TELEMATICS BETWEEN ADMINISTRATIONS COMMITTEE (TAC)

Document title
EUPHIN Global Implementation Plan

Document for
<table>
<thead>
<tr>
<th>Information</th>
<th>Discussion</th>
<th>Consultation</th>
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MANAGEMENT SUMMARY
OF THE EUPHIN GIP

A-DESCRIPTION OF THE NETWORK

A-1- Context

The improvement of information exchange is a key element for the future development of public health in the community. The Community’s role in public health has to evolve to deal with new challenges, changed circumstances and the greater role envisaged for public health in the Amsterdam Treaty. Drawing from these factors and the experience of the existing framework, the future public health policy as mentioned in the paving communication COM(98)230 of 15.04.98 should comprise three strands of action:

- Improving information for the development of public health
- Reacting rapidly to threats to health
- Tackling health determinants through health promotion and disease prevention.

These three strands would also enable the Community to respond effectively to the challenges of enlargement, and to the issues of health requirements in other policies. Therefore, the implementation of the EUPHIN network will play a major role in the achievement of results for these strands as it is intended to fulfil the need for rapid and reliable exchange of health information for EEA countries.

A-2- Objectives

The objective is to establish the telematic network EUPHIN which will be a structured and comprehensive Community system for sharing, exchanging and disseminating information within the public health. The EUPHIN network is clearly mentioned in the public health programmes. It involves many competent authorities and a number of health issues are being supported by this network. The difference in sensitivity of the information to be exchanged and shared within the systems of EUPHIN also plays an important role in the technical description of the network and the project organization. All these aspects increase the complexity of the project.

The EUPHIN telematic network has been put in place to support the following application requirements (the application components of which are at different levels of maturity):

- a health monitoring application (EUPHIN-HIEMS)
- a health surveillance application for communicable diseases (EUPHIN-HSSCD)
- a blood transfusion chain application (EUPHIN-BLOOD)
- an injury data application (EUPHIN-INJURY) integrating, in particular the home and leisure accidents database (EHLASS)
- an application for the collection of data and information on rare diseases (expected by the end of the year 2000).

A-3 Participants

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<tr>
<th>EC</th>
<th>European Commission</th>
<th>DG Health and Consumer, DG Enterprise, DI, EUROSTAT</th>
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<tbody>
<tr>
<td>EEA Countries</td>
<td>Ministries, national statistical offices, communicable diseases centers, Organisations and institutes part of the blood transfusion chain, NGO’s European citizens</td>
<td>List available on request</td>
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<tr>
<td>International Organizations</td>
<td>WHO, OECD Consumer organizations</td>
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A-4-Functionalities and Technical description

The application requirements of EUPHIN will be hosted on the same backbone node server and use the IDA generic services such as TESTA /TESTA2, the CIRCA tool (communication and information resource centre for administrations) and the security practices developed within the IDA SECLEG projects. As regards the use of standards, EUPHIN is based on TCP/IP protocol.

The different application requirements are currently at different phases according to the Ida2 approach:

- **Preparatory phase** EUPHIN-BLOOD
- **Feasibility phase** EUPHIN-INJURY
- **Development and Validation phase** EUPHIN-HSSCD and EUPHIN-HIEMS

An overview of EUPHIN from the technical point of view is included in the annex I.

**The Health Information Exchange and Monitoring System (HIEMS)** will be built with the Oracle Relational Database Management System (RDBMS), the Oracle Application Server Environment, the Netscape Web server software and the SAS statistical analysis tool with its SAS IntrNet extension for web presentation. The intention has been to re-use as much as possible from ENS-CARE in the development of HIEMS, in particular the methodology, i.e. utilising telematic networks and distributed databases to support national health administrations in their health policy development, and the data dictionary and databases for hospital statistics. The HIEMS network logically consists of the central node, the distributed databases nodes, and the user sites. The central node hosts the database holding the Data and the predefined indicators. The data of most of the Member States (MS) will be uploaded into this central database. Participating Member State Administrations that wish to host their own RAD will be responsible for managing their own distributed database nodes. At present, three such nodes have been identified, one in Denmark (Copenhagen) and two in Germany (Wiesbaden, Bielefeld). An Intranet will be built on the Virtual Private Network (VPN) provided by the TESTA contractor as follows:

