

Commission Implementing Decision (EU) 2018/945 of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions (Text with EEA relevance)

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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC⁽¹⁾, and in particular Article 6(5)(a) and (b) thereof,

Whereas:

- (1) Pursuant to Decision No 2119/98/EC of the European Parliament and of the Council⁽²⁾, Commission Decision 2000/96/EC⁽³⁾ established a list of communicable diseases and special health issues to be covered by epidemiological surveillance in the Community network.
- (2) Commission Decision 2002/253/EC⁽⁴⁾ laid down case definitions for reporting communicable diseases listed in Decision 2000/96/EC to the Community network.
- (3) The Annex to Decision No 1082/2013/EU sets out the criteria for selecting the communicable diseases and related special health issues to be covered by epidemiological surveillance within the network.
- (4) The list of diseases and related special health issues established by Decision 2000/96/EC should be updated to reflect changes in disease incidence and prevalence, the needs of the European Union and its Member States, as well as to ensure compliance with the criteria provided in the Annex to Decision No 1082/2013/EU.
- (5) The list of case definitions should be updated in the light of new scientific information and evolving laboratory diagnostic criteria and practices.
- (6) Both the list of diseases and the list of case definitions are brought into line with the World Health Organisation nomenclature according to the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).
- (7) The updated list of diseases should cover the following communicable diseases threatening public health that have emerged or re-emerged more recently in accordance with the criteria provided in the Annex to Decision No 1082/2013/EU for selection

Changes to legislation: There are currently no known outstanding effects for the Commission Implementing Decision (EU) 2018/945, Introductory Text. (See end of Document for details)

of communicable diseases and related special health issues to be covered by epidemiological surveillance:

- Chikungunya: In view of autochthonous outbreaks of chikungunya virus infections in Italy (2007) and France (2010 and 2014), the widespread presence of competent vectors (*Aedes albopictus*) in the Mediterranean basin, and the return of travellers from endemic areas, systematic surveillance is necessary to prevent the spread of chikungunya virus in the Union,
 - Dengue: The large dengue outbreak in Madeira in 2012 and the presence of competent vectors (*Aedes* mosquitos), in particular in Mediterranean Member States, highlight the need for additional surveillance to help prevent the spread of the dengue virus in the Union,
 - Zika: The infection of pregnant women with the Zika virus can lead to the birth of children with severe neurological defects. Early detection and surveillance of people returning from affected areas are crucial. Surveillance data is needed to inform public health measures to prevent the introduction and spread of the Zika virus to the Union,
 - Lyme neuroborreliosis: The transmission of Lyme neuroborreliosis, a complication of Lyme disease which is caused by the bacterium *Borrelia burgdorferi* and transmitted to humans through the bite of infected ticks, is a concern for the Union. Systematic surveillance is needed to monitor its epidemiology in order to support measures to prevent and control the disease and its complications.
- (8) Pursuant to Article 9 of Regulation (EC) No 851/2004 of the European Parliament and of the Council⁽⁵⁾, the European Centre for Disease Prevention and Control ('ECDC') has, at the Commission's request, provided scientific assistance on the establishment of case definitions for Chikungunya, Dengue, Lyme neuroborreliosis and Zika infections on the revision of case definitions for a number of other diseases⁽⁶⁾, as well as on the revision of case definitions related to certain healthcare associated infections and to antimicrobial resistance⁽⁷⁾. The case definitions should therefore be amended accordingly.
- (9) The measures provided for in this Decision are in accordance with the opinion of the Committee on serious cross-border threats to health established under Article 18 of Decision No 1082/2013/EU.
- (10) Accordingly, Decisions 2000/96/EC and 2002/253/EC should be replaced by this Decision,

HAS ADOPTED THIS DECISION:

- (1) [OJ L 293, 5.11.2013, p. 1.](#)
- (2) Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community ([OJ L 268, 3.10.1998, p. 1.](#))
- (3) Commission Decision 2000/96/EC of 22 December 1999 on the communicable diseases to be progressively covered by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council ([OJ L 28, 3.2.2000, p. 50.](#))
- (4) Commission Decision 2002/253/EC of 19 March 2002 laying down case definitions for reporting communicable diseases to the Community network under Decision No 2119/98/EC of the European Parliament and of the Council ([OJ L 86, 3.4.2002, p. 44.](#))
- (5) Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for disease prevention and control ([OJ L 142, 30.4.2004, p. 1.](#))
- (6) Botulism, brucellosis, campylobacter enteritis, giardiasis, gonococcal infection, listeriosis, rubella, salmonella enteritis, shiga toxin/verocytotoxin-producing *E. coli* infection, shigellosis, syphilis and congenital syphilis, tetanus, tuberculosis, typhoid and paratyphoid fevers, pertussis, enteritis due to *Yersinia enterocolitica* or *Yersinia pseudotuberculosis* and healthcare-associated infections.
- (7) In general and, more specifically, campylobacter enteritis, gonococcal infection, salmonella enteritis, shigellosis, tuberculosis and bloodstream infections due to specific pathogens, in particular *Staphylococcus aureus* (susceptibility to meticillin and other anti-staphylococcal beta-lactams), *Enterococcus faecium* and *Enterococcus faecalis* (susceptibility to glycopeptides), *Klebsiella pneumoniae* and *Escherichia coli* (susceptibility to carbapenems and to colistin in carbapenem-resistant isolates), and *Pseudomonas aeruginosa* and *Acinetobacter* species (susceptibility to carbapenems).

Changes to legislation:

There are currently no known outstanding effects for the Commission Implementing Decision (EU) 2018/945, Introductory Text.