of September 2006). Beside this, the most of the non-conformities were related to the Quality Manual. Important is also to find a solution to appoint a new Quality manager who will be able to finish the Quality Manual. This document was already finished by Ms Bosá (the former Head Section of Medical Microbiology, co-ordinator comp. II, Quality manager, Head NRC for Meningococci) who resigned but maybe it is still possible to get the document from her. Ms Sirotná, who replaced Ms Bosá as the Head Section of Medical Microbiology is a good replacement but Ms de Schipper recommended having a separate person as a Quality manager. Other recommendation is concerned with the possible integration of the medical microbiology to the environmental laboratories where there is a long-time and good accredited system. However, the quality system and the work in the microbiological laboratories keeps on running on a daily basis even in the same area the reconstruction it taking place too. Ms de Schipper also informed that there were many non-conformities related to the NRC for Meningococci, which has a new Head who knows what has to be done but she has to do it quickly.

Ms de Schipper additionally reminded an offer made by other STE, Mr Melchers who invited one employee from PHA SR Bratislava (Ms Černická) for an internship to his laboratories. Ms de Schipper found other very good lady in RPHA Banská Bystrica and thought that maybe it would be good to invite both of them. Ms Škublová asked whether the offered internship is within the project. Ms Aalders clarified that this would be outside of the project but the expert expressed that there is a place for her to come but the second step in now up to the Slovak side who should take the initiative.
Ms de Schipper made a recommendation to look for some laboratory information system for NRCs to decrease the paperwork of the laboratory staff. Ms Škublová reminded that there was an intention to include this into the development of the new epidemiological software EPIS (by company Softec) within component I. Ms Krištúfková informed that actually something was included but it is only about receiving the samples and evaluation of the results and protocols but no other processes are included. Mr Nikš clarified that many other laboratories are already using such a system called "Laboratory manager" but the question is where to find money to buy it. The connection with developing EPIS software could be easily done via interface.

Extra clarification to the minutes by Ms Krištúfková: The programme for NRC was developed as additional result of the project, because in the process of strengthening the surveillance it appeared to be needed. This activity was not defined in the contract with Softec, the company decided to develop it according Dr. Kristufkova request, but of course not at the "laboratory manager level", which is more difficult. The developed programme decrease the paperwork of the laboratory staff and supply the rapid information exchange between NRC laboratory and epidemiological departments on RPHA and PHA SR. The Softec Company had prepared also an interface between actually upgrading new Laboratory manager programme for microbiology labs by other company. Dr. Kristufkova and Dr. Avdicova have initiated the discussion between these two companies. Since the new Laboratory manager programme will be upgraded and supplied for PHA the programme developed by Softec in the EPIS information system will be the great improvement.

Ms Škublová proposed to discuss this issue in a few weeks on more formal level saying that during the project a serious need to have a unified laboratory information managing system for all NRCs appeared. This was strongly supported with professional reasons by various STEs and other experts. It is important to inform that such a software product already exists on the market. This recommendation should be put forward to the management of PHA SR and ask for their opinion whether they agree to buy the system or not. *See conclusions.*

Mr van Etten stressed that it is crucial to get the Quality Manual back from Ms Bosá in order to make sure that the SNAS visit will be successful and will not cause any delays in the accreditation process in Bratislava. Therefore he asked Ms Škublová to contact the Director of PHA SR to make sure he knows about it. Ms Sirotná might be the contact person to finish the Final report.
Ms Škublová was informed only by Ms Aalders about the resignation of Ms Bosá, coordinator component II. She agrees to include Ms Sirotná to the project but the question is how familiar she is with the project issues. However, she will ask Mr Rovný (Director of PHA SR) for an official clarifying letter informing her who will take over all paper documents and work of Ms Bosá. She agreed that all project information related to the work in this component has to be at PHA SR. *See conclusions.*

Ms Škublová moved back to the 6th QR:
- Page 12 / component III: Ms Škublová asked when we can expect the final evaluation of the experimental PHA EQAS run Mr Nikš informed that there is an existing report (explanatory note) added to the Mission report of Ms de Schipper from her last visit and will appear in the 7th QR. Ms Škublová asked for more information because it is also one of the

benchmark. She was interested whether there is any way how the PHA SR has the right to keep the system running with the included external institutions. It was explained by Mr Nikš that the co-operation is voluntary but he hopes that the pilot run was not only testing but they are also willing to keep it. Reactions for the future usage are positive. Mr Nikš thought that from other point of view, the system very crucial for them because it is educational and additionally free of charge. Ms de Schipper also made a recommendation in her Mission report, on how to extend this rounds (spectrum of tests) when you can not force them.

- Page 17 / Issues: Ms Škublová asked Ms Aalders on additional information about the things mentioned under this point (co-operation between the RTA and BC PI, PM, CCs; lack of communication; lack of interest; not keeping the deadlines; not informing about holidays, the use of Slovak language instead of English … etc.) Ms Aalders clarified that very serious is the matter of deadlines because it is only 1 more month to finish all reports which she already stressed 3 months ago. The communication as mentioned in the draft 6th QR is a difficult part too. Project leader, Ms Škublová and Mr van Etten expressed their wish to keep all agreed deadlines in order to finalize the 7th QR and the Final report in time. Ms Aalders asked for the input in English to the Final report from Ms Krištúfková, Ms Avdičová and Ms Škublová at the latest on the 18th of September 2006. Ms Krištúfková proposed to have a meeting of CCs, PM and SK-PI to discuss the Slovak version of requesting inputs. Ms Škublová proposed to add at least anything within stated deadline and while the first round of commenting the draft report will take place, the text could be changed. Mr van Etten and Ms Aalders supported this idea.
  Ms Škublová wanted to know more on the problematic things mentioned in the draft 6th QR and draft Final report. She proposed to keep all negative things that had happened as recommendations for future while implementing other projects. Mr van Etten agreed and considered mentioned things as a lesson for improvement to be learned for future.
  It was agreed that Ms Aalders will rewrite the section in the 6th QR and will try to find a better wording and keep it more objective and less personal. The real problems should be for better understanding listed together with their reasons.
- Page 19 / Expenditure: Mr van Etten informed that around 80% of the total project budget is estimated to be spent. The savings were caused by an 5-months absence of the RTA. This page will be updated by RTA office according to NSPOH.

Conclusions:

- It was agreed to incorporate above underlined information into the final version of the 6th or 7th QR.
- Ms Škublová proposed to formally discuss in a few weeks the issue of purchasing the unified laboratory information managing system for all NRCs as an important recommendation to be put forward to PHA SR management for their opinion.
- Ms Škublová will ask the Director of PHA SR for an official clarifying letter informing her who will take over all paper documents and work of resigned Ms Bosá.
- Ms Škublová, Ms Krištúfková and Ms Avdičová will send at the latest on the 18th of September 2006 the English version of their inputs to the Final report.
- Ms Aalders will rewrite the section Issues (page 17) of the 6th QR with other words (+reasons) to keep it more objective and less personal.
- RTA office will include the information on Expenditures (page 19 of the 6th QR) form NSPOH.

3. Action plan

Ms Škublová informed that the Action plan was upgraded. Majority of the recommendations has been finished. There are no specific recommendations that needs more progress. For her it is necessary to have general recommendations for the future of the project and she considered the Action plan as a good source of the information.

Mr van Etten was satisfied with the Action plan and reminded that with the 7th QR we will have the last updated version. Then he may have some suggestions for re-wording and minor questions on deadlines.

Ms Škublová informed that during the last Monthly meeting at the MoH she put forward the question whether all activities will be finished to the end of the project. Ms Aalders replied to her yes. Therefore Ms Škublová had an idea to list all long-term recommendations that should be ensured to be finalized in the future by the Beneficiary institution. Some kind of commitment of the BI must be in the Final report.

4. Final report

Ms Škublová informed that the first draft of the FR was sent at the beginning of this week. Still some information are missing and as discussed earlier, she and Ms Krištúfková promised to send this input at the latest on the 18th of September.

Mr van Etten said that the report should be very concise, not 40-50 pages. It would be useful to have a brief summary on what has been achieved and progress in each component. According to him, the main issues are already in the report. He supported the idea to have a very brief, precise and concise report in order to give people outside of the project the information about the project aims, objective, results …etc.

Ms Aalders thought that the EU agency is more interested on what the BI is going to do with the project in the future and how the BI is going to sustain the project. Therefore she needs support and input of the Slovak people involved in the project in order to finalize the report in this sense.

Ms Škublová proposed that the Final report will be updated with CCs, PM and SK-PI real comments and the deadline will be kept. It was agreed that the representatives of the CFCU and Governmental office will also have a chance to put forward some of their comment and/or advices. *See conclusions.*

Conclusions:

- The Final report will be updated with CCs, PM and SK-PI real comments and the deadline will be kept.
- The representatives of the CFCU and Governmental office will also have a chance to put forward some of their comment and/or advices.

5. Closing ceremony

Ms Škublová informed that she had received from Ms Krištúfková the list with the tasks related to the organizing of the Closing ceremony. She asked for the progress in this issue.

Ms Krištúfková informed her that the list of participants was updated by the participants from MoH SR and PHA SR. The Dutch participants will be finalized and sent later. Regarding the catering, she informed about the joined meeting with Mr Fitz, Deputy Director of PHA SR, who appointed Mr Kulášik (Head of International Department at PHA SR) to be the responsible and contact person to ensure this within the budget of PHA SR.

Mr van Etten asked whether it is possible to create a list of speakers and subsequently let them know about this fact.

Ms Škublová informed about the prepared programme for the “Closing ceremony”, which will comprises of 2 parts; formal and project parts:

1) officials of the MoH SR (BC)
2) representatives of Dutch VWS (MC) – Mr Wijngaarden
3) Director of PHA SR (BI)

4) SK and NL-PI
5) Project manager
6) all CCs
7) two STEs
8) ? RTA proposed by Ms Škublová

First, formal part should contain very short speeches, in total 15 minutes.
Second, project part should contain each speech of not more than 10 minutes.
It was proposed not to have any break in between these two parts, so there will be enough time for a catering after all speaches

Mr van Etten reminded that the Dutch Ambassador should be invited and also had the opportunity to give a short speech (5-7 minutes)

Participants of the Steering Committee agreed to have the next meetings as follows:
- 7th SC meeting for the 7th QR and the Final report on 5th October 2006 from 10.00-12.00 h.
- Closing ceremony on 5th October 2006 from 13.00-16.00 h.
See conclusions.

Mr van Etten opened the question on invitations. Ms Škublová provided each participant of the Steering Committee with the draft invitation. She proposed to send the invitation on behalf of both PLs. All participants of the "Closing ceremony" will be officially invited by the MoH SR. Mr van Etten suggested to send a separate official invitation letter by email to the Dutch Embassy and the representatives of the Dutch MoH. Ms Škublová asked Ms Krištúfková and Ms Aalders to finalize the list of all participants asap and marked those people who should receive the separate invitation letter. *See conclusions.*

Ms Krištúfková introduced the proposal for the speeches:
PM - main aims of the project
CCs – main aims of each component.
STEs – recommendations for the sustainability of the project + the evaluation of the work what was done from their perspective (added by Ms Škublová).

Mr van Etten suggested the speeches of the Dutch representatives:
Reps of Dutch VWS – commenting of the achievements
Dutch Ambassador – formal speech, maybe support the idea for the internship that could be free of charge towards the Slovak experts

Ms Škublová added that the equipment for the powerpoint presentations will be ensured to be used during the speeches.

Ms Aalders informed that the two invited STEs could do the trip within one day.

Ms Krištúfková added that the whole programme should last from 13.00 to 15.30 hrs. From 15.30 to 16.30 will be time for catering and press conference.
Ms Škublová reminded that PHA SR will ensure the press release to inform the people about the project before the "Closing ceremony" will rake place. PHA SR will also take care of the catering and interpretation service. These expenditures were previously agreed to be paid by the PHA SR. *See conclusions.*

Conclusions:
- 7th SC meeting for the 7th QR and the Final report will take place on the 5th of October 2006 from 10.00-12.00 hrs.
- Closing ceremony will take place on the 5th of October 2006 from 13.00 to 16.00 hrs.

- All invitations for the "Closing ceremony" will be send by the MoH SR. The Dutch participants, marked in the list of participants, will also receive the official invitation letter by email.
- Ms Krištúfková and Ms Aalders will finalize the list of participants asap and marke people who should receive the separate invitation letter.
- Invitations will be on behalf of both Project leaders.
- PHA SR will ensure the press release to the project and "Closing ceremony".
- PHA SR will ensure and pay for the catering and interpretation service for the "Closing ceremony".

