Standard Summary Project Fiche for the Transition Facility

1 Basic Information

1.1 CRIS Number: 2004/006-270.05.01

Twinning EE04-IB-SO-01

1.2 Title: Elaboration of the Computerised Communicable Disease Surveillance System

1.3 Sector: Social Policy and employment

1.4 Location: Estonia

2 Objectives

2.1 Overall Objective:
Improved health care and health protection with regard to communicable diseases, on the basis of relevant EU directives and treaties.

2.2 Project purpose:
The communicable diseases surveillance system in Estonia meets the requirements set by the EU.\(^1\)

2.3 Justification

2.3.1 Comprehensive monitoring report on Estonia’s preparations for membership, November 2003

Chapter 13, Social policy and employment:
Transposition of the legislation with regard to surveillance and control of communicable diseases requires further revision. In addition, new laboratory equipment and training in modern epidemiology, as well as additional computerization, are needed. Efforts should continue in order to improve the health status of the population, including communicable diseases, such as HIV/AIDS, and to increase health expenditure. A National Institute for Health Development, administered by the Ministry of Social Affairs, was established in May 2003.

Conclusion:
In order to complete preparations for membership, Estonia needs to complete legal alignment and implementation of the new tobacco acquis and revise its communicable disease legislation. Measures are also needed to reach the necessary capacity to meet Community requirements in the area of communicable disease surveillance and control.

2.3.2 Monitoring Report for the Commission Review- Estonia 2003, June 2003:

Chapter 13:

\(^{1}\) According to the Commission Decision 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
Continue to support measures with regard to surveillance and control of communicable diseases and the health monitoring and information system (CONF-EE 47/99).

The surveillance system has the structural capacity to fulfill and implement EC requirements in the field of communicable disease surveillance and control as well as in the area of data protection and management. However, new laboratory equipment and training in modern epidemiology and additional computerization are needed. Despite some reform efforts, the sector of public health continues to lack the necessary resources.

2.3.3 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

The objective of the Decision is to set up a network at Community level to promote cooperation and coordination between the Member States. This network shall be used for the epidemiological surveillance of communicable diseases, and as an early warning and response system for the prevention and control of these diseases.

As regards epidemiological surveillance, the network shall be established by bringing into permanent communication with one another, through all appropriate technical means, the Commission and those structures and/or authorities which, at the level of each Member State and under the responsibility of that Member State, are competent at national level and are charged with collecting information relating to the epidemiological surveillance of communicable diseases, and by establishing procedures for the dissemination of the relevant surveillance data at Community level.

As regards the early warning and response system, this network shall be formed by bringing into permanent communication with one another, through appropriate means, the Commission and the competent public health authorities in each Member State responsible for determining the measures which may be required to protect public health.

With a view to the effective operation of the Community network with regard to epidemiological surveillance and to achieving uniform information within this framework, the following shall be determined:

(a) the communicable diseases to be progressively covered by the Community network;
(b) the criteria for selection of these diseases, having regard to the categories set out in the Annex and the existing collaborative networks for disease surveillance that can be built on;
(c) case definitions, in particular clinical and microbiological characteristics;
(d) the nature and type of data and information to be collected and transmitted by the structures and/or authorities referred to in the second paragraph of Article 1 in the field of epidemiological surveillance and the ways in which such data are to be made comparable and compatible;
(e) epidemiological and microbiological surveillance methods;
(f) guidelines on the protective measures to be taken, in particular at external frontiers of the Member States, notably in emergency situations;
(g) guidelines on information and guides to good practice for the public;
(h) the appropriate technical means and the procedures by which the data will be disseminated and analysed at Community level.


This Decision should facilitate the integration of the Community network set up under Decision No 2119/98/EC with other rapid alert networks set up at national or Community level for diseases and special issues to be covered by the early warning and response system. For the purpose of its implementation, the Community network should therefore operate by using in the first instance the Health Surveillance System for Communicable Diseases within the European Public Health Information Network (EUPHIN-HSSCD), consisting of three components:

(a) an early warning and response system for reports of specified threats to the public transmitted by the competent public health authorities of each Member State responsible for determining measures which may be required to protect public health;
(b) exchange of information between accredited structures and authorities of the Member States relevant to public health;
(c) specific networks on diseases selected for epidemiological surveillance between accredited structures and authorities of the Member States;

The development of new useful technologies should be monitored on a regular basis and taken into consideration for the importation of the EUPHIN-HSSCD as the operating system.