* The central database will be connected direct to the TESTA contractor Network
* Local loops to the distributed databases will be provided by the TESTA contractor
* Some other databases will be hosted directly in the system,

HIEMS makes also great use of Internet technology. The users will have access to all the system only by Internet. Some databases will be reserved to European experts, other will give access to all the citizens. Some databases will have both types of access and data. HISSCD provides a number of general-purpose telematic services to facilitate the HISSCD user community in accomplishing various tasks such as: sending electronic mail, reading articles posted to discussion groups, searching for people and resources and downloading documents from other hosts on the network.

**Electronic Mail, Mailing Lists, Discussion groups, Directory services:**

**Early Warnings:**

* Submit Early Warnings that describe incidents of communicable diseases outbreaks and distribute these warnings to public or restricted mailing lists, or mail them to specific group of people

**Reference Database:**

The reference database application accesses information published by the various health authorities of the member states of the European Union

**Remote Databases:**

The remote database integration application allows consulting the communicable disease databases

The system architecture for EUPHIN-INJURY is supposed to be defined after the analysis of the user requirement survey. It is assumed however that the system will have a similar functionality as the currently designed EUPHIN-HIEMS system. Thus, it will consist of both a relational ODBC-compliant relational database part and a central multidimensional database, to be implemented with SAS. The HLA/Home and Leisure
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Accidents) application will, like EUPHIN-HIEMS, be based on Internet-technology, with a web-based user interface. Client side installation will therefore only include a standard Web Browser. The system will contain a “bridge” towards the EUPHIN-HIEMS system, in order to periodically aggregate the HLA data.

B- ASSIGNMENT OF ROLES AND TASKS OF THE MEMBER STATES (MS) AND COMMUNITY (C) THROUGHOUT THE DEVELOPMENT AND VALIDATION AND IMPLEMENTATION PHASES

As EUPHIN-BLOOD and EUPHIN-INJURY are at different levels of maturity, they are not taken into account in this summary but more detailed information could be found in the specific implementation plan concerning these 2 applications.

The participants’ roles and tasks including Management and Coordination, Protocol for Assignment of Tasks, are available on request. The roles of the sectoral committee ((HMP Pillar B Working Party (PBWP)), Member States, Host-site Member States, Commission, international organizations and the different companies in charge of the system are clearly defined in the specific implementation plan. The annex 2 shows a timetable for EUPHIN-HIEMS and HSSCD for the development and implementation phases.

In summary the roles and tasks during these phases are as follows:

- EC: continued overall management and co-ordination responsibilities
- Sectoral Committees: assistance of the Commission in the implementation of programmes as described in the Decisions
- Member States: implementation and operation of the system within the framework of agreed operating policies and procedures. Member States are also required to provide data to the system in accordance with their responsibilities enshrined in the governing legislation.
- Distributed sites databases and Remote Database Providers: operation of the databases and provision of new data in accordance with agreed operating policies and procedures
- The consortium for informatic services: ongoing operational support to the network until June 2000, including Help Desk and corrective maintenance. The consortium may also be contracted to develop further enhancements to the system within the terms of a Framework Contract
- QA Contractor: ongoing questions and QA services.
- Security contractor: ongoing security services such as draft agreement between participants, overall security policy, integrity guidelines, database protection, audit on implementation of security policy

The associated major deliverables are included in the specific implementation plan.

C-DESCRIPTION OF THE EXPECTED BENEFITS

- EUPHIN will enable the exchange and the increased availability of the relevant information necessary:
  a) to monitor developments in health status throughout the Community;
  b) to facilitate the planning, monitoring and evaluation of Community programs and actions; and
  c) to provide Community institutions, Member States with comparative information to monitor and develop their national policies.
  d) to enable early warnings of communicable diseases outbreaks, co-ordinate response to such outbreaks, to identify the source and monitor the evolution of epidemics as well as perform administrative and policy making tasks.
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e) will improve the timeliness and accuracy of blood transfusion chain reporting, the quality and depth of the collaboration and will allow the development of better prevention techniques. (note: there is a clear link between the blood supply and the control of communicable diseases, hence the requirement for an on-line interaction with the communicable disease application).
f) to help to reduce the incidence of injuries and to assess more accurately the consequences of injury not only for the individual concerned but also in social and economic terms (e.g., to facilitate the identification of dangerous products involved in and/or causing the accidents)