6. Any other business

Ms Aalders informed about the last Side letter no. 13 which has to be approved soon. This SL is about the trip of the two STE for the "Closing ceremony".

Again the question who will pay for the catering for the last activity 1.15 (3 days at MoH SR for 15 people + 1 day at PHA SR for 40-50 people) was opened. Ms Škublová will use the possibility to meet Mr Fitz to discuss it again. *See conclusions.*

Ms Krištúfková informed about the important step in developing the new EPIS software. Next week the final testing will take place. Ms Škublová reminded her wish to be present at the final stage because she is supposed to sign the documents. *See conclusions.*

Conclusions:

- Ms Škublová will meet Mr Fitz to discuss the catering for activity 1.15.
- Ms Škublová will be present during the final stage of the SW development because she has to sign the documents.

7. Date of next meeting

See conclusions add) 5.

8. Closure

Ms Škublová officially thanks all participants, especially Ms de Schipper, for their co-operation and contribution and expressed her hope to solve everything in time.

Annex I.2 Minutes 7th Steering Committee

7th Meeting of the Steering Committee

Minutes

Date: 5 October 2006 (10.00-12.00)
Place of meeting: Ministry of Health, Limbová 2, 837 52 Bratislava, room no. 107

Participants

- **Present:**
  Mr Geert van Etten – Dutch Project Leader (NSPOH) [chair]
  Ms Zuzana Škublová – Slovak Project Leader (MoH of SR)
  Ms Annemarie Aalders – RTA (NSPOH)
  Mr Peter Hartog – Senior Adviser at International Affairs Department (Ministry of Health, Welfare and Sport, the Netherlands)
  Ms Zuzana Krištúfková – Project Manager (PHA SR Bratislava)
  Ms Mária Avdičová – Co-ordinator component I (RPHA Banská Bystrica)
  Mr Milan Nikš – Co-ordinator component III (PHA SR Bratislava)
  Ms Soňa Gabčová – Task manager, Office of Government of SR
  Ms Martina Galabová - CFCU at the Ministry of Finance of SR
  Ms Jana Ráčková – RTA Assistant

- **Absent:**
  Mr Cyril Klement – Co-ordinator component II (RPHA Banská Bystrica)
  Ms Jana Minarovičová - National Contact Point for Twinning, Office of the Government of SR
  Mr Miroslav Škvarka - CFCU at the Ministry of Finance of SR
  Ms Linda Winklerová – MoH of SR

Agenda

1. Opening

Mr van Etten as the chairperson officially opens the meeting and introduced the guest, Mr Peter Hartog from the International Affairs Department at the Dutch Ministry of Health, Welfare and Sport. Mr Klement was apologized for his absence due to other meetings.

2. 7th Quarterly report

Mr van Etten went through the whole report and asked for comments to the following sections:

- Page 5-6 / Mandatory results / comp. I: Two results are listed here as partly achieved. If these results will be finished to the end of the project, Mr van Etten suggested to change the text into "…mandatory results were finished …". Additionally this should be changed also in the Final report. Ms Avdičová and Ms Krištúfková confirmed finalization of the results therefore the proposed change was accepted to be done.
  Ms Škublová informed about the yesterdays´ meeting were the discussion about company Softec indicated some work problems. Ms Avdičová said that mentioned small technical problems were already discussed with the Director of PHA SR.
- Page 6 / Activities in the reporting period: Ms Škublová asked for more information / main conclusions / results from the meeting held on the 4th of September 2006 at the PHA SR. Ms Aalders and Ms Ráčková clarified that this meeting was mainly because of the absence of CC II therefore the programme of the visit of STE had to be discussed with the Director of PHA SR.

- Page 7 / Activity 1.12: To delete part of the paragraph "EMGM focused on … invasive infections", suggested by Ms Krištúfková.
- Page 10 / Update on Softec: this section will be updated according to Ms Avdičová´s input and an extra sentence "finished" will be added
- Page 11 / Activity 2.8 / first two paragraphs: Mr van Etten informed that this is the only one activity which is not implemented within the project. He suggested to add what is expected, for instance "…accreditation will be passed at the end of December 2006 when the visit of the SNAS will have taken place…"
- Page 11 / Update on Vitrum: As because Ms Krištúfková confirmed that it is expected that the delivery of the equipment delivery will be finished to mid October 2006, Mr van Etten proposed to change the phrasing of this section into past tense, also because the 7th QR is dated to 31st of October. Ms Škublová reacted that this would be too ambitious and suggested to date the 7th QR for today. If there will be some progress between today's meeting and submission of the Final report to CFCU, she proposed to mention it because it is difficult to say right now whether this issue will be finished or not. Ms Aalders reminded that the Final report should be submitted on the 16th of October so still some updates could be incorporated into the text. Mr van Etten proposed to add in the report that we have the intention to finish / implement the contracts with Softec and Vitrum and the 2 benchmarks, with the only exception of accreditation. Ms Aalders reminded that the Final report don't include information on contracts which was also confirmed by Ms Galabová. Mr van Etten concluded this discussion as follows: to add to the 7th QR "the intention to finish everything to 31st of October 2006."
- Page 11 / Update on reconstruction of PHA SR in Bratislava: as requested by Ms Krištúfková, to change the date "December 2006" to "mid October 2006" and to add that after this the company Vitrum can also deliver and install the equipment. For clarification, only the accreditation was postponed to December 2006.
- Page 12 / Component III: to move first paragraph (general assessment / conclusion) at the end.
- Page 17 / Issues: to add list of speakers of the Closing ceremony.
- Page 17 / Recommendations / Comp. I / Act. 1.12: In first bullet, a professional leader for future workshops is recommended. Ms Krištúfková clarified that people in auditorium are afraid of asking questions. Ms Avdičová added that during this mission / workshop, too many presentations took place.
- Page 18 / Recommendations / Comp. III / Act. 3.4 / Second bullet on the EQAS run results: Mr Nikš informed that there must be a misunderstanding and proposed to change or omit the whole paragraph because it has nothing to do with component III. Accepted to delete this text.
- Page 18 / Expenditures: Ms Aalders informed that this information will be added later because this quarter is still not finished.

Conclusions:

- It was agreed to incorporate above underlined information into the final version of the 7th QR.

3. Final report

Mr van Etten went through the whole report and asked for comments to the following sections:

- Front page: The date of the Final report according to Mr van Etten should be 31st of October 2006. Ms Galabová promised to check this.
- Page 2 / Project data: For the Twinning partners, Ms Galabová proposed to follow the TW contract. Ms Škublová suggested to add at least the NSPOH. For her signature, she preferred to keep her former name.

- Mr van Etten proposed to add one introducing line at the beginning of each section. In general, he informed that the commas, full stops, abbreviations and other small things will be corrected in coming days.
- Page 4 / Executive summary: Ms Škublová suggested to leave this part open because she would like to check the words that were changed according to her comments sent to Ms Aalders. She also asked whether Ms Aalders incorporated only those comments with which she agreed or more.
  Ms Aalders replied that she added all Ms Škublová´s comments but she had to change sometimes the wording so it might be difficult to find it back. She also clarified, that this section should be very short and to the point therefore she left out some information in order to let other people to quickly get a brief overview on the project. Also Mr van Etten´s comments were changed in this sense. Mr van Etten confirmed this and added that this section is much shorter than the previous version. He also sent long sections that were sometimes summarized by Ms Aalders into one sentence. He agreed because there is no need for details. But of course, Ms Škublová should have the last opportunity to see and comment the report.
  Ms Škublová will go later through the comments that were left out because it always includes an extra explanation / clarification. This applies for the report in general. Later this will be discussed with Ms Aalders.
- Page 7 / New Act of Public Health: To specify the number of the Act on Public Health. To correct in the last sentence "will stay change".
- Page 7 / Project assumptions: Due to previous discussion, Ms Aalders proposed, and Ms Krištúfková agreed, to delete the bullet no. 2. Ms Krištúfková confirmed that this is fulfilled and the access is operational. On the question of Ms Škublová, Ms Krištúfková additionally clarified, that this system is also operational (via internet web site) in other institutions outside the PHA SR and RPHAs in Slovakia.
- Page 8 / Additional contracts: Ms Škublová expressed that she would prefer to have there the whole project framework as mentioned in the FICHE where all contracts were mentioned (twinning contract, supply contract hardware, supply contract laboratory equipment and contract software development). For example to add an explanation: "This Twinning project was joined by 3 additional contracts outside this Twinning project…" and then continue with the rest of the text. Ms Galabová agreed and considered this as a good information for EU agency. Mr van Etten supported this and proposed to add this line also to page 4 / Executive summary.
- Page 9 / Completion of an important package of activities / all three paragraphs: Ms Škublová asked whether according to the template it is necessary to have this section. This section is also not very clear for Ms Aalders. Mr van Etten clarified that in his opinion it is a final summary of all activities but there is no need to list all of them. Mr Nikš requested to delete word "internal" in the last sentence.
- Page 9-10 / Problems within the project: Ms Škublová put a remark to the first paragraph, that the Section on Public Health was created within the MoH SR but later on it was cancelled. Nowadays, there is no specialist at the MoH on communicable diseases having related responsibility. Therefore she suggested to change the wording into "…no department in this field within the MoH…" but she agreed to have this as a recommendation from the Twinning partner.
  Ms Škublová put a remark to the last paragraph on short-term experts. She informed that all STEs signed their availability (exclusivity) for the work (no. of days) for this project. She understands that it is difficult to confirm availability for the whole 2 years. However, sometimes it happened that not correct STE was involved, for instance for comp. II. Mr van Etten and Ms Aalders reminded that this information is already included in the next sentence and that there were two cases of such an expert. Ms Škublová proposed to add "…not relevant background for this expertise…", for example for the software part, the expert was not able to fulfil the requirements of the Slovak side, therefore an additional activity, extra visit had to take place. It could also be added that because of very specific task it was difficult to find

a suitable person and this really had an impact on the work. Ms Aalders disagreed and reminded that the STE for comp. II (Ms Waijboer) was in the original contract and due to requirements of the comp. II coordinator was replaced (also because the expert changed her job) by other more experienced person. Mr Soolingen was also successfully replaced by Mr Melchers. However for component I, the expert Mr Otto was the same case. Ms Avdičová confirmed that. Ms Škublová agreed and clarified two different opinions: firstly, not availability of an expert even the exclusivity was signed; secondly not required background. All this took place under the time pressure (also RTA absence) which influenced the activities. This will be taken into account.

- Page 10 / Project visibility: Ms Škublová was glad that this part changed according to her comments. The text in this section needs a few corrections:
    - Kick-off meeting: beside the Netherlands and Latvia, add also the Czech Republic.
    - Change 12 into 11 Slovak experts to the NL and Germany.
    - Add info on other 6-10 workshops according to Ms Krištúfková.
- Page 12 / Comp. I: To change the paragraph on benchmarks as we discussed before – to delete and add "achieved / fulfilled.
- Page 12-13 / Comp. II and III: Mr Nikš will change the whole paragraph and send it to Ms Aalders.
- Page 14 / Benchmark Overall Objective: Mr van Etten proposed to change wording in the first paragraph in case of any progress but Ms Krištúfková said there is not anything new therefore it should stay as it is.
- Page 14-15 / Unexpected results from the project: there are no other unexpected results for comp. I, II and III, therefore the paragraph should stay as it is, only to delete the last sentence with the question.
- Page 16 / Follow up and sustainability (2F) and Recommendations (2H): Ms Aalders don't see a big difference between these two parts. Ms Škublová clarified, that 2F is a follow-up of the recommendations from 2H. She was also glad that her comments were incorporated into this version. She proposed to add to 2F information like "response on these recommendations forwarded to other institutions…". Ms Galabová recommended and supported Ms Škublová´s idea that 2H should be a brief list of recommendations and 2F information on who will deal with them and their response. Mr van Etten agreed this and proposed to refer to the Action plan. Ms Galabová recommended to add a link in 2F to the Action plan which should be also an official annex to the Final report. It was also agreed that in 2H the recommendations for component II with regard to virology will be summarized into one and to have in total only 4 bullets. Ms Škublová, Ms Aalders and Mr van Etten agreed to keep related part general, short and not too long. Mr Nikš agreed with the text for component III but for component II he suggested to change a text. Ms Škublová will go through all recommendations with relevant people to see who should take care of their future solving and will inform Ms Aalders about it.
- Page 19 / Other recomm. / Training: Ms Škublová aske Ms Aalders for the clarification of the second paragraph. Ms Aalders explained that this part is important to keep because the good knowledge of English was recommended by many experts in general. Ms Krištúfková added that PHA SR organizes English courses for their employers and reminded the fact that younger generation is much better in English than the older one. On the request of Ms Škublová, it was agreed that this part will be rewritten somehow.
- Page 21 / Annex: Ms Aalders clarified that after consultation with Mr van Etten, she did the "self-assessment rate". For most of the activities, the HS (highly satisfactory) was filled in and for some activities that were partly achieved, the S (satisfactory) was filled in. It was agreed, that the RTA office will correct on page 24 questionmarks in act. 1.12 and 1.14 because these activities were fully achieved. On page 26, act. 2.8 related to the accreditation to add that it is expected to be achieved in 2-3 months / end of 2006.
- Page 33 / signatures: The report will be signed by both Project leaders.