Events to be reported within the early warning and response system:

1. Outbreaks of communicable diseases extending to more than one Member State of the Community.
2. Spatial or temporal clustering of cases of disease of a similar type, if pathogenic agents are a possible cause and there is a risk of propagation between Member States within the Community.
3. Spatial or temporal clustering of cases of disease of a similar type outside the Community, if pathogenic agents are a possible cause and there is a risk of propagation to the Community.
4. The appearance or resurgence of a communicable disease or an infectious agent which may require timely, coordinated Community action to contain it.

2.3.5 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.

Case definitions, the nature and type of data for collection and transmission as well as the appropriate epidemiological and microbiological surveillance methods shall be determined for each specific surveillance network integrated into or created for the Community network. Case definitions and surveillance methods shall also be determined for diseases on which information is shared by case reports only.
The communicable diseases and special health issues to be covered by epidemiological surveillance in the Community network pursuant to Decision No 2119/98/EC are listed in this Decision. The surveillance shall be performed in a cost-effective way having regard to the nature of the disease, the existing networks and the Community added value.

The criteria for the selection of the diseases and special health issues to be covered by epidemiological surveillance within the Community network are listed in the Decision.


Diseases caused by agents specifically engineered for the purpose of maximising morbidity and/or mortality upon deliberate release should be covered by that Decision.


Member States should communicate information on the epidemiological development and emergence of public health threats due to communicable diseases using the Community network in a way which allows comparisons to be made for preventive and control action to be taken at Community and national level.

For comparability of such information, the setting up of common case definitions is a prerequisite even where disease-specific surveillance networks have not yet been put in place. As soon as this Decision comes into effect, these case definitions should be used for reporting to the Community network, and should comply with regulations on individual data protection.


It is necessary to specify those communicable diseases and special health issues for which dedicated surveillance networks have already been put in place in order to ensure the effective operation of those networks and that the designated structures/authorities are aware of their responsibilities.

Operating procedures of the dedicated surveillance network should be communicated to the Community network in order to improve comparability and compatibility of data.

Each Member State should nominate contact points, which may be institutions, services, departments or other bodies, to ensure that the Community network is informed regularly and without delay of events, data, statistics, and information regarding communicable diseases and special health issues covered by dedicated
surveillance networks. One of those contact points or another appropriate body should act as a coordinating structure.

For the communicable diseases and special health issues listed in the Decision, epidemiological surveillance within the Community network is to be performed by the standardised collection and analysis of data in a way that is to be determined for each communicable disease and special health issue when specific dedicated surveillance networks are put in place.

2.4 Contribution to National Development Plan
N/A

2.5 Cross Border Impact
N/A

3 Description

3.1 Background and justification:

As a Member State of EU, Estonia must be integrated into Community network for communicable diseases surveillance and early warning and response. To achieve that, adequate technical means are required, enabling operative communication between such networks. Even more important than the technical side is the unified approach to communicable diseases surveillance and organizational setup. Communicable disease case definitions, surveillance, data collection and analysis methods, and data exchange protocols must be implemented. Responsibilities for the state institutions must be clearly defined to ensure regular and flawless dissemination of information. These activities must be coordinated by a dedicated institution.

Currently, the system of surveillance of infectious diseases is based on notifications forwarded on paper and over the phone for indicated serious infectious diseases (like cholera, meningitis, typhoid, etc.) from primary health care system (family doctors) and hospitals to a county and national level.

The paper report arrives to the local office of the Health Protection Inspectorate by conventional mail with an average delay of two days. The telephone reporting is a slow two-staged process and susceptible to spelling errors. Each week the HPI local office gives a preliminary report on aggregated data to the national level. The report is phoned in. The cases are divided by age groups. Once a month a monthly, definite, report is sent by regular post. Also this report is on aggregated data and the variables are the same as in the preliminary report.

Individual disease notification data are kept at the public health system county level database, public health system national level operates only with aggregated database which is based only on confirmed cases.