**D-PLAN FOR THE ESTIMATED COSTS TO BE SHARED BETWEEN COMMUNITY AND MEMBER STATES**

The cost sharing between Community and MS could be foreseen as follows

**COMMUNITY COSTS**

- Housing and hosting of hardware and software (Centre de Calcul)
- Operation and maintenance of Euphin (DI)
- Help desk (DG Health and consumer, DI)
- Eurodomains and link to Eurogates (TESTA)
- Security issues of central hardware and software (Commission services)
- Overall scientific and technical coordination (DG Health and consumer)

**Member States**

- Communication costs (dial-up and internet)
- Distributed sites databases informatic services costs
- Connection of participants (administrations) to Eurogates
- Security issues at national level
- Data collection costs /uploading and validation of data costs
- Participation in scientific and technical co-ordination
ANNEX 1: SCHEMA OF EUPHIN
## ANNEX 2

In the following table, tasks of Member states and community are represented by **MS** and **C**

<table>
<thead>
<tr>
<th>Action n.</th>
<th>Phase</th>
<th>Start</th>
<th>End</th>
<th>Major Deliverables</th>
<th>Due</th>
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<td>HIEMS</td>
<td>Devel./valid</td>
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<td>June 2000</td>
<td>Development and test C-MS</td>
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<td>Data validation MS</td>
<td>December 1999</td>
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<td>Communications TESTA C-MS</td>
<td>December 1999</td>
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<td>Local DB dev. and operation MS</td>
<td>December 1999</td>
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<td>MS operations MS</td>
<td>June 2000</td>
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<td>Integrity guidelines C-MS</td>
<td>Dec 1999</td>
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<td>Provisional operational quality plan (OQP)</td>
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<td>June 2000</td>
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<td>New development and test for new databases C</td>
<td>December 2000</td>
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<td>Data validation MS</td>
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<td>Security issues: intrusion test C-MS</td>
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<td><strong>Global Implementation Plan Euphin</strong></td>
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<td><strong>Support C</strong></td>
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<td><strong>Implementation</strong></td>
<td>July 2000</td>
<td>July 2001</td>
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INTRODUCTION

- The Chairman welcomed all present and regretted the absence of Spain, Italy and Portugal.

- The Chairman explained the status of the new decision on IDA 2 (Decision 1719/99 and 1720/99 published in the Official Journal L203 of 3.8.99). He focused the attention on some key elements and articles of this decision.
  - The priorities
  - Broad lines for implementation
  - Community financial contribution
  - The implementation
  - The Committee Procedure
  - The extension to the EEA and associated countries
  - The financial framework and the entry into force.

- The entry into force of the new IDA 2 decisions has led to some delays as regards the 99 commitment due to procedural obligations.
  - Meeting of the TAC Committee on 17 September
  - Interservice Consultation and Decision of the Commission concerning the Work Programme 99.

- It is expected that commitments will take place in the middle of October 1999.

- The immediate consequences for EUPHIN
  a) an extension of 6 months of the former contract 52829 (the contract originally signed in 1995 and ending in June 1999) has been signed, enabling work to be progressed until December 1999. This was due to finish the development of HIEMS, to continue some activities with HSSCD, to produce newsletters and to organise workshops. There was no new fund request only reallocation of funds.
  b) a new contract was prepared for one year to ensure from June 1999, continuity of helpdesk, corrective maintenance and delivery of different other informatic services (job 7 from the IHONDIA contract.) This contract had to be stopped until the 99 commitment for IDA 2 could be done. (Process of signature for this).
  c) Therefore, we have to modify again the extension mentioned in a) to ensure until the middle of October the development of HIEMS and the continuity of HSSCD with a new reallocation of the funds. The immediate consequences are the postponement of the workshop of HIEMS scheduled for the 19th of October 1999 and the abandonment of the newsletters.