- Ms Škublová and Ms Aalders will have a meeting next week to discuss details of the Final report. The new version of the report will be sent later for last comments to both Project leaders. The deadline for submission of the report is 16.10.2006.

Conclusions:
- It was agreed to incorporate above underlined information into the final version of the 7th QR.
- The deadline for submission of the Final report is 16.10.2006.

4. Action plan

Ms Galabová confirmed that the Action plan will be added as an annex to the Final report. *See conclusions.*

Special list of those STE recommendations (for the future) that could not be solved by the component coordinators were proposed to be forwarded to other institutions. Ms Škublová will take care that the Ministry of Health SR will react on them and will inform Ms Aalders about the result. *See conclusions.*

Conclusions:
- Action plan will be added as an annex to the Final report.
- Ms Škublová will inform next week Ms Aalders about the reaction of relevant people from the Slovak MoH on the "recommendations for the future".

5. Any other business (closing of RTA office: administrational and logistical issues)

Ms Škublová will check what to do with the project documentation of the RTA office and will inform about it. *See conclusions.*

Hard copies of all documents should be kept 7 years by the Beneficiary Institution therefore it is recommended to RTA office to create a list of all documents that will be archived by the PHA SR and prepare a take-over protocol.

Conclusions:
- Ms Škublová will check what to do with the project documentation of the RTA office and will inform about it.
- RTA office will prepare a take-over protocol with the list of all project documentation that will be archived by PHA SR.

6. Closure

Mr van Etten and Ms Škublová both officially thanks all participants for their hard work within the whole duration of the Twinning project; namely to all component coordinators, project manager, Slovak project leader, RTA office and to representatives of CFCU, NCP and Governmental office.

Annex I.3 Side letter No. 13

SIDE LETTER No. 13

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 9 (annex 1).

The modifications were made for the following reasons:

- To introduce as a new activity under component 2, because it was not budgeted for before: the Closing Ceremony to be held on the 5th of October 2006 for the EU Phare Twinning Project „Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic" in order to complete the Project.
- To put forward Mrs. Catharina de Schipper-Visser and Mr. Mattias Otto as the two representatives on behalf of the Short Term Experts who have participated in this EU Phare Twinning for the last two years, to be present at this Closing Ceremony on the 5th of October 2006, in order to give a presentation on the progress made during the Project in the different Components.
  For this activity 1 additional fee for Ms De Schipper (€ 335) and 1 additional fee for Mr Otto (€ 450) is required. In addition, two tickets and two per diems are required. The total budget will not be exceeded.
- The Cv's of Mrs. De Schipper and Mr. Otto are already included in the Twinning contract. Both will come for 1 working-day.

The above is the only request made for the Closing Ceremony; all other costs will be covered by the Beneficiary Country.

The budgetary implications are presented under budget section 7 of the Notification of Reallocations No. 9 enclosed with this letter.
The **estimated** costs of mentioned modifications amount to euro 3.182,50 and will be financed out of savings within component 2. Not used savings remain within the original budget line.

No other changes have been made in Notification of Reallocation No 9.

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
Annemarie Aalders, RTA

Ms. Zuzana Škublová
Project Leader

Annex 1: Notification of Reallocations No 9

Annex I.4 Report Mrs. de Schipper & Mr. Otto – Closing Ceremony

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

COMPONENT 2 and 3

Extra actvity: Closing Ceremony

DATES OF VISIT 5th of october 2006

Activities according to the Work Plan
To be present at the Closing Ceremony on behalf of all the STEs that have participated in the Phare Twinning project and to give a presentation on the progress made during the Project in Components II and III.

Summary discussed items (bullets**)**
See Annex 1: Presentation of Mrs. de Schipper at the Closing Ceremony

Persons met	
Name	**Position**
See Annex 2: List of participants Closing Ceremony	

Conclusions (bullets)
See Annex 1: Presentation of Mrs. de Schipper Closing Ceremony

Recommendations (bullets)
See Annex 1: Presentation of Mrs. de Schipper Closing Ceremony

Follow-up by RTA (bullets)

Remarks (bullets)

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

Date/signature of Expert On behalf of Expert, RTA:	Date/signature of Component co-ordinator	Date/signature of Adviser

ANNEX 1

Presentation Mrs. de Schipper-Visser

at the Closing Ceremony of the Phare Twinning Project "Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic"

5th of October, 2006, Ministry of Health of the Slovak Republic

Introduction

1. I was asked to present to you recommendations for the sustainability of the project results, which are the accreditation of a selection of NRC's and the establishment of several External Quality Assurance Schemes.

2. I choose to interpret this as giving you a peek in the future. What after accreditation and setting up the first EQAS'es?

3. Within the whole process of establishing a quality system there are different phases: implementation, consolidation, improvement.

4. The project was mainly about implementation. The achievements you have heard from my colleagues Mrs Sirotna and Mr. Niks. For this phase I just want to add my compliments for the hard work that has been put in by all staff.
It was an honour to be able to be part of this project and I learned a lot from the amount of dedication that the staff showed in accomplishing this job.

5. The next phase is consolidation. Dust still has to come down literally! The reconstruction in Bratislava labs barely is finished, and some final touches have to be made at the QS according to the SNAS audit. The QS still has more to become a system inside the people, not something that stands next to the real job, but an integral part of it. Then of course history has to be build up. Documents have to be systematically revised, audits done periodically etc. That will make it sustainable.

6. Does that mean that after the consolidation phase you can sit down and relax?

7. Well…. The answer is no. Because quality is not about the system. The system is just a tool. The real issue is the results! It is no use having a good system when your results go down!

8. The answer to this is continuous improvement. The quality system can support improvement because of the transparency of the Quality Manual, SOP's etc. and the tracebility of the actions within the system like document control, Qualification and training of personnel, Validation of results, methods and equipment and device management. By the system you can monitor what is going on in the lab.

9. The quality system gives the tools for continuous improvement through several PDCA cycles like the SNAS – audits, internal and external QC, Complaint system/Customer satisfaction, Incident reporting, Internal auditing and Management Review

10. But beware, in a quality system there are several pitfalls, don't fall in them!

11. A quality system has the tendency to become an institute in itself. So avoid bureaucracy, be practical, use common sense. Don't do things that are not necessary!

12. The definition of quality gives some insight in how to work with the quality system for improvement of results: Quality is to comply with the service level as described in the standard or as needed by the client.
It's not only comply with the standard but also address the needs of the client.
It's not only about: do we do our current job right but maybe more so to think about if we are doing the right job.

13. Therefore I want to end with four recommendations:

The first two are recommendations that are will improve the quality of the work of the NRC's themselves. Implement LIMS and encourage further exchange and networking of personnel.

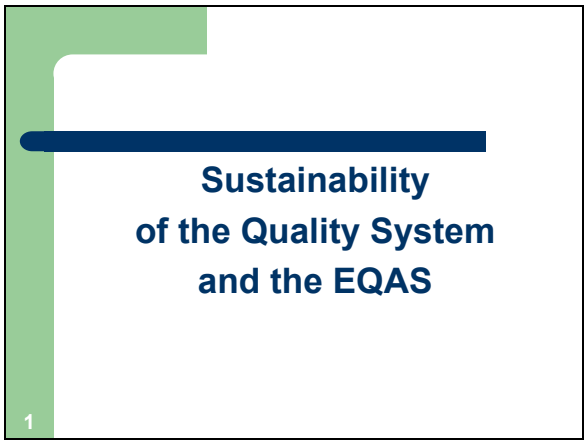
The second two are recommendations that might improve the quality of the surveillance and Control of Communicable Diseases in SR as a whole:

Extending EQAS will have a major impact on upgrading knowledge and in that way the quality of the performed tests throughout the country.

Define your clients: which clients do you need in order to ensure the goals for surveillance and Control of Communicable diseases in the SR.

So I would like to dare you, to not only look at the quality at the laboratory level but also to develop a vision for the role of the NRC's within the surveillance and Control of Communicable Diseases in SR.

14. Thank you very much for your attention and again for the opportunity to learn from you and to enjoy your beautiful country.



Phases

- Implementation
- Consolidation
- Improvement

3

Implementation

- Component 2: Accreditation
- Component 3: EQAS

4

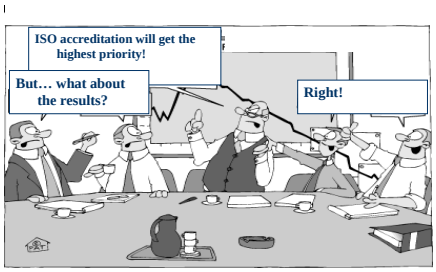
Consolidation

- Dust still has to come down
- Quality system in the system of the people
- Integral part of every day job
- Building history

5

6

System versus Results



7

Improvement

- A Quality System gives opportunities for continuous improvement

8

Tools for continuous improvement

- SNAS - audits
- Internal and external Quality Control
- Complaint system/Customer satisfaction
- Incident reporting
- Internal auditing
- Management Review

9

10

Pitfalls

- Avoid bureaucracy
- Be practical
- Use common sense

11

Quality

To comply with the service level as described in the standard or as needed by the client.

Do we do our job right?

And

Do we do the right job?

12

Recommendations

- Implement LIMS
- Encourage further exchange and networking

- Extend EQAS
- Define your clients

13

14

ANNEX 2

See the list of participant of the Closing Ceremony in Annex II.2 of the 7th Quarterly report

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Matthias Otto PhD DSc

COMPONENT 1

Extra actvity: Closing Ceremony

DATES OF VISIT 4th – 5th of October 2006

Activities according to the Work Plan
To be present at the Closing Ceremony on behalf of all the STEs that have participated in the Phare Twinning project and to give a presentation on the progress made during the Project in Components II and III.

Summary discussed items (bullets**)**
See Annex 1: Presentation of Mr. Otto at the Closing Ceremony

Persons met	
Name	**Position**
See Annex 2: List of participants Closing Ceremony	

Conclusions (bullets)
See Annex 1: Presentation of Mr. Otto Closing Ceremony

Recommendations (bullets)
See Annex 1: Presentation of Mr. Otto Closing Ceremony

Follow-up by RTA (bullets)

Remarks (bullets)

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

Date/signature of Expert On behalf of Expert, RTA:	Date/signature of Component co-ordinator	Date/signature of Adviser

ANNEX 1

Presentation Mr. Otto

at the Closing Ceremony of the Phare Twinning Project "Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic"

5th of October, 2006, Ministry of Health of the Slovak Republic

Strengthening the Surveillance and Control of Communicable Diseases in the Slovak Republic

Phare

Recommendations
for the sustainability of the project results
component I

Matthias Otto PhD
Kinderumwelt & German Public Health Network

kinder umwelt

1

The problem ...

The principle of *inertia* is one of the fundamental laws of classical physics !

„The heart of the matter is the resistance to changes"

2

…from inertia to sustainability…

Sustainability - 3 types:

„Input" is needed to achieve sustainability !

- institutional – taken for granted
- financial – see experience GB,F,D
- developmental – this presentation

3

Developmental Sustainability (1)

Public and professional perception:

- solemnise the official start of the *New EPIS*
- advertise the project in all media aimed at health professionals including the Public Health service
- call the attention of the general public to this new and reliable source of information

4

Developmental Sustainability (2)

Active participation of the users in the system:

- actively build a „spirit of community" among the professional users (PHS & physicians etc)
- care for feedbacks and regular evaluation by users
- actively & regularly communicate on the achievements of the new EPIS System

5

Developmental Sustainability (3)

Technical support for users:

- continue in training activities
  - both for PHS *and* physicians
  - train-the-trainer approach
  - using e.g. also *e-learning modules*
- publish a technical FAQ list on the internet
- establish a hotline available at fixed times

6

Developmental Sustainability (4)

Communication of benefits in the professional and lay media

- visibility of the PHS and key experts
- better risk perception and risk management
- better compliance with health programmes (vaccination, hygiene, ATB resistance etc)

7

A final remark …

The new EPIS will surely become a most useful tool for the surveillance of communicable diseases

However, the *human resources* of the Slovak Public Health Service will play the *key* role !

8

Kinderumwelt Ltd. (not for profit)
D - 49084 Osnabrück
www.uminfo.de

9

ANNEX 2
See the list of participant of the Closing Ceremony in Annex II.2 of the 7th Quarterly report

Annex I.5 List of EU networks

List of EU Networks in which Public Health Authorities actively participate, 2006

Network		SR Contact point
EUVAC-NET	Surveillance of Vaccine Preventable Diseases	Jarmila Lančová, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava
BSN	Basic Surveillance Network	Mária Avdičová, MD Regional Public Health Institute Banská Bystrica Cesta k nemocnici 1, Banská Bystrica
IRIDE	Inventory of Resources for Infectious Diseases in Europe	Mária Avdičová, MD Regional Public Health Institute Banská Bystrica Cesta k nemocnici 1, Banská Bystrica
ESEN	European Sero-Epidemiological Network	Margareta Sláčiková, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava
EPIET	European Programme for Intervention Epidemiology Training	Margareta Sláčiková, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava
HELICS	Network for nosocomial infections	Mária Štefkovičová, MD Regional Public Health Institute Trenčín Nemocničná 4, Trenčín
EU-IBIS	European Union Invasive Bacterial Infections Surveillance	Margareta Sláčiková, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava
EISS	European Influenza Surveillance Scheme	Margareta Sláčiková, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava
EuroHIV	HIV/AIDS Surveillance in Europe	Ján Mikas, MD Public Health Authority of the Slovak republic Trnavská 52, Bratislava
ENTER-NET	Gastroenteritis/Salmonella Infections/EHEC	Margareta Sláčiková, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava
EWRS	Early warning and response system	Ján Mikas, MD Public Health Authority of the Slovak republic Trnavská 52, Bratislava
VENICE	1st Survey on Immunisation programs in Europe	Jarmila Lančová, MD, Public Health Authority of the Slovak republic Trnavská 52, Bratislava

Annex I.6 Side letter No. 12

SIDE LETTER No. 12

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 8 (annex 1).

The modifications were made for the following reasons:

- One expert is budgeted to conduct the workshop on ENTERNET in activity 1.12. The workshop on the use of the ENTERNET network for activity 1.12 requires both microbiological and epidemiological expertise on the surveillance and control of communicable diseases. As there is no expert available who can oversee all aspects of the ENTERNET network to the full extent it is necessary to have two experts with complementary expertise conducting the workshop.
- The large number of participants (about 140 people) and the interactive character of the above mentioned workshop requires two experts to conduct the workshop.
- To appoint Mr W. van Pelt as an expert on epidemiology for activity 1.12. The CV of Mr Van Pelt is already included in the Twinning contract as expert for activity 1.5.
- To appoint Mr A. van de Giessen as an expert on microbiology for activity 1.12 (please refer to annex 3 for his CV). Mr Van de Giessen is a class-2-expert (fee 450 euro per working day).
- The budgetary implications of adding one expert to activity 1.12 are little as the total number of fees originally budgeted for this activity will not be exceeded. Both experts will spent 1,5 workings days on the workshop. One extra ticket is required.

The budgetary implications are presented under budget section 7 of the Notification of Reallocations No 8 enclosed with this letter.
The estimated costs of mentioned modifications amount to 450 euro and will be financed out of the 'provision for changes in prices'. Not used savings remain within the original budget line.
No other changes have been made in Notification of Reallocation No 8.

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 Annemarie Aalders, RTA	Ms. Zuzana Škublová Project Leader

Annex 1: Notification of Reallocations No 8

Annex 2: Draft Programme Workshop

Annex 3: CV Mr. Van Pelt and Mr. Van de Giessen

Annex 2:

Draft programme workshop Bratislava, 5 september 2006

Experts from The Netherlands:
Dr. W. van Pelt and Dr. A.W. van de Giessen

Morning session:
EU legislation with respect to monitoring and control of zoonotic agents in the food animal production chain:

- The EU Directive on monitoring of zoonoses and zoonotic agents
- The roles of ENTERNET, ECDC and EFSA
- An approach for monitoring of zoonotic agents in farm animals
- The EU Regulation on control of *Salmonella*: baseline studies and target setting.
- The role of the Community and National Reference Laboratories for *Salmonella*

Presentation and discussion of the *Salmonella*-system in the Slovak Republic with respect to the monitoring and control of *Salmonella* in the food animal production chain.

Afternoon session:
Surveillance, Detection and Early-warning, Outbreak investigation, Disease Burden, Economic Costs and Control of outbreaks of *Salmonella* in the Netherlands:

- Examples of outbreaks at the national level
- Examples of outbreaks at the international level and the role of ENTERNET
- Role of serotyping, phagetyping and additional molecular typing and determination of antibiotic resistance
- Recent Epidemiologic studies at the population, general practice and laboratory level in the Netherlands important to calculate the Disease Burden and Economic costs.

Presentation and discussion of the *Salmonella* surveillance and control system in the Slovak Republic from the Public Health perspective.

Annex 3: CURRICULUM VITAE

Proposed position in the programme: Epidemiologist-Expert Surveillance-early warning

1. Family name: van Pelt
2. First names: Wilfrid
3. Date of birth: 27 - 05 - 1953
4. Nationality: Dutch
5. Civil status: Married; two children
6. Education:

Institution	**Date: from (m/y) to (m/y)**	**Degree(s) or Diploma(s) obtained**
Biology, bio statistics, University of Leiden	Graduated 1981	MSc, BSc
Medical Faculty University of Leiden	Thesis 1988	PhD

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

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

8. Membership of professional bodies:
   active member and national delegate in European networks on zoonosis (yearly national zoonosis reporting) and human Salmonellosis and STEC (ENTERnet)
   several temporary memberships in expert teams as set-up by WHO and as initiative of single or trans-national boards
   paid and unpaid memberships of national committees/advisory boards and societies on epidemiology, bio statistics, microbiology, antibiotic resistance

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

10. Present position:

Company/location	Position	Description
National Institute of Public Health and the Environment (RIVM), Bilthoven, the Netherlands	Senior scientist/adviser	Senior adviser/worker in National laboratory and hospital surveillance programs on infectious diseases. Projects originally set-up by applicant as project leader (1993-1996). Focus on surveillance methodology: logistics, statistical analysis (early-warning, geographical analysis), communication and feedback of information. Intermediary between human and veterinary workers in epidemiological, monitoring and surveillance programs on zoonosis-gastroenteritis (with a focus on Salmonella, Campylobacter and STEC). Currently involved in setting-up a national syndrome surveillance.

11. Years within the firm: 1993-2003

12. Key qualifications (relevant to the programme):
    Knowledge about epidemiology, human/veterinary surveillance, bio statistics, early-warning, salmonella

13. Specific work experience abroad:

Country	Date: from (m/y) to (m/y)	Description
Scotland, SCIEH	October 1994	
England, PHLS	October 1995	Co-structuring and (geographical) analysing the Europe-wide salmonella data obtained in the SALM-net program

14. Other professional experience record:
    None

15. Other:

Publications. First author and co-authorships of over 100 peer-reviewed publications in national and international scientific journals. Between 1977-1993 on taxonomy, embryology, lungphysics and epidemiology of pulmonary disease. After 1993 on surveillance methodology of infectious diseases and epidemiological studies and surveillance mainly of gastroenteritis and zoonosis, antibiotic resistance with a general focus on Salmonella, Campylobacter and STEC.

CURRICULUM VITAE

Proposed role in the project: consultant twinning project The Netherlands – Slovak Republic

1. Family name: van de Giessen
2. First names: Arjen
3. Date of birth: 12-10-1962
4. Nationality: Dutch
5. Civil status: married
6. Education:

Institution	**Date: from (m/y) to (m/y)**	**Degree(s) or Diploma(s) obtained**
Wageningen University	1981-1987	MD, Animal Sciences
University Utrecht	1996	PhD Microbiology

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

Language	**Reading**	**Speaking**	**Writing**
English	4	4	4
French	3	2	2
German	3	2	2

8. Membership of professional bodies:
   - EFSA working groups
   - DG SANCO working groups
9. Other skills; (e.g. Computer literacy, etc):
10. Present position:

Company/location	**Position**	**Description**
National Institute of Public Health and the Environment, Bilthoven, The Netherlands	Microbiologist, head National Reference Laboratory for Salmonella	Project leader on bacterial zoonoses

11. Years within the firm: 17

12. Key qualifications (relevant to the project):
Microbiological and epidemiological expertise in the field of salmonella.

13. Specific experience abroad:

1991 WHO HACCP training course, Islamabad, Pakistan.
1992 WHO consultation on monitoring and control of S.enteritidis in poultry flocks, Ploufragan, France.
1994 WHO consultation on strategies for detecting and monitoring of S.enteritidis infected poultry flocks, Graz, Austria.
1994 WHO consultation on epidemiology and control of campylobacteriosis in humans and animals, Bilthoven, The Netherlands.
1997 WHO consultation on the prevention and control of enterohaemorrhagic *Escherichia coli* (EHEC) infections, Geneva.
1993-now Several EU DG SANCO working groups
2004-now Several EFSA working groups

14. Other professional experience record:

1993-now Staff-member of the Community Reference Laboratory for Salmonella.
1997-2000 Secretary of the Dutch Health Council Commision on foodborne infections

15. Five relevant publications:

- Giessen AW van de, Dufrenne JB, Ritmeester WS, Berkers PATA, Leeuwen WJ van, Notermans SHW. The identification of *Salmonella enteritidis*-infected poultry flocks associated with an outbreak of human salmonellosis. Epidemiol Infect 1992; 109: 405-411.
- Giessen AW van de, Ament AJHA, Notermans SHW. Intervention strategies for *Salmonella enteritidis* in poultry flocks: a basic approach. Int J Food Microbiol 1994; 21: 145-154.
- Giessen AW van de, Leeuwen WJ van, Pelt W van. *Salmonella enterica* serovar Enteritidis in the Netherlands: epidemiology, prevention and control. In: Saeed AM, Gast RK, Potter ME, Wall PG, eds. *Salmonella enterica* serovar Enteritidis in humans and animals: epidemiology, pathogenesis and control. Ames, Iowa state university press, 1999: 71-80.
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Annex I.7 Programme Workshop 5.9.2006

Salmonellosis prevention - comprehensive approach 5. 9. 2006

Program
8:00 – 8:45 **Registration**

8:45 – 9:00 **Opening**
Doc. MUDr. Ivan Rovný PhD., MPH, Director of Public Health Authority of SR, Bratislava
Prof. MVDr. Jozef Bíreš, DrSc. Director of State Veterinary and Food Administration of SR, Bratislava

9:00 – 9:10
Introduction: The National Institute of Public Health (RIVM) in NL
A.W. van de Giessen

9:10 – 9:30
The EU Directive on monitoring of zoonoses and zoonotic agents
A.W. van de Giessen

9.30 - 10.00
Monitoring zoonotic agents in farm animals and wildlife in NL.
A.W. van de Giessen

10.00 – 10.30 **Coffee break**

10.30 – 11.00
Introduction Salmonella: typing, attribution and Early-Warning
W. van Pelt

11.00 – 11.30
Salmonella outbreak detection and control in practice in NL
W. van Pelt

11.30 – 12.00
ENTERNET and outbreak detection and control in practice
W. van Pelt

12.00 – 12.10
Salmonellosis surveillance in the Slovak Republic
Krištúfková, Z., Gaváčová, D., Sláčiková M. Public Health Authority of the Slovak Republic, Bratislava, Majtánová Ľ. Slovak Health University

12.10 – 12.30 **Discussion**

12.30 – 13.00 **Lunch**

13.00 – 13.30
The EU Regulation on control of *Salmonella*: baseline studies and target setting
A.W. van de Giessen

13.30 – 13.40
Official food control and protection of human health against zoonoses, legislative baseline in the Slovak Republic, some data from the control of food and fodder on Salmonella.
Bedriová, M., Samajdáková, S., Jacková S., State Veterinary and Food Inspection of SR, Bratislava

13.40 – 13.50
Role and position of the Public Health in the formal official food safety control.
Trusková, I., Public Health Authority of the Slovak Republic, Bratislava

13.50 – 14.20
The role of the Community and national reference laboratories for *Salmonella*
A.W. van de Giessen

14.20 – 14.30
Implementation of the National Health-supporting Program tasks from the perspective of the national reference laboratory for *Salmonella.*
Škarková, A., National Reference Laboratory for *Salmonella*, State Veterinary and Food Institute, Bratislava

14.30 – 15.00 Coffee break

15.00 – 15.30
Recent Epidemiological studies on the population, general practice and laboratory level in the Netherlands and estimating the disease burden and economic costs
W. van Pelt

15.30 – 16.30
General discussion and conclusions

Annex I.8 Report Mr. van Pelt & van de Giessen – extra activity 1.12

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Mr Arjen van de Giessen; Mr Wilfrid van Pelt

COMPONENT 1

ACTIVITY NO. extra activity 1.12

DATES OF VISIT

Activities according to the Work Plan
In this activity 1.12, the registration of Slovak PH authorities in specialized EU networks is anticipated with respect to Food-borne diseases. This is worked out in a 1 day workshop for Salmonella (EU-legislation, early-warning,control, international obligations and collaboration) that in some aspects is the most important foodborne pathogen.

Summary discussed items (bullets)
European legislation with respect to surveillance, control, (international) warning, registration and reporting has been discussed at the workshop. Apart from that the role of reference laboratories has been discussed. International (EU) cooperation in the surveillance, warning, control and communication is examplified and discussed with outbreaks handled by ENTERNET. The role of this network to report to ECDC is mentioned. Examples of early warning, and control of salmonella outbreaks in the Netherlands are discussed. Epidemiologic studies on salmonella and the calculation of the involved burden of disease have been presented and discussed. These issues were also adressed by the Slovakian experts and discussed in relation to differences and similarities between the old and the new EU memberstates. The need for collaboration in the Slovak Republic between the public health and the veterinarian and food authorities was recognized.

Persons met	
Name	**Position**
See excel sheet of the RTA	

Conclusions (bullets)
• The workshop resulted in a successful exchange of information on the surveillance and control of zoonoses, especially salmonella, both from national and EU points of view; • Integration of expertise from the Slovakian public health and veterinary and food authorities was successfully realised.

Recommendations (bullets)
• Collaboration between experts from the public health authorities and veterinary and food authorities should be further stimulated and facilitated. Also, collaboration between the national public health and the veterinary national reference laboratory should be realised;

Follow-up by RTA (bullets)

Remarks (bullets)
• For future workshops, a professional discussion leader would be an improvement.

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

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

Lists of participants of the workshop 05 / 09 / 2006

List of participants

Workshop

"Salmonellosis prevention - comprehensive approach"

5th of September 2006, Ministry of Health of the Slovak Republic in Bratislava

No.	*Surname*	*Name*	*Title*	*Profession*	*Workplace*
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Annex I.9 Report Mr. Otto – activity 1.13 (2nd part)

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Matthias Otto PhD DSc

COMPONENT 1

ACTIVITY NO. 1.13 (part 2)

DATES OF VISIT August 18 – August 25, 2006

Activities according to the Work Plan

- Implementation, testing and evaluation of the new system on data collection in 5 selected pilot regions.
- *Specific requirements from component co-ordinator: To read and comment the document "Tests for acceptance for the new software EPIS" created by the SOFTEC company.*

Summary discussed items (bullets**)**

Activity 1.13 which was aimed at the implementation, testing and evaluation of the new system on data collection in 5 selected pilot regions had been split up into 2 parts.

In part 1, work was focussed on a first inspection and evaluation of the new EPIS software right after implementation of a trial version. This evaluation took place in Bratislava (July 10 – 12, 2006) within the framework of a Softec training course offered for 5 pilot regions. In addition, the RPHA at Trencin was visited to test the new software from the user's perspective at the place of work (see report for details).

In the period between part 1 and 2, the IT Dept. of RPHA Banská Bystrica collected all findings on missing or erroneous functionalities of the new EPIS reported by the participants of the training course. They comprise e.g. non- or malfunctioning menus, missing directory data, missing checks of integrity and plausibility, errors in certain workflows and errors in some graphic representations.

These findings have been mailed to a special ECHO-forum to allow for a systematic review and subsequent processing by Softec. A brief information on the status of processing in the ECHO-forum would be desirable.

In the present part 2, meetings with representatives of workgroups responsible for certain components of the new EPIS system as well as "tests for acceptance" according to the Softec test protocoll were planned.

On arrival, the RTA and the Coordinator of component 1 (M. Avdicová) informed the STE that Softec had asked for a prolongation of the contract by 2 months, i.e. till October 31, 2006. This request had been approved. The version of the new EPIS software available during part 2 of activity 1.13 did not markedly differ from that available during part 1. As a consequence, the tests for acceptance had to be

postponed, too. Thus, it was agreed to perform a "pre-test of acceptance" using the current EPIS version. The procedures for tests of acceptance will have to be repeated after installation of a revised / improved version (probably by the end of week 34). They have been groupwise assigned to specialized work teams located at PHA SR Bratislava, at RPHA Banská Bystrica, RPHA Martin, RPHA Trencín.

On Monday, August 21, 2006 a meeting of experts involved in the Influenza bulk reporting/ Early Warning System (Z. Kristufková, M. Hollosyová, V. Janculová,), the Reporting of STD (P. Truska) and the component 1 coordinator (M.Avdicová), Mr. P. Blazek and the STE took place (location: PHA SR Bratislava).

Items discussed:

- Status of the Influenza bulk report part
- Status of the Early Warning System
- Inclusion of 4 – 5 interested ("well-performing") RPHA (e.g. Ziar) in the second test phase, next to the selected 5 pilot regions
- Creation of a virtual private network (status: it will not be possible to have a functioning VPN at the onset of regular EPIS operation, due to problems caused e.g. by contract issues and internet provider /Slovanet/ capacities)
- Secure access (SSL protocol)
- Directory of physicians (the directory provided by UZIS contains names and codes only, information on the physician´s location is highly needed, proposal to create an operational directory – input from all 36 RPHA)
- Assignment/processing of influenza sentinel data reported from a physician who is working at several locations (ambulances)
- Cross-check of the new and old EPIS system with respect to outputs, based on migrated data and data added in quartal IV/2006.
- Status of the web portal(s) (both the portal aimed at health professionals and the portal aimed at the general public) (status: concept and content are already available, but publication on the internet will be meaningful only after the start of EPIS operation, either on a provisional or regular base, start planned for October 5, 2006)

From Tuesday till Thursday pre-tests for procedures using the Softec protocoll were performed and issues of secure data transmission and server management (safety guidelines for housing, backup routines, emergency training) discussed (location: RPHA Banská Bystrica).

The report on "Full systems rollout in all 36 Regional PHAs" prepared by Dr. Avdicova (coordinator component I) was discussed in relation to the current situation with respect to SW development *(see annex).*

A number of omissions, errors and malfunctions seen during part 1 was still present (as of August 24, 2006).

They relate to

- access to the database (meanwhile different user ID´s had been registed in the database, thus a login under different identities was possible. However, the login data had not yet been linked to a specific role (physician, sentinel physician, RPHA employee, local/regional level etc). Login sometimes did not require a passwort
- problems with data entries (check for correct range(s) and/or plausibility desirable)
- (missing) indication of the data format (yr, month, wk, day, hr)
- the correct designation of keys
- missing choices in some data entry fields
- equivocal situations with respect to the expected user action (e.g. entry of DIAGNOSIS)
- SSL protocol for secure data transmission

These issues as well as the completion of the influenza reporting as a priority item were discussed in a meeting of Dr. Avdicova, Dr. Kristufkova, the STE and Softec representatives (Ing. Hierweg, Dr. Sesera) on August 25, 2006, in Bratislava.

Persons met **Name**	**Position**
Dr. Annemarie Aalders	RTA
Mgr. Jana Racková	RTA assistent
Dr. Maria Avdicova	Head of the Dept. of Epidemiology, RPHA Banska Bystrica
Dr. Zuzana Kristufkova	Head of the Dept. of Control of Infectious diseases, Natl. PHA SR, Bratislava
Dr. M. Hollosyová	Dept. Epidemiol., Natl. PHA SR, Bratislava
Dr. V. Janculová	Dept. Epidemiol., Natl. PHA SR, Bratislava
Dr. P. Truska	RPHA Bratislava
Ing. P. Blazek	IT Dept., Natl. PHA SR, Bratislava
Dr. H. Hudeckova	RPHA Martin
Ing. D. Komendová	IT Dept., RPHA Banská Bystrica
Dr. E. Fabiániová	Head of RPHA Banska Bystrica
Dr. Sesera	SOFTEC Bratislava
Ing. K. Hierweg	SOFTEC Bratislava

Conclusions (bullets)

- The tests of acceptance have to be repeated after installation of a revised / improved version (probably by the end of week 34). The available version allowed for a pre-test only.
- Secure data transmission (VPN, SSL) is a priority issue and has to be solved before data migration and entry of real data (i.e. before the start of the regular operation phase). The same holds for the password problem concerning the login of registered users

Recommendations (bullets)

- In August 2005, workgroups on groups of diseases (virus hepatitis, foodborne diseases, nosocomial infections, STD, zoonoses, diseases preventable by vaccination) had been established. It is strongly recommended to make these workgroups permanent. They should care for a high data quality in their respective field and also for updates in the EPIS menus according to the “state of the art”.

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 I.10 Side letter No. 11

SIDE LETTER No. 11

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

2. 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 7 (annex 1).

The modifications were made for the following reasons:

- to supplement the 1-day conference on intervention epidemiology– planned as activity 1.15 – with an additional **4 day intensive training course on advanced epidemiology** (a.o. epidemiological case control and risk assessment) for 10 selected epidemiologists preferably in Banska Bystrica.
    - 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.
      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.

- To introduce 2 new class-2-experts (fee 450 euro for each working day) to implement the above activity: Mrs. Hannelore Götz, expert on Surveillance & Control of Communicable Diseases, and Mrs. Jeannette de Boer, Training expert for Infectious Diseases Control

    - The estimated costs of mentioned modifications amount to € 15.525,00 and will be financed out of the 'provision for changes in prices'

- RTA Ms. A. Aalders will also attend mentioned course. In case the course takes place outside Bratislava, her participation will require 3 additional per diems.
    - The estimated cost of mentioned modification amounts to € 480,00 and will be financed out of the 'provision for changes in prices'.

The budgetary implications are presented under budget section 7 of the Notification of Reallocations No 7 enclosed with this letter. Not used savings remain within the original budget line.
No other changes have been made in Notification of Reallocation No 7.

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: revised budget
Annex 2: cv Mrs. Hannelore Götz
Annex 3: cv Mrs. Jeannette de Boer

Annex 2: cv Hannelore Götz

CURRICULUM VITAE

Proposed role in the project: Expert on Surveillance & Control of Communicable Diseases

1. Family name: Götz
2. First names: Hannelore Martha
3. Date of birth: 07-09-1957
4. Nationality: German
5. Civil status: single
6. Education:

Institution	**Date: from (m/y) to (m/y)**	**Degree(s) or Diploma(s) obtained**
Free University Amsterdam	9- 1979 to 7-1987	Medical Doctor
Royal Tropical Institute Amsterdam	1991	Training in Clinical and Public health tropical medicine, diploma
Netherlands School of Public Health (NSPOH)	1996-97	Diploma course on control of communicable diseases
EPIET training	1998 to 2000	Intervention epidemiologist; MSc
Netherlands Institute for Health Sciences (Nihes)	2003-2004	Master in Public Health

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

Language	**Reading**	**Speaking**	**Writing**
German	Native		
Dutch (like native)	5	5	5
English	5	5	5
Swedish	4	3	3

8. Membership of professional bodies:
   Member of the Dutch Society for Infectious Diseases (VIZ); Dutch Association Female medical doctors (VNVA);

9. Other skills; (e.g. Computer literacy, etc): MS word, excel, access; PowerPoint; SPSS,

Epi-info;

10. Present position:

Company/location	**Position**	**Description**
A) Rotterdam Public Health Service	Senior Public Health Officer for Infectious Disease Control	Infectious disease control, surveillance, STD control; research projects; chlamydia screening
B) NSPOH	Advisor	Advise on data collection within surveillance of Communicable Diseases

11. Years within the firm: A) December 2000 – present
B) half year

12. Key qualifications (relevant to the project):
- scientific background and working experience in the field of outbreak control, surveillance, guideline development
- teaching intervention epidemiology

13. Specific experience abroad:

Country	**Date:** **from (m/y) to (m/y)**	**description**
Sudan	1999 Nov	mission to Sudan (WHO): measles surveillance and vaccination coverage
St Petersburg	2000 , 1 week	Training infectious disease epidemiology
Stockholm, Sweden	1998 - 2000	Swedish Institute for Infectious Disease Control EPIET fellow; Outbreak investigations, analysis of surveillance data (STD) modelling of C.trachomatis, teaching
Nankudu, Namibia	1991 - 1994	District Medical Officer; Curative and preventive care

14. Other professional experience record:

Date	**Company/location**	**Position and description**
1995-1998	Regional Health Service GGD Stedendriehoek, Deventer	Public health Officer for Infectious Diseases

Date	Company/location	Position and description
1988-1990	Diverse hospitals Amsterdam / Arnhem	Internships Surgery, Gynaecology/Obstetrics

15. Other:

Publications

H.M. Götz, A. Tegnell, B.d. Jong, K.A. Broholm, M. Kuusi, I. Kallings, K. Ekdahl: A whirlpool associated outbreak of Pontiac fever at a hotel in Northern Sweden. Epidemiology and Infection 2001;126 (2): 241-47

H Götz; B de Jong, J Lindbäck; P A Parment; K O Hedlund, M Torvén, K Ekdahl. Epidemiological investigation of a food-borne gastro-enteritis outbreak caused by Norwalk-like virus in 30 day-care centres; Scandinavian Journal for Infectious Diseases 2002; 34:115-121

Hannelore Götz; Karl Ekdahl; Johan Lindbäck, Birgitta de Jong; Kjell Olof Hedlund; Johan Giesecke: Clinical spectrum and transmission characteristics of infection with Norwalk-like virus (NLV) – findings from a large community outbreak in Sweden; Clinical Infectious Diseases 2001Sep1; 33(5): 622-28

H.M.Götz, J.Lindbäck, T.Ripa, M.Arneborn, K.Ramstedt, K.Ekdahl: Increase of notifications of Chlamydia trachomatis infections in Sweden – due to change in prevalence, sampling frequency or detection techniques?
Scandinavian Journal for Infectious Diseases 2002; 34:28-34

H.Götz: Worrying increase of chlamydia in Sweden. Smittskydd 1999;5(2) (Swedish)
H.Götz: Continuing increase of chlamydia in Sweden. Smittskydd 2000; 6(3) (Swedish)
HGötz, et al: Norwalk like virus outbreak in day care centres, Sweden. Smittskydd, 1999;5 (9) (Swedish)
H.Götz et al: A whirlpool associated outbreak of Pontiac fever in Lycksele, northern Sweden. Smittskydd 1999; 5(10) (Swedish)

H.M. Götz, M. van den Broek, M. van de Graaf, M. Stevens: Eén ei als 'Salmonellabom'. Infectieziektenbulletin 2003; 14 (8): 281-284

Nieuwenhuis, R. F., J. M. Ossewaarde, et al. (2004). "Resurgence of lymphogranuloma venereum in Western Europe: an outbreak of Chlamydia trachomatis serovar l2 proctitis in The Netherlands among men who have sex with men." Clin Infect Dis 39(7): 996-1003.

van der Eijk, A. A., H. G. Niesters, et al. (2004). "Paired measurements of quantitative hepatitis B virus DNA in saliva and serum of chronic hepatitis B patients: implications for saliva as infectious agent." J Clin Virol 29(2): 92-4.

van der Snoek, E., J. de Wit, et al. (2004). "Demographics, sexual behaviour and STD/HIV prevalence in two groups of men who have sex with men, in Rotterdam, The Netherlands." Acta Derm Venereol 84(2): 145-50.

van der Snoek, E. M., J. B. F. de Wit, et al. (2004). "Incidence of STDs and HIV infection in men who have sex with men related to knowledge, perceived susceptibility and perceived severity of STDs and HIV infection: Dutch MSM-cohort study." STD 2005, accepted

van der Snoek, E. M., H. M. Gotz, et al. (2003). "Prevalence of STD and HIV infections among attenders of the Erasmus MC STD clinic, Rotterdam, The Netherlands, during the years 1996 to 2000." Int J STD AIDS 14(2): 119-24.

Van Bergen JEAM, Gotz HM, Richardus JH, Hoebe CJ, Broer J, Coenen AJ. Prevalence of urogenital Chlamydia trachomatis increases significantly with level of urbanisation and suggests targeted screening approaches: results from the first national population based study in the Netherlands. *Sex Transm Infect* 2005;**81**(1)**:**17-23.

Gotz HM, van Bergen JE, Veldhuijzen IK, Broer J, Hoebe CJ, Richardus JH. A prediction rule for selective screening of Chlamydia trachomatis infection. *Sex Transm Infect* 2005;**81**(1)**:**24-30.

Gotz HM, Veldhuijzen IK, van Bergen JE, Hoebe C, de Zwart O, Richardus JH. Acceptability and consequences of screening for Chlamydia trachomatis by home based urine testing, *STD* 2005 in press.

Gotz HM, Hoebe C, van Bergen JE, Veldhuijzen IK, Broer J, Richardus JH. Management of chlamydia cases and their partners - results from a home based screening programme organised by Municipal Public Health Services with referral to regular health care, *STD* 2005 in press

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

Work:
GGD Rotterdam e.o.
Po Box 70032
NL 3000 LP Rotterdam
tel. +31-10-4339293
fax + 31- 10-4339237
gotzh@ggd.rotterdam.nl

private:
L.Pincoffsweg 223
NL 3071 AS Rotterdam
+31-10-4846405

Annex 2: cv Jeannette de Boer

CURRICULUM VITAE

Proposed position in the programme: Training expert for Infectious Diseases control

1. Family name: de Boer
2. First names: Jeannette
3. Date of birth: 4th May 1964
4. Nationality: Dutch
5. Civil status: Married, 2 children
6. Education:

Institution	**Date: from (m/y) to (m/y)**	**Degree(s) or Diploma(s) obtained**
University of Maastricht	1983 - 1989	Medical Doctor
Erasmus University Rotterdam	1991	Summercourse epidemiology
NIPG-TNO Leiden	1991 – 1995	Social Medicine
NSPH	1996 – 1997	Surveillance & Control of Communicable Diseases

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

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

8. Membership of professional bodies:
   - Secretary of the Netherlands society for infectious diseases (Vereniging Infectieziekten, sectie Infectieziektenbestrijding).
9. Other skills; (e.g. Computer literacy, etc): Computer literacy
10. Present position:

Company/location	Position	Description
Netherlands School of Public & Occupational Health	Programme manager Teamleader	Managing and development of modules on surveillance and control of Communicable Diseases Leading the department on Continuing Medical Education at the NSPOH

11. Years within the firm: 1 year

12. Key qualifications (relevant to the programme):
    - Surveillance & Control of Communicable Diseases
    - Social Medicine
    - Programme Management
    - Development of training-modules

13. Specific work experience abroad:

Country	Date: from (m/y) to (m/y)	description
Latvia	November 2004 – ongoing	Twinning project on Surveillance & Control of Communicable Diseases
Estonia	01/01/04 to 31/12/05	Expert on CD control for Matra Pre Accession (Dutch MoFA) project Strengthening of the Estonian Capacity in the Control of Communicable Diseases (MAT03/Es/9/1)

14. Other professional experience record:

Date	Company/location	Position and description
2000 - 2003	Municipal Health Service Amstelveen	Head of the department on Surveillance & Control of Communicable Diseases and Health Promotion
1994 – 2000	Municipal Health Service Amstelveen	MD Surveillance and Control of Communicable Diseases
1992 – 1994	Municipal Health Service Purmerend	MD on Social Medicine
1989 - 1992	Municipal Health Service Den Helder	MD on Social Medicine

15. Other:

Annex I.11 Programme Training & Final conference 19-22.9.2006

Datum	Time	Programme	Docent
19-09-2006	9.30 – 10.00	Introduction program and participants	J. de Boer
	10.00 – 12.30	Risk assessment and risk management	J. de Boer
	12.30 – 13.30	Lunch	--
	13.30 – 16.30	Practice in risk assessment and management by using several cases	J. de Boer
20-09-2006	9.30 – 10.30	Operational aspects of outbreakinvestigation	J. de Boer
	10.30 -13.00	Epiet exercise: Salmonella in Belfast	J. de Boer
	13.00 – 14.00	Lunch	--
	14.00 – 15.30	Case control and cohort study	H. Gotz
	15.30 – 16.30	Preparation final conference	
21-09-2006	9.30 – 12.30	Epiet exercise: An epidemic of trichinosis in France	H. Gotz and J. de Boer
	12.30 – 13.30	Lunch	--
	13.30 – 16.00	Epiet exercise: Hepatits A and oysters	H. Gotz and J. de Boer
	16.00 – 16.30	Preparation final conference	
22-09-2006	9.00 – 12.30	Final conference	

Annex I.12 Report Mrs. de Boer & Mrs. Götz – extra activity 1.15

Twinning Project

Twinning No. SK03/IB/SO/01

Strengthening the Surveillance and Control of Communicable Diseases

MISSION REPORT

EXPERT NAME Hannelore Götz (1) and Jeannette de Boer (2)

COMPONENT 1

ACTIVITY NO. No. 1.15 and EXTRA ACTIVITY No 1.15

DATES OF VISIT: 17-09-2006 untill 22-09-06 (expert 2)
20-09-2006 untill 22-09-06 (expert 1)

Activities according to the Work Plan
To organize a 5 day training in total (1 day preparation, 3 day training, 1 day conference), consisting of an intensive training course for 10-15 selected epidemiologists on Risk assessment in infectious diseases and epidemiological principles in general. The last day (original act. 1.15) will be organised as a conference for a broader public (40-50 people) 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

Summary discussed items (bullets**)**
3 day training on risk assessment and -management, and different aspects of outbreak investigation (cohort and case control study), followed by a final conference on the same subject (Friday 22.09.06).

Persons met **Name**	**Position**
See Annex (list of participants)	
Ms. Maria Avdicova	Component coordinator
Ms. A. Aalders	RTA
Ms. J. Rackova	RTA assistant

Conclusions (bullets)
There were 15 participants, of whom only a few did follow the training in July 2006 on epidemiological principles (Ms. W.A van Stiphout). This training was supposed to be a follow-up of this first training. The participants showed however an active attitude and participated with interest. Due to language limitations not all planned case-studies could be carried out. At the end of the training it appeared that the way of this epidemiological analytical studies were new to the participants but that the basic understanding has been achieved. The training enabled participants to translate their daily tasks into the structure of risk-assessment.

Recommendations (bullets)
• Training on these subjects should be continued in Slovakia. Ms. Kristufkova is presently giving epidemiological training, an activity which should be continued. It would be preferable to start courses for trainers of trainers (TOT). • Training of trainers is preferable in order to achieve sustainable results. • Training parts should be followed by a continuous group of participants. • Give English courses to professionals in public health.

Follow-up by RTA (bullets)

Remarks (bullets)

Evaluation (bullets)	
Positive	**Negative**
1 Active attitude of participants 2 The training was needed 3 Support by RTA and RTA assistant as well as the translators were very good.	1 Some participants didn't show up or only participated for one morning 2 Participants were not aware of the final conference on Friday 22th. 3 Not all participants spoke English well.

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

Annex to Mission report Extra Activity 1.15

Short report on:
Activity 1.15: Organization of a one day conference on Intervention epidemiology for surveillance and control of communicable at the national and local level

On the 22nd of September 2006 a one day conference took place on intervention epidemiology.
This activity was connected to the extra activity 1.15: "To organize a 5 day training in total (1 day preparation, 3 day training, 1 day conference), consisting of an intensive training course for 10-15 selected epidemiologists on Risk assessment in infectious diseases and epidemiological principles in general".

The Conference took place at the PHA SR.
Around 40 epidemiologists from all over Slovakia and people from the Microbiology laboratories from the PHA SR were present

The following programme took place:

Opening by Ms Avdicova, coordinator of Component I, in which she explained the purpose of the Twinning project and of Component I in particular
Ms Kristufkova, project manager of the Twinning project, gave a lecture on outbreak investigation
Ms Striezova, as one of the participants of the 3 day training, presented a case which the participants together had prepared during the training
Ms Jeanette de Boer, one of the STE's who gave the 3 day training, gave a lecture on risk assessment and risk management
After the break, Ms Kristufkova talked about the epidemiological information system, EPIS.

It was an interesting conference concerned with quite a few different aspects of epidemiology. Next to this, lively discussions took place.

The closing conference turned out to be an a good way to complete the 3 day training and share the results with other people.

The lectures (mainly in Slovak) are available.

List of participants of the training 19 – 21 / 09 / 2006

LIST OF PARTICIPANTS

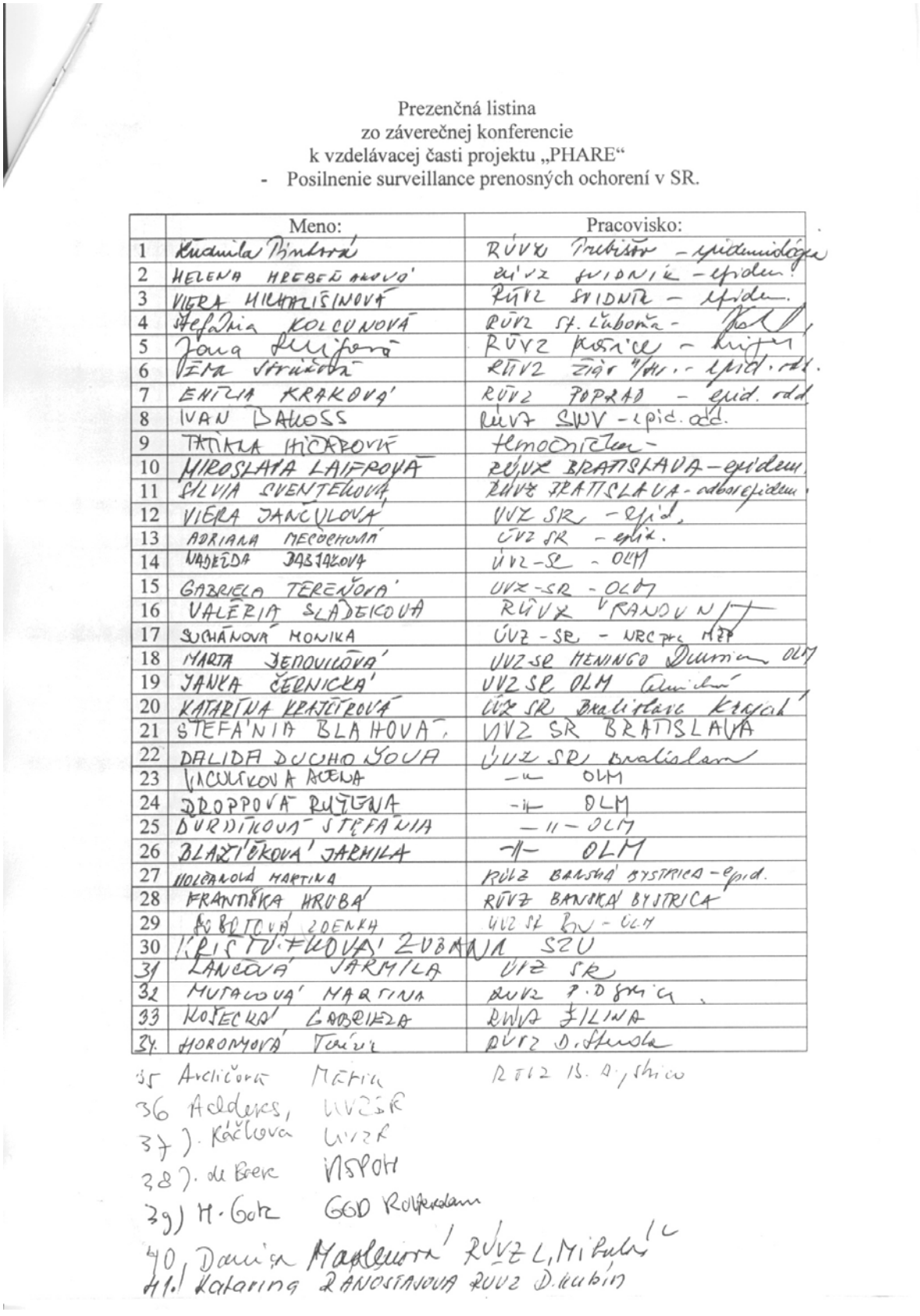
Workshop "Aspects of Outbreak Investigation"

Place: Ministry of Health SR Bratislava (room no. 152/3, 105)
Date: 19 - 21 September 2006

No.	Name	Workplace	Signature 152/3 19.9.	Signature 152/3 20.9.	Signature 105 21.9.
1.	Bakoss Ivan, MUDr.	RÚVZ Spišská Nová Ves			
2.	Bobáková Svetlana, MUDr.	RÚVZ Svidník			
3.	Hrubá Františka, RNDr.	RÚVZ Banská Bystrica			
4.	Kollárová Jana, MUDr.	RÚVZ Košice			
5.	Krajčírová Katarína, Mgr.	ÚVZ SR Bratislava			
6.	Krištúfková Zuzana, MUDr.	SZU Bratislava			
7.	Laifrová Miroslava, MUDr.	RÚVZ Bratislava			
8.	Michališinová Viera, MVDr.	RÚVZ Svidník			
9.	Molčanová Martina, Mgr.	RÚVZ Banská Bystrica			
10.	Murajda Lukáš, MUDr.	RÚVZ Martin			
11.	Sedláková Zuzana, Mgr.	RÚVZ Trenčín			
12.	Striežová Eva, MUDr	RÚVZ Žiar nad Hronom			
13.	Šašalová Martina, RNDr.	Železničný zdrav. ústav BA			
14.	Šuleková Iveta, MUDr.	RÚVZ Galanta			
15.	Truska Peter, MUDr.	RÚVZ Bratislava			
16.	RÁČKOVÁ JANA	ÚVZ SR		HREBEŇ AKOVÁ MELENA RÚVZ Poprad	
17.	ANNEMARIE AALDERS	ÚVZ SR			
18.	JEANNETTE DE BOER	NSFOH			
19.	BÁBIKOVÁ JANA	RÚVZ NR			

List of participants of the final conference 22 / 09 / 2006

1/2



Prezenčná listina
zo záverečnej konferencie
k vzdelávacej časti projektu „PHARE“
- Posilnenie surveillance prenosných ochorení v SR.

	Meno:	Pracovisko:
1	Ľudmila Tkáčová	RÚVZ Trebišov - epidemiológ
2	HELENA HREBEŇOVÁ	RÚVZ SVIDNÍK - epidem.
3	VIERA MICHALIŠINOVÁ	RÚVZ SVIDNÍK - epidem.
4	Štefánia KOLCUNOVÁ	RÚVZ SV. Ľuboňa -
5	Jana Ružičová	RÚVZ Košice - hygien
6	EMA Struhárová	RÚVZ Žiar n/H. - epid. odd.
7	ENÍGNA KRAKOVÁ	RÚVZ POPRAD - epid. odd
8	IVAN DAMOSS	RÚVZ SNV - epid. odd.
9	TATIANA HIČAROVÁ	Hemocitech
10	MIROSLAVA LAIFROVÁ	RÚVZ BRATISLAVA - epidem
11	SILVIA SVENTELOVÁ	RÚVZ BRATISLAVA - odborepidem.
12	VIERA JANČULOVÁ	ÚVZ SR - epid.
13	ADRIANA MECOCHOVÁ	ÚVZ SR - epid.
14	VAJDEDA JASTRABOVÁ	ÚVZ-SR - OLM
15	GABRIELA TERENOVÁ	ÚVZ-SR - OLM
16	VALÉRIA SLÁDEKOVÁ	RÚVZ Kanovnj
17	SUCHÁNOVÁ MONIKA	ÚVZ - SR - NRC pre MZP
18	MARTA JENOVIČOVÁ	UVZ SR HENINGO Dunaj OLM
19	JANKA ČERNICKÁ	UVZ SR OLM
20	KATARÍNA KRAJČÍROVÁ	ÚVZ SR Bratislava Kraj
21	STEFÁNIA BLAHOVÁ	UVZ SR BRATISLAVA
22	DALIDA DUCHOŇOVÁ	ÚVZ SR Bratislava
23	VACULÍKOVÁ ACELA	-"- OLM
24	DROPPOVÁ RUŽENA	-"- OLM
25	ĎURDÍKOVÁ STEFÁNIA	-"- OLM
26	BLAŽÍČKOVÁ JARMILA	-"- OLM
27	HOLČÁKOVÁ MARTINA	RÚVZ BANSKÁ BYSTRICA - epid.
28	FRANTIŠKA HRUBÁ	RÚVZ BANSKÁ BYSTRICA
29	BOBÍKOVÁ ZDENKA	ÚVZ SR Bv - OLM
30	KRISTUFKOVÁ ZUZANA	SZU
31	LANCOVÁ JARMILA	ÚVZ SR
32	MUTANOVÁ MARTINA	RÚVZ P. Bystrica
33	KOŠECKÁ GABRIELA	RÚVZ ŽILINA
34	HORONYOVÁ Tatiana	RÚVZ D. Streda
35	Arvičová Mária	RÚVZ B. Bystrica
36	Addeyes,	UVZSR
37	J. Káčlová	UVZR
38	J. de Boer	NSPOH
39	M. Gotz	GGD Rotterdam
40	Daniela Magdenová	RÚVZ L. Mikuláš
41	Katarína RANOSTAJOVÁ	RÚVZ D. Kubín

2/2

Prezenčná listina
zo záverečnej konferencie
k vzdelávacej časti projektu „PHARE“
- Posilnenie surveillance prenosných ochorení v SR

	Meno:	Pracovisko:
1	MÁRIA ŠTEFKOVIČOVÁ	
2	KLÁRA MINÁČIKOVÁ	RÚVZ PRIEVIDZA
3	MILIAN ONDIEROVÁ	RÚVZ TRNAVA
4		
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Annex I.13 Report Mrs. de Schipper – activity 2.7 & 3.4

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

COMPONENT 2 and 3

ACTIVITY NO. 2.7 and 3.4

DATES OF VISIT 3 – 8 september 2006

Activities according to the Work Plan
2.7 Final assessment of the implementation of the new quality control system 3.4 Implementation and testing in 5 selected pilot workplaces of Standard Operating Procedures for external quality assurance

Summary discussed items (bullets)

Activity 2.7

Evaluation of the Quality system Bratislava:

- Consequences of resignment component coördinator for the progress of the accreditation process
- Timeschedule of reconstruction and visit for verification of NCF by SNAS
- Reconstruction (tour of the lab.)
- Tour of the already accredited environmental laboratory
- Progress internal audits
- Metrology
- International networks
- Solving nonconformities (NCF) of the NRC for Meningococci
- Vertical audit on sample for NRC salmonellosis

Evaluation of the Quality system of Banska Bystrica and Kosice

Activity 3.4

Evaluation of implemented external quality assurance system (EQAS).

- Overall set-up and importance of implementented EQAS
- Evaluation of results of implemented EQAS

Persons met **Name**	**Position**
Mr Rovny	Director PHA SR
Mrs. Sirotna	Newly appointed head of medical microbiology PHA SR Bratislava
Mrs. Horecka	Head of environmental laboratory PHA SR Bratislava
Mrs. Kostalova	Quality Manager and metrologist of environ-

	mental laboratory PHA SR Bratislava
Mrs. Tietzova	Head of NRC for MMR PHA SR Bratislava
Mrs. Gavacova	Head of NRC for Salmonellosis PHA SR Bratislava
Mrs. Blaskovicova	Head of NRC for Influenza PHA SR Bratislava
Mrs. Sobotova	Head of NRC for Poliomyelitis PHA SR Bratislava
Mrs. Vacolikova	Newly appointed head of NRC for Meningococci PHA SR Bratislava
Mrs Pastuchova	Metrologist medical microbiology laboratory PHA SR Bratislava
Mrs. Kiesova	Virological lab. RPHA Banska Bystrica
Mrs. Feikova	Moleculair Diagnostics RPHA Banska Bystrica
Mrs. Mikova	Head of RPHA Kosice
Mr. Bakos	Quality Manager RPHA Kosice
Mr. Niks	Comp. Co-ordinator 3 (PHA SR Bratislava)
Ms Jana Rackova	RTA assistant
Ms Anne Maria Aalders	RTA

Conclusions (bullets)

Activity 2.7

Bratislava:

- The leave of the coordinator for component 3 is sad especially because thanks to her efforts the process for accreditation is almost finished.
- It has been agreed with SNAS that they will pay their final visit after the reconstruction is finished.
- The reconstruction of the laboratory is well underway. It is mainly supervised by Mrs Tietzova and Mrs. Gavacova which is a demanding but rewarding job. Equipment can be placed next week.
- A decision will have to be made who will be appointed as Quality Manager.
- The Quality Manual will have to be rewritten taken in account the nonconformities of the SNAS, especially on topmanagement, continuous improvement, management of complaints, internal audits, training of personnel and management review as discussed in my last visit. It was understood that the former Quality Manager had already finished this.
- The quality system at laboratory level is up and running even in the tiresome circumstances during the reconstruction. The performed vertical audit on the process of indentification and typing of Salmonellosis gave no nonconformities. Within the process data have to be (re)written in about 5 different registers or sheets this is a potential source for mistakes. Some use of a database to register results is made next to the handwritten registers.
- The newly appointed head of the NRC for meningococci has nonconformities to solve regarding her own competence, inter- and intra-laboratory control and differential diagnosis. In November she will go for an internschip to Praque.
- The NRC's for Poliomyelitis, Influenza and MMR have established themselves in the appropriate international networks.
- There is no reason to doubt that the NRC's of the PHA SR in Btratislava will get their certificate of the SNAS if all requirements are carried out.

Banska Bystrica

- Reaccreditation has taken place and the new certificate is already received.

- The quality system looks very solid with lots of ways of collecting evidence within the system. Continuous improvement could be more emphasised.
- Sample data are registered in a database and also still registered in notebooks.

Kosice

- The SNAS has approved the quality system of the parts that applied for accreditation. The certificate is expected within a month.
- The quality system is described well and implemented in a practical way.
- The NRC for Diptheria is accepted in the appropriate international network.
- The laboratory did not get much support from the project in setting up the system. However they managed well through their contacts with already accredited laboratories in the area.

Activity 3.4

- Except for ATB suspectibility, the SOP's are still first draft SOP's.
- There are two types of EQAS established:
    1. ATB suspectibility and Salmonella send samples to appr. 50 clinical laboratories.
    2. Poliomyelitis, Measles and Rubella send samples to the regional PHA's in Banska Bystrica and Kosice.
- Background and conclusions on these rounds can be found in the report of the component Coordinator on activity 3.4 (see annex) and on the explanatory document of my mission report on activity 3.3.
- Every 3 years the NRC for influenza also sends out a round to the regional PHA's in Banska Bystrica and Kosice, the last one was in 2004.
- EQAS PHASK has proven its use through the pilot in this project.

Recommendations (bullets)

Component 2

1. Retrieving Quality Manual from former Quality Manager Bratislava
2. Appoint a new Quality Manager Bratislava
3. Research on a way to implement a Laboratory Information System

Component 3

1. Still include SOP's on EQAS in system of document control.
2. The results of the EQAS PHASK-MMR run No 01/2006 RPHA Banska Bystrica are alarming. The risks of reporting false negative results should be investigated and if necessary appropriate measurements for improvement should be taken.
3. Research on the possibilities to develop a system for EQAS on a national level that's appropriate for public health laboratories as well as private clinics (as recommended by Dr. Niks).

Follow-up by RTA (bullets)

Remarks (bullets)

Mrs. De Schipper will come back in October for one day to give a presentation and evaluation on activity 2.7

Evaluation (bullets) **Positive**	**Negative**
1 Understanding of QS on shopfloorlevel 2 Spoken to many dedicated and competent persons 3 Inconvenience because change of program very well handled	1 Could not contribute much 2 Head of RPHA and QM of Banska Bystrica were not there during my visit 3

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

Annex to the Mission report of Mrs. de Schipper

Report on activity 3.4.

Implementation and testing in selected pilot workplaces of standard methodological procedures for external quality assurance

The aim of the Component 3 according to the Twinning project working plan was to set up of a unit for external quality assurance system within the Public Health Authority of the Slovak Republic. The unit had to develop and implement an external quality assurance system for diagnostic laboratory methods related to activities of the following NRCs: NRC for salmonellosis, NRC for influenza and influenza-like diseases, NRC for poliomyelitis, NRC for measles, mumps and rubella (MMR) and NRC for resistance to antibiotics (all established at the Public Health Authority of the Slovak Republic, Bratislava). Both clinical microbiology laboratories (about 60 in the Slovak Republic) and microbiology laboratories within Regional Public Health Authorities (about 36 at the time of writing the working plan) were supposed to participate on the proposed external quality assurance system. To test the system within the Twinning project, according to the working plan 5 workplaces in the SR were selected.
The external quality assurance system was intended to serve as a standard EQA system with stressed educational functions to get a general impression of the standard of laboratory practice and to achieve an inter-laboratory comparability. Laboratory methods to be assessed by EQAS PHA-SK significantly vary between individual NRCs. Therefore different standard operation procedures (SOPs) were written and implemented by every NRC participating in the EQAS PHA-SK.
However, due to organisation changes of laboratory basis at Regional Public Health Authorities during realisation of the Twinning project, the Component 3 work plan had to be rearranged. Namely, the proposed standard EQA system, that requires a sufficient minimum number of participating laboratories was retained only for salmonella NRC and NRC for resistance to antibiotic (ATB) with about 60 participating clinical microbiology laboratories. The influenza NRC was excluded from EQAS PHA-SK because of too low number of potentially participating laboratories at the time of realisation of component 3.4 activity. For the test run of remaining NRC for measles, mumps and rubella (MMR) and Polio NRC a relevant simplified system with just 2 participating laboratories at RPHAs was adopted.
The implementation of external quality assurance system within the Public Health Authority of the Slovak Republic was tested separately for each participating NRC.
The system organised by NRC for resistance to antibiotics and salmonella NRC was tested during February-March 2006 in all 56 recently existing clinical microbiology laboratories in the Slovak Republic. The test run by Polio NRC in 2 RPHA was performed due to seasonal reasons already at the end of 2005. NRC for measles-mumps and rubella performed its testing during May 2006. All test runs were done strictly according to individual SOPs.

Evaluation of test runs in individual NRCs.

EQAS PHASK-ATB run No 01/2006

The results of the EQAS test run of NRC for resistance to antibiotic (ATB) were as follows:

Participating laboratories: 56 clinical microbiology laboratories in the Slovak Republic
Samples sent: Strain No 1, code 056 *Klebsiella pneumoniae*, pyelonephritis, urine sample
Asked testing: azthreonam, ciprofloxacin, gentamicin
Strain No 2, code 059 *Staphylococcus aureus*, surgical wound
Asked testing gentamicin, tetracycline, clindamycine

Goals: - correct qualitative and/or quantitative susceptibility testing
- susceptibility results interpretation according to identified resistance mechanisms

Scoring system:
Correct antibiotic testing and result interpreting 5 points / ATB
Maximum 30 points
Minimum points for successful evaluation: 20 points

Results assessment:
- 55 (98,2 %) of 56 clinical microbiology laboatories in the SR returned results within the required time.
- 41 to 54 laboratories used qualitative disk testing method, 30 to 50 laboratories quantitative MIC test.
Most of laboratories based their results on both methods.
- Maximum (30) points: 41 laboratories (73 %)
- 25 poins: 11 laboratories (20 %)
- 20 points: 3 laboratories (5,6 %)
- less then 20 points: 0 laboratories (0 %)

Correct identification of ESBL resistance mechanism in *Klebsiella pneumonie*- 49 of 55 labs.
Correct identification of MLSB resistance mechanism in *S. aureus* - 44 of 55 labs.

Comments:
For the run, clinical isolates with common resistance mechanisms were selected. Similar isolates are ofen tested by clinical laboratories routinely.

Conclusions:
55 of 56 slovak clinical laboratories took part in the EQAS PHASK-ATB 01/2006 run. The results of routine qualitative and quantitative susceptibility testing showed, that almost 2/3 of responding laboratories completely fulfilled the goals of the run. However, in some responding laboratories further control mechanisms are to be established to process clinical samples correctly. An educational aspect of the EQAS in the field of resistance mechanisms detection seems to help at this stage participant laboratories to improve the accuracy of susceptibility testing in the Slovak Republic.

EQAS PHASK-SAL run No 01/2006

During the pilot testing of salmonella NRC EQAS the following results were achieved:

Particpating laboratories: 56 clinical microbiology laboratories in the Slovak Republic
Samples sent: Strain No 1, code 0242 *Salmonella* Typhimurium, var.Copenhagen, rezistentant to ampicillin, chloramphenicol and naturally resistant to gentamicin
Strain No 2, code 0139 *Salmonella* Typhimurium, susceptible to ampicillin, chloram phenicol , naturally resistant to gentamicin
Goals: - isolation, identification and serotyping of *Salmonella* strains
- antimicrobial susceptibility testing of *Salmonella* strains
- evaluation of routine clinical data quality for proposed salmonella national database

Scoring system:
serotyping - correct serotyping including determination of antigen formula - 10 points
susceptibility - every antibiotic and correct interpretation - 5 points
Maximum 50 points
Minimum points for successful evaluation: 30 points

Results assessment:

- 54 (96,42%) of 56 clinical microbiology laboratories in the SR returned results within the required time.
- maximum (50) points: 13 laboratories (24%)
- 40-49 points: 31 laboratories (57%)
- 39-34 points: 2 laboratories (4 %)
- 33 and less points: 8 laboratories (15%)

Comments:

For the run, the most common recent salmonella serotypes in the country were selected. The antibiotics selected for testing contained common preparations and also one antibiotic with natural resistance, which has to be correctly interpreted.

Conclusions:

54 of 56 slovak clinical laboratories took part in the first EQAS PHASK-SAL run. The results of routine salmomella testing showed, that only about 1/4 of responding laboratories completely fulfilled the goals of the run. Most of participants reached lower score and methods in these laboratories need improvement. The susceptibility testing results of salmonella were slightly better than those of serotiping.

Laboratories with poor results were encouraged to send their salmonella clinical isolates to the reference centre for further testing until their laboratory methods improve.

EQAS PHASK- MMR, run No 01/2006

Participating laboratories: 2 regional PHA laboratories in B. Bystrica and in Košice.

Samples sent: proficiency panel of 10 human sera for detection of morbilli IgM and rubella IgM each.

Goals: to screen submitted sera for specific antibodies.

Scoring system:

- correct detection of specific antibody in serum, each serum 10%
- Maximum 100 %
- Required minimum for acceptable evaluation: 90 %

Results assessment: Laboratory in B. Bystrica failed to detect both two sera with morbilli antibodies and did not fulfilled required criteria for morbilli testing. This laboratory screened 9 of 10 rubella sera correctly, hence fulfilled criteria for rubella testing.

Laboratory in Košice screened all morbilli sera correctly and had one incorrect result when testing rubella sera. This laboratory fulfilled criteria for both morbilli and rubella testing.

Comments: EQAS PHASK- MMR run is also supposed to be preformed only once a year in the future. Despite EQAS providing laboratory and both participating laboratories (their staffs) cooperate closely, the results in B. Bystrica RPHA were alarming. In this case, effective external quality control system and more repeated runs seems necessary until satisfactory results will be obtained.

Conclusions:

Testing of EQAS PHASK-MMR in 2 RPHA laboratories proved successful. However, none of participating laboratories received 100% and one laboratory failed to detect positive sera in the morbilli proficiency panel. The results stress necessity for systematic external control in the RPHA laboratories.

EQAS PHASK-POL run No 01/2005

Participating laboratories: 2 regional PHA laboratories in B. Bystrica and in Košice.

Samples sent: 5 stool specimens for Polio virus isolation

Goals: to confirm laboratory ability to isolate viruses from clinical specimens on cell cultures.

Scoring system:
- correct virus isolation from one sample - 20%
- Maximum 100 %
- Required minimum for acceptable evaluation: 80 %

Results assessment: Both laboratories fulfilled required criteria.

Comments: EQAS PHASK-POL run is supposed to be preformed only once a year in concordance with seasonality of screened infections. Therefore, samples were sent already in October 2005. In this case EQAS providing laboratory and both participating laboratories (their staffs) cooperate closely. For effective external quality control system with small number of participating laboratories (2) like this other less formal and less expensive approach could be more appropriate in the future.

Conclusions:

Testing of EQAS PHASK-POL in 2 RPHA virology laboratories proved successful. Due to a low number of participating laboratories further use of such full-range EQAS has to be revaluated.

General conclusions

The four EQAS PHA-SK test runs (ATB, salmonella, measles-mumps-rubella and polio NRCs) passed successfully and have confirmed usefulness and necessity of organisation of a national EQA system in the Slovak Republic.
Evaluation of test runs of EQAS PHA-SK have documented the need in routine laboratories for an efficient national EQA system oriented first on educational functions. Such system might also help to detect and to solve practical laboratory diagnostic problems in microbiology laboratories in the Slovak Republic. The system in the future might also help to get a general impression of the standard of laboratory practice and to achieve an inter-laboratory comparability. Such system will be a necessary prerequisite if national databases for infection diseases markers will be established in Slovakia, or if Slovakia will join EU networks for surveillance of infectious diseases and will report to central European databases .

Annex I.14 Financial report No. 7