The current situation in reporting is graphically described in Annex V.

All these limitations make it difficult for epidemiologists to quickly detect and react to an outbreak and may result in an epidemic. In addition, errors in data forwarding result in non-coherent data in statistical databases and health registries.
Inefficiency of the system can be proved by an actual case: in 2002, a lot of Finnish tourists cruising on the ship were infected with Norwalk-type virus during a relatively short period of time. It was impossible to detect the infection source in time, as the symptoms were revealed in different places all over Estonia, and data reached HPI local offices with a great delay. Moreover, the data reaching HPI headquarters from counties were aggregated, so the link between individual cases was established very slowly. As a result, local healthcare workers and Finnish Public Health Institutions could not be informed of the outbreak and disease prevention activities were late.

In order to make the CDS quicker, more sensitive and to eliminate errors, reporting schemes must be altered and list of data sources must be widened.

Until now, the only data sources were healthcare workers who diagnosed a case of an infectious disease. According to the new Communicable Diseases Prevention and Control Act, the notification and reporting system must involve also laboratories, as well as medical institutions of Ministries of Defence, Justice and Internal Affairs. For eliminating food-borne outbreaks it is very important to involve Veterinary and Food Board and its county offices, who must inform the Health Protection Inspectorate of detection of micro-organisms, which are human pathogens, and of the spread of zoonoses in the various stages of the handling of food.

The current communication infrastructure in Estonia enables to computerise the information exchange totally: virtually every healthcare specialist and civil servant can use a computer connected to the Internet. There will be no extra costs for purchasing computer hardware and standard software.

It is necessary and reasonable to create a CDS system based on integrated, standardised and computerised data collection, analysis and dissemination of notification data in timely manner, and on this basis to develop well functioning network between involved parties.

This will allow:

- Timely monitoring of trends in infectious disease
- Early detection of outbreaks
- Meaningful comparison of trends across regions as a result of having a nationally agreed standard data set
- Appropriate public health action to be taken at local, regional and national levels
- Monitoring of the effectiveness of prevention and control measures
- Estonia to meet its obligations to provide data to EU networks for communicable diseases

The general picture of the planned surveillance system is represented in Annex VI.

Each source of information - family doctors, laboratories and other institutions, provides a different perspective on the frequency and distribution (the epidemiology) of diseases. Combining the information gathered from these different sources by computerisation gives a more complete and accurate picture of diseases than is obtained by looking at the data from one source only.

However, there are several limitations to the data, which can be collected or disseminated. While designing the system, requirements of the Personal Data Protection Act and the Data Sets Act must be strictly fulfilled. It is essential to consider these requirements from the very early stages. Therefore, such analysis is included into the preparation stage.
As told before, in addition to family doctors, hospitals and HPI local services and headquarters, Ministry of Social Affairs, Ministry of Defence, Ministry of Justice, Ministry of Internal Affairs and Food and Veterinary Board are directly involved in CDS and EWRS. Due to the inadequate reporting system, relevant staff of these institutions needs training and exercising in reality-like situations.

A very important part in the CD surveillance system and EWRS are case definitions, standard operation procedures and guidelines. In Estonia, they are established as legislative acts based on Communicable Diseases Prevention and Control Act and are harmonised with EU legislation. SOPs for activities after detecting a certain case are provided in Requirements for Control of Communicable Diseases. The list of relevant documents is presented in Annex VII.

A TAIEX evaluation mission was carried out in May, 2002. The purpose of the TAIEX Report was to find out, whether adequate administrative infrastructure and capacity were in place in order to ensure implementation of the *acquis*.

Recommendations from the TAIEX Report:

- The notification system for CD needs full computerization, which is rapidly feasible in this small population using ongoing collaboration with Sweden;
- Training in field analytical epidemiology is needed;
- Installation of periodical evaluation programmes as highlighted in the Table;
- Need for laboratory equipment and procedures upgrade;
- Need for legislation revision when disclosed by the Government;
- Integration should be considered for the CD, TB and HIV subsystems;
- Follow-up contact should be considered to ensure relevant changes are in progress.

Considering the nature of the project, Association of Family Doctors and Public Health Society were consulted during the project preparation process.