THE MINUTES OF THE LAST MEETING

The minutes of the last meeting of 3 March 1999 were approved.

DISCUSSION ON HIEMS QUARTERLY REPORT

Due to the cancelling of the June meeting, a new quarterly report for July and August was prepared by White Waghorn.

These reports informed the members of the group about current works and remaining works to be done. The reports were approved.

DISCUSSION AND APPROVAL OF THE GIP

According to the IDA2 decision, a Global Implementation Plan for EUPHIN was needed. In fact, the Commission anticipated this request and a GIP was prepared and uploaded into the I.R.C.
Global Implementation Plan Euphin

This GIP covers the EUPHIN networks as a whole (HIEMS, HSSCD, INJURY, BLOOD). It comprises

a) a description of the network being established under the IDA project in terms of objectives, functionalities, participants, and technical approach.

b) the assignment of roles and tasks to the Community and to the Member States throughout the subsequent development and validation phase and implementation phases.

c) a detailed description of the expected benefits.

d) a scheme which defines an equitable sharing between the Community and the Member States of the operational and maintenance costs of the network on conclusion of the implementation phase.

A discussion took place where the following elements came out:

**On the document self:**

- There is a need to present an executive summary to the GIP mentioning the ENS-CARE project.

- As regards the participants, an extension to other ministeries (ex: social affairs), policy makers and a reference that HIEMS will have, at a certain time, a public access should be made.

- Further discussion will be needed concerning the sharing of the costs for the distributed sites and the Community.

**On actions to be undertaken**

- A debate took place on the test data and real data. The wording ‘test data’ will be maintained and no more explanation will be given in the GIP about the change of test data into real data. This issue will lead to precise disposals between MS authorities and Community after the development and validation phase of HIEMS.

- The involving of the experts of pillar A and C during the operational phase has been again underlined and consequently a demonstration of the HIEMS prototype should be done during their next meeting.

- Members agreed to propose a demonstration of EUPHIN to the TAC Committee.

The Chairman welcomed these remarks and precised that the same consultation will be done by the INJURY Committee for this GIP. The GIP will be then consequently amended after this consultation and sent to the TAC Committee. This phase will take until the end of the year.

The GIP has been approved.

**STATE OF PROGRESS**

5.1 CAP

- Despite the fact that the latest Pillar B meeting in June had to be cancelled, development of the HIEMS has continued. The system testing is now going on. Before proceeding with the roll out of the system in the MS, there has to be a formal acceptance of system functionality by the users. Therefore, CAP will organise the 8/9 September a meeting with a group of representative users for the Factory Acceptance Test. Acceptance test are part of the overall test approach proposed by the QA Contractor White Waghorn (point 6 of the agenda). The test will consist of the execution of a series of predefined tests by the participants. The test scenarios for these tests will be made available beforehand. The results will be recorded and used as part of the acceptance procedure of the HIEMS system.

- Due to the problems mentioned in the introduction of these minutes, the roll out will be postponed for about 2 months.
5.2 LOEGD

- A state of progress was presented (see in annex the slides of LOEGD)

- As regards the demography data, EUROSTAT should deliver the data at NUTS 2 level and not at NUTS 0.

- Concerning the mortality data, it has been agreed that no reference should be made to the new chronos data. WHO provided the national data at NUTS 0 and EUROSTAT at NUTS 2 for the countries for which they are available. As regard the plausibility test of WHO and EUROSTAT mortality data 1994, explanation was given by EUROSTAT about the differences.

- For EHLASS data, the Chairman precised that the data will be checked and analysed by the epidemiological network on HLA within the framework of the injury prevention action programme.

- Concerning the hospitals’ data, it has been agreed that the work on overnight patients data should be completed and that no more requested for health care facilities data and relative work on this data should be done. LOEGDT is asked to produce a report concerning the hospital data work. This report will be used for the work on hospitals scheduled within the work programme 2000 in the HMP.

**TEST STRATEGY**

White Waghorn presented its document which could be divided into two parts.

a) Factory acceptance test strategy which is in process

b) Pilot System Evaluation

The WP 2000 of the HMP clearly mentioned that this action will be undertaken. The HIEMS test system will be evaluated to determine whether the delivered system meets the needs of users. The system should be interpreted as broadly as possible and include software, hardware, test data, indicators, security policy, general operating procedures, documentation training, support etc.

The Chairman said that the Commission will be presented, for the next meeting, a time schedule for this evaluation.

**CONNECTION OF MS TO HIEMS**

NORWAY, France wished to have more connections by dial-up access using a modem and a stand alone P.C. The Commission will check if there is a need to amend the TESTA purchase order 24 but in principle, there is no need since they have shared the same user-id and password within respective MS. Sweden wished to have a dialup access via router with the National Board of Welfare.

For GB, SP, PT, a dialup access via modem and stand alone P.C. will be provided.

- The Chairman precised that clarification will be given at the next meeting concerning the cost sharing for the permanent lines of the distributed sites within the forthcoming TESTA 2. (End of the year).

- Since EUPHIN-HIEMS is re-using lines and dialups from the networks EUDRANET and CARE, a check should be done about the addresses of the lines (for example for Greece).
HIEMS INTEGRITY GUIDELINES

- The Chairman reminded that ALCATEL is in charge of the security policy for EUPHIN within the Secleg activities of IDA. One of the deliverables within their contract is this document.

- Debate and questions took place. The Chairman and the DG3 had the feeling that the document presented by ALCATEL was a generic tool not specific to HIEMS. As a short time was given to the experts to look at it, it has been decided to give until the 10 September to react via the I.R.C. about the content. After this date, the document will be considered approved.

ANY OTHER BUSINESS

9.1 The Chairman reminded that progress has been made as regard the transfer of hosting and housing of EUPHIN from CAP to the Commission Services (Centre de Calcul). Several meetings took place. This transfer is scheduled on a one year period time starting with HSSCD and then HIEMS.

9.2 Since the amount of money available within the IHONDIA framework contract is totally spent out and in order to secure fund for the different activities for EUPHIN in the year 2000, a new call for tender needs to be launched for the informatic services with the context of the EUPHIN operational network, database, internet and application services. The Commission will prepare a template for the members of the group for agreement. This Template will be submitted to the TAC for formal approval before launching this call for tender.

9.3 A final meeting for the HIEMS project under the responsibility of LOEGD is scheduled on the 3/4th December 1999 in Bielefeld. The agenda and participants proposals will be uploaded on the I.R.C. for comments before the 14 September 1999.

9.4 The Chairman precised that the next meeting of the Pillar B Working Group will take place in December. A precise date will be given as soon as possible.

9.5 It has been decided in order to help understanding and solve remaining problems for HIEMS that

   a) each national delegate of working party pillar B sent before the end of September 99 to the Commission (DG5) a documents quantifying and qualifying the problems within EUPHIN for example,

   1) NORWAY, TESTA, Connection, Norwegian authorities not very keen about it, explanation, type of action to be undertaken.

   2) NETHERLANDS, DATA, HOSPITAL, Delivery, explanation, type of action to be undertaken. (payment attached to them).

   b) each contractor (GIP, LOEGD, ALCATEL, EURODYNAMICS) should do the same.

The QA Contractor will help the Commission in the co-ordination of this activity. All problems and complaints will be put into a document to be looked at at each meeting. A degree of severity of each problem will be used. A consolidated document will be issued middle October 99
Welcome:
Mr. Haigh, European Commission and Chairman of the Committee, welcomed the participants (list of participants is attached in Annex I).

Adoption of the agenda:
The agenda was adopted.

Adoption of the minutes of the 19/20 May 1999 meeting:
The minutes of the previous meeting of 19/20 May 1999 were adopted.

Opinion of the Committee on a draft Commission Decision concerning the setting up of an early warning and response system, in application of Decision 2119/98/EC (Article 7):
All Member States’ representatives voted in favour of the draft Commission Decision presented. By consequence, the Committee delivered a favourable opinion on the draft Commission Directive.

The original version of the text is in English. Representatives of Member States requested the Commission to assure that the text is translated authentically into the other Community languages.

Opinion of the Committee on a draft Commission Decision concerning the communicable diseases progressively covered by the Community network and the criteria for selection of these diseases, in application of Decision 2119/98/EC (Article 7):
All member states’ representatives voted in favour of the draft Commission Decision presented. By consequence, the Committee delivered a favourable opinion on the draft Commission Directive.