3.2 Linked activities:

3.2.1 MATRA project MAT03/ES/9/1a “Strengthening of the Estonian capacity in the control of communicable diseases” started in January 2004, the project duration is 2 years. The budget of the project is EUR 253,000. The project is focused on training of epidemiologists, family doctors and municipal officers for implementing Communicable Diseases Prevention and Control Act. These activities strongly support the current programme. Standardised operational procedures will be improved.

3.2.2 The project of the Global Fund to Fight AIDS, Tuberculosis & Malaria, “A national partnership to increase the Scale of Estonia’s Response to a Concentrated and Rapidly Developing HIV Epidemic”, is related to the underlying one in that it also deals with control of infectious diseases. It focuses amongst others on prevention in youth, Mother to Child Transmission, prevention in prisons, and improving co-operation among key players. The principal recipient is the Ministry of Social Affairs in Estonia, while project implementation is concentrated in the
Health Development Institute. The AIDS project would benefit greatly from better detection, reporting and response as a result of this project.

3.2.3 The project “TB in Estonian prisons” at the Ministry of Justice was approved by the Program Group of the Task Force on Communicable Disease Control in the Baltic Sea Region and funded by Norway. One part of the project aims at early diagnosis and treatment of TB cases under prisoners. Screening of new inmates is taking place. The other part of the project aims at improving the information system and establishing a database on patients under treatment.

3.2.4 Association of Family Doctors is purchasing a centralised data collecting system, involving the majority of general practitioners. Data collection from family doctors through this system is negotiated.

3.3 Results:
3.3.1 Contract 1: Twinning
3.3.1.1 National surveillance system updated.
3.3.1.2 Reporting system implemented.
3.3.1.3 National early warning and response system network implemented.
3.3.1.4 Data quality assessed.
3.3.1.5 Staff of relevant institutions qualified.
3.3.1.6 Guidelines for EWRS delivered.
3.3.1.7 Communicable Diseases case definitions implemented.
3.3.1.8 Estonian reporting system matched to other EU MS systems.

3.3.2 Contract 2: Supply of the reporting system
3.3.2.1 Software for the communicable disease reporting system purchased and implemented.

3.4 Activities:
3.4.1. Contract 1: Twinning (16 consecutive months, 419 000 € TF)
3.4.1.1 Resident Twinning Advisor- RTA (16 working-months over 16 consecutive months, cost 210 000 € TF)
Tasks: With the assistance of a pool of STEs
a) To undertake an assessment of the current communicable disease surveillance system: describe surveillance and reporting activities, data processing schemes, early warning and response system activities and legal aspects;
b) To prepare technical requirements for the system;
c) To test the computerised reporting system;
d) To implement the computerised reporting system;
e) To carry out testing of data quality;
f) To carry out training needs analysis for early warning and response system (EWRS) users;
g) To implement communicable diseases case definitions;
h) To match Estonian reporting system to other EU MS systems;
i) To assist STE in working out EWRS user guidelines;
j) To assist in implementing the EWRS;
k) To assist in preparing the technical specifications for the tender documentation.
l) The overall co-ordination and management of the project.

Profile:
Knowledge and experience (>10 y) in epidemiology and management of computerised information systems
- Good organisational skills
- Knowledge and experience in conducting trainings
- Good communication skills
- Management and administration skills
- Fluent English

3.4.1.2 RTA assistant (16 working-months over 16 consecutive months, cost 16 000 € TF)

Tasks:
- a) Assistance to the RTA;
- b) Translation and general accounting for the RTA.

Profile:
- Fluent English and Estonian
- Good PC literacy
- Bookkeeping skills

3.4.1.3 MS Project Leader (15 working days over 16 consecutive months, cost 15 000 € TF)

Tasks:
- a) MS side project management;
- b) Overall co-ordination of the project.

Profile:
- Management skills
- Fluent English
- Teamwork skills

3.4.1.4 Preparation of the Twinning Covenant (10 000 € TF)

RTA will be responsible for the preparation of the Twinning covenant.

3.4.1.5 STE 1 (3 working months over 3 consecutive months, cost 51 000 € TF): training for reporting system and EWRS users.

Tasks:
- a) To train the software users
- b) To conduct training courses for early warning and response system users
- c) To work out EWRS user guidelines

Profile:
- Knowledge and experience (>10 y) in epidemiology and management of computerised information systems
- Knowledge and experience in conducting trainings
- Good communication skills
- Fluent English

3.4.1.6 Pool of STEs (6 working months over 6 consecutive months, cost 102 000 € TF)
a) To undertake an assessment of the current communicable disease surveillance system: describe surveillance and reporting activities, data processing schemes, early warning and response system activities and legal aspects;
b) To prepare technical requirements for the system;
c) To test the computerised reporting system;
d) To implement the computerised reporting system;
e) To carry out testing of data quality
f) To carry out training needs analysis for early warning and response system (EWRS) users;
g) To implement communicable diseases case definitions;
h) To match Estonian reporting system to other EU MS systems;

Training for reporting system and EWRS users (53 000 € parallel co-financing).
Separate contract financed from parallel co-financing:

Workshops and seminars are intended for different classes of users: state and municipal authorities responsible for emergency planning, workers of responsible institutions (MoIA, MoJ, MoD, HPI), laboratory specialists, healthcare workers.

The target groups will be:

- Training for using the reporting system:
  - Specialists from HPI, 20 persons, 3 days
    ➢ Specialists from reporting governmental institutions (MoSA, MoD, MoJ, MoIA): 20 persons, 2 days;
    ➢ Health care workers from hospitals, 20 persons, 2 days
    ➢ Laboratory workers, 20 persons, 2 days
    ➢ General practitioners not involved in GP’s information system, 100 persons, 5x2 days
  
  Altogether, 180 persons will be trained for using the reporting system during 19 days.

- Training for using EWRS:
  - Key specialists from HPI, responsible governmental institutions (MoSA, MoD, MoJ, MoIA), health care workers from hospitals, representatives of municipalities: 30 persons, 2 days
  
  Altogether, 210 persons will be pass training during 21 days (168 hours).

Training facilities (accommodation, local travel cost) cost approximately EUR 12.- per person per day. The total cost of training facilities is 12.-/day x 21 days x 210 persons = 53 000 EUR.

3.4.2. Contract 2: Supply or service € 80 000 (60 000 € TF + 20 000 € EST co-financing)

3.4.2.1. Supply for the computerised communicable disease surveillance System or Service for software development
A Feasibility study will determine whether to purchase a ready-made software package on the basis of a purchase contract, or whether to hire a software company for development on the basis of a service contract.

In both cases, testing and implementing period is required. The estimated costs include software-dependent license costs and adoption and testing costs (approximately 1160 man-hours, EUR 64.- per hour, total EUR 74 000.-).

The purchased or developed software will satisfy the following criteria:

- Modular design and open source code enabling step-by-step build-up and sustainable development and maintenance;
- TCP/IP protocol and at least 128-bit encryption used for data exchange;
- Open-platform solution for database server, enabling data exchange with third parties.
- Standardized and open file formats used throughout the system for data export and exchange, XML-based solutions preferred according to the State Chancellery guidelines (http://www.riik.ee/dhp/programmist/programmist_tulemused_index.htm, in Estonian). PDF, CSV and spreadsheet formats as options for generating outputs for queries and for printing documents. These solutions must guarantee compatibility with other national information systems and availability of data for possible third parties.
- "Thin client" solution for end-users operating on standard browser and operation systems platforms.
- Automated and easily manageable publication of filtered data on the already existing HPI's WWW page.

The users of the software include general practitioners, hospitals, laboratories, HPI specialists and governmental institutions having reporting obligations. The reporting system is also used as one of the main components of EWRS system. (Annex VI)

Data from the reporting system will be forwarded to the EU Public Health Information Network and EU Health Surveillance System on Communicable Diseases.

3.5 Lessons learned:

Estonia has learned from the experience of Nordic countries and EU member stats, which have used many years, computerised system and their experience has been only positive. This system has allowed to these countries to establish effective early warning and response system. Estonia has still used an old-fashioned paper-based notification system, which is extremely slow, and needs huge man power input, it doesn’t give opportunity to concentrate on inter-linked activities.

The project is involving many stakeholders. In order to successfully finish the project, there must be an excellent co-ordination and consideration of interests of every counterpart. Therefore, network building and communication capabilities are ultimate features for the project leader. The Steering Committee will be established for better communication in a project involving different stakeholders (see section 6.1).

There have been attempts to implement the computerized surveillance system in the Health Protection Inspectorate, using ready-made solutions from other countries. It has come out that direct overtaking is impossible, and the project was discontinued in early
stage. The system should be designed considering local situation, legislation, infrastructure and technical possibilities with the help of the feasibility study.

The system must be carefully documented, the user manuals and guidelines must be well-designed. This will lay a foundation for sustainable development and maintenance, and gives better possibilities for upgrading in the future.

4 Institutional Framework

Ministry of Social Affairs, Ministry of Justice, Ministry of Defence, Ministry of Internal Affairs are governmental institutions, which have responsibilities in communicable disease control.

Ministry of Social Affairs is the implementing body for this project. (http://www.sm.ee/) under the general coordination of the Ministry of Finance as Contracting Authority.

At state level, the control of communicable diseases is organised by the Ministry of Social Affairs. The duties of the Ministry of Social affairs in the field of prevention and control of communicable diseases are stated in the Estonian Communicable Diseases Prevention and Control Act.

Involved in surveillance system:
- Ministry of Justice (http://www.just.ee/):
  - Department of Prisons: 1 specialist
  - Prisons: 9 medical units plus Central Hospital of Prisons
- Ministry of Defence (http://www.mod.gov.ee/)
  - Healthcare Department: 1 specialist
  - Military units: 21
- Ministry of Inner Affairs (http://www.sisemin.gov.ee/)
  - Border control points: 35 units
  - Healthcare Department of Border guards: 1 specialist
  - Police: 21 units
  - Rescue Board: 20 units

Total: 110

Ministries shall act pursuant to the Communicable Diseases Prevention and Control Act and legislation established on the basis thereof in applying measures for the prevention of communicable diseases and of the spread of such diseases and in organising medical care in the agencies in their area of government.

Health Protection Inspectorate (HPI) is a governmental institution supervised by Ministry of Social Affairs. HPI is responsible for surveillance of communicable diseases. HPI is a beneficiary in this project. For the time of the project, HPI will appoint a project manager. Specialists of Epidemiological Department (3) will be actively assisting in the project. (http://www.tervisekaitse.ee)

Involved in surveillance system:
- Management: 3 specialists
- Department of Epidemiology: 5 specialists
- Local services: 18 epidemiologists

Total: 26

Food and Veterinary Board is a governmental institution supervised by the Ministry of Agriculture. The Ministry of Agriculture shall inform the Health Protection Inspectorate of
the detection of micro-organisms which are human pathogens and of the spread of zoonooses in the various stages of the handling of food and raw material for food. The Board is responsible for food and veterinary safety. (http://www.vet.agri.ee/eng/page.php?id=17)

Involved in surveillance system:
- Management: 2 specialists
- Animal health Department: 3 specialists
- County services: 15 specialists
- Border control points: 13 specialists
- Total: 33

Family doctors act as private healthcare workers. Majority of them (80 per cent) has joined Estonian Society of Family Doctors acting as a NGO. (http://karu.mp.cut.ee/epsen/english.htm)

Involved in surveillance system: 800

Hospitals act as private or municipal companies. 18 hospitals have joined the Estonian Hospitals Association acting as a NGO. (http://www.haiglateliit.ee/haiglateliit.htm)

Involved in surveillance system: approximately 50 units.

Health Protection Inspectorate laboratories (microbiology, virology) are units of HPI (http://www.tervisekaitse.ee/tkuus.php?act=kontakt&yksus=97). Veterinary and Food Laboratory is acting as a state institution (http://www.vetlab.ee/?a=eng). Clinical laboratories work at hospitals or are independent private companies.

Involved in surveillance system:
- HPI: 6 units
- Private or hospital laboratories: ~ 10 units
- Veterinary Laboratory: 4 units
- Total: 20

Reference laboratories are nominated from outstanding laboratories in the field by the Ministry of Social Affairs. The Laboratory of Virology of HPI is a national polio reference laboratory nominated by WHO.

All these institutions are involved in CDS and EWRS systems as described in Chapter 3.

No structural changes are foreseen in the institutional system as a result of this project. The software created in the project will remain a property of HPI who will be responsible for functioning and maintenance of the system.

5 Detailed Budget

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**Transition Facility contribution:** EUR 479 000.-

**Estonian co-financing:** EUR 73 000.-

**TOTAL:** EUR 552 000.-

The amounts of co-financing indicated in the table correspond to cash co-financing. Joint co-financing will be used for contract 2. In addition, in kind contributions from the Estonian administration for a good implementation of the twinning may be detailed in the twinning covenant.

Training for reporting system and EWRS users will be covered from Estonian national parallel co-financing.

No standard IT equipment or bureau machines are purchased in this project.

The co-financing expenses will be monitored by the beneficiary and the NAO. For the earmarked co-finance, a clear and verifiable set of costs will be provided (ex ante confirmation by the MoF of exact budget lines and re-confirmation before each contract within either of the two components) and ex post each project and at an aggregate level for each budget line. Flow and stock data on co-finance will be submitted quarterly for steering committees and to the CFCU and on a half-yearly bases to the Sector Monitoring Working Group.
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<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Health Protection Inspectorate, state budget</td>
<td>Training courses, facilities&lt;sup&gt;2&lt;/sup&gt;</td>
<td>53 000</td>
<td>0</td>
<td>53 000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Development of the software for computerised communicable disease surveillance system</td>
<td>20 000</td>
<td>0</td>
<td>20 000</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>0</td>
<td>73 000</td>
<td>73 000</td>
<td></td>
</tr>
</tbody>
</table>

Health Protection Inspectorate will appoint a full-term project officer to manage the project. In addition, Health Protection Inspectorate will provide in-kind contribution: office, communication and transport facilities for project experts.

### 6 Implementation Arrangements

#### 6.1 Implementing Agency

The Implementing Agency is the CFCU. The CFCU will be responsible for tendering and contracting. The responsibility for project preparation, implementation and control will remain with the Ministry of Social Affairs and the Health Protection Inspectorate.

**Programme Authorising Officer:**
Mr Renaldo Mändmets  
Deputy Secretary General of the Ministry of Finance  
Phone. +372 611 3558  
Fax. +372 631 7810  
Suur Ameerika 1  
15006 Tallinn  
Estonia

**Programme Officer:**
Mrs Anneli Taal  
Head of the Public Health Department  
Ministry of Social Affairs of Estonia  
Gonsiori 29  
15027 Tallinn  
Estonia  
Tel.: +372 626 9145  
Fax: +372 626 9158  
e-mail: anneli.taal@sm.ee

**Project leader:**

<sup>2</sup>Contract 3 (source: State Budget; MoSA; art 223, investments)
HPI will be directly responsible for co-ordination and management of the project and will assist the project team in organizational and technical matters. HPI will appoint a project manager to fulfil these tasks.

A Steering Committee will be established to oversee the project implementation and make the key strategic decisions concerning the project. The SC will meet once in a quarter and the following institutions will be represented in the Steering Committee: MoSA, HPI, the Ministry of Finance, Estonian Society of Family Doctors, Estonian Hospitals Association, representative of the European Commission as appropriate, Food and Veterinary Board, Ministry of Justice, Ministry of Defence, Ministry of Internal Affairs.

6.2 Twinning
Direct beneficiaries of the Twinning component are the HPI, general practitioners, hospitals, laboratories and governmental institutions, responsible for surveillance of communicable diseases (MoSA, MoD, MoJ, MoIA, Food and Veterinary Board).

Counterpart for the RTA will be:

Mr. Jüri Ruut
Project Manager
Health Protection Inspectorate
P.O.B. 272 Tartu 50002
Estonia
Tel. +372 744 7407
Fax: +372 744 7422
e-mail: Jyri.Ruut@riik.ee

6.3 Non-standard aspects
No non-standard aspects are foreseen.

6.4 Contracts
Contract 1: Twinning: TF 419 000 €

Contract 2: Supply or service: 80 000 € (60 000 € TF + 20 000 € EST co-financing) to be confirmed by feasibility study.

Contract 3: Training: 53 000 € financed from Estonian parallel co-financing.
7 Implementation Schedule

7.1 Start of tendering/call for proposals
    June, 2004

7.2 Start of project activity
    October, 2004

7.3 Project Completion
    February, 2006

8 Sustainability

HPI has a direct responsibility of surveillance and preventing communicable diseases according to the law. The annual financing and staff qualifications of HPI enable to solve organizational, technical and medical issues. Software and hardware maintenance costs are covered by state budget. This will ensure the institutional sustainability.

The reporting system will be created as a tool for routine work on day-to-day basis. Most probably, the system maintenance will be outsourced, HPI will cover the costs which are connected to maintenance and technical support, at the same time being responsible for the functioning of the system. The resources for this will be available from the state budget.

The established system will be compatible with the Community network.

Maintenance of the system costs yearly approximately 100 000 EEK.

Estonian Government will make available sufficient national resources in order to ensure the sustainability of the project’s results. Sufficient funding has to be provided to national disease control and vaccination programmes, and in case of epidemics to outbreak control.

User manuals and guidelines will enable to carry out further training, if needed. This will ensure the continuity of users: it will be easy to involve new users.

Health Protection Inspectorate will guarantee the sustainability and updating of the operation of the reporting system.

9 Conditionality and sequencing

Health Protection Inspectorate will hire a full-time project manager to carry out the project.

A Feasibility study will be carried out before the project implementation (at the beginning of March 2004). A further evaluation of the necessary budget (up to the maximum foreseen in the fiche) for the investment component will be carried out on the basis of the results of a feasibility study when available and a decision will be taken on its implementation under either a service or supply contract. Any additional cost will be borne on national co-financing. Contract 2 is conditional upon the results of the feasibility study.

Sequencing:
The milestones of the project are:

- Completing of preparatory steps: completed for November, 2004
- Tender bidding for a potential system provider: completed for March, 2005;
- Implementing of the system: completed for November, 2005;
- Implementing of EWRS: completed for January, 2006

Project activities start with determination of requirements for the created system. After this, tender for purchasing the system will be completed. The system will be tested, for the end of the testing period technical documentation and draft user manuals and guidelines will be available, and data quality is checked. Training for the reporting system users and EWRS activities will be completed, after this, user manuals and guidelines will be finalized.

**ANNEXES TO PROJECT FICHE**

Annex I: Logical framework matrix
Annex II: Detailed implementation chart
Annex III: Contracting and disbursement schedule by quarter
Annex IV: List of relevant Laws and Regulations
Annex V: Reporting scheme for infectious diseases, present state
Annex VI: General overview of Communicable Diseases Surveillance System
Annex VII: List of documents on communicable diseases control in Estonia
Annex VIII: Selected conclusions from the TAIEX report
Annex I: Logical framework matrix

<table>
<thead>
<tr>
<th>Overall Objective</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total budget: 552 000 €</td>
<td>Transition Facility Budget: 419 000 €</td>
</tr>
<tr>
<td>Improved health care and health protection with regard to communicable diseases, on the basis of relevant EU directives and treaties.</td>
<td>Better and quicker identification of communicable diseases (quantify) directly with the performance of the new reporting system.</td>
<td>Statistical data. Reports concerning situation in the field of CD prevention and management.</td>
</tr>
<tr>
<td>Project Purpose</td>
<td>Objectively verifiable indicators</td>
<td>Sources of Verification</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>The communicable diseases surveillance system in Estonia meets the requirements set by the EU(^3)</td>
<td>Epidemiological surveillance network and EWRS is integrated and included into the European Union Public Health Information Network and into the Health Surveillance System on Communicable Diseases. Case definitions, guidelines and data collection procedures are implemented. Contact points for Community network are nominated. Data collection and analysis are standardised. Data on CD are the same in health registries and statistical reports</td>
<td>Estonian, EU, UN and other international reports Performance measured with WHO protocol for evaluation of Epidemiological Surveillance System (WHO/EMC/DIS/97.2)</td>
</tr>
</tbody>
</table>

\(^3\) According to the Commission Decision 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
Contract 1: Twinning

3.3.1.1 National surveillance system updated

3.3.1.2 Reporting system implemented.