The original version of the text is in English. Representatives of the member states requested the Commission to assure that the text is authentically translated into the other Community languages.

Oral presentation of the programme of work for the Committee on the basis of Decision 2119/98/EC:
Mr Haigh gave a short presentation of the work programme. He informed the Committee that the Commission will launch a Communication on the Network early 2000.

Restructuring of the Commission and its departments:
Mr. Haigh gave a presentation on the restructuring of the Commission and its departments as planned following the appointment of the new Members of the Commission.

Any other business:

Report on the HSSCD early warning system:
Dr. Buchow, European Commission, informed that the meeting on the early warning and reply system of 2 September was attended by all representatives nominated by the Member States to the EWAR system except Greece. All participants welcomed the opportunity to meet their counterparts of other Member States and the Commission.

Improvements for the HSSCD proposed in the discussion of the EWAR group will be taken forward by the European Commission in the Global Implementation Plan for the European Union Public Health Information Network (EUPHIN) and discussed as well with the contractor Cap Gemini in October.

The Chairman noted the unanimous approval of the members of the actions proposed by the European Commission in the framework of the Global Implementation Plan concerning the European Union Public Health Information Network (EUPHIN), in particular as regards the further development of the HSSCD.
Information on the call for proposals:

Dr. Carlson, European Commission, gave a brief information about applications received in response to the call for proposal with deadline 15-06-99. The Commission will decide on the projects after hearing of the Committee for the AIDS and other Communicable Diseases Programme. A more extensive presentation of the projects will be given at the next Committee meeting.

Information on the call for tender on antimicrobial resistance:

Dr. Buchow informed that the great number of requests received for information material on the call for tender on antimicrobial resistance indicate that a vivid interest exists in this action.

Information on a working document of a draft Commission proposal to replace the zoonoses directive 92/117/EC:

Dr. Niemi, European Commission, presented the working document for the Directive on zoonoses and all members of the Network Committee were invited to comment on the document directly to the responsible unit.

State of co-operation with EFTA/EEA and CE countries:

Mr. Schreck, European Commission, informed the participants that the Commission is planning to present very soon a strategy on how to extend the network to the EFTA/EEA and applicant countries. The aim will be to ensure their full participation as soon and as far as possible.

Date of next meeting:

The next meeting of the Committee has been scheduled for 10 December 1999 in Luxembourg. A meeting with working groups 1 and 3 will take place in Luxembourg on 20-21 October 1999.
SUMMARY MINUTES
of the meeting of the Committee on
"Injury prevention",
on 29 November 1999

adopting a programme of Community action on injury prevention.
Note SP (1999) 1792/2

(1) The minutes of the first meeting held on 25 March 1999 were approved unanimously.
(2) The work programme for 2000 was examined in accordance with the procedure laid down in Article 5 (2)
of Decision 372/99/EC. The Committee unanimously approved the programme as attached.
(3) The Committee took note of the information on the projects financed under the 1999 work programme and
of the adoption of the plan for the implementation of the EUPHIN telematic network, in accordance with
Article 5 (4) of Decision 372/99/EC – (list attached).

Matti Rajala
Head of Unit

Encs: Attendance list showing the names of the authorities but not the delegates
- Work programme 2000
- List of projects financed
- Global Implementation Plan EUPHIN
Statement by the Chairman of the Committee according to Article 7 of Decision N° 2119/98/EC setting up a network for the epidemiological surveillance and control of communicable diseases in the Community

Subject: Discussion on the further implementation of the Health Surveillance System for Communicable Diseases (HSSCD) at the Committee Meeting of 14th September, 1999.

The Commission representatives presented the Global Implementation Plan for the European Union Public Health Information Network (EUPHIN) prepared by the Commission services to the members of the Committee. The Chairman noted the approval of the members on the actions proposed by the Commission, in particular as regards the further development of the HSSCD.

A copy of draft minutes, which are presently for approval with the members of the Committee, is attached to this statement.

(signed)

R. HAIGH
Head of Unit F/4 and Chairman of the Network Committee
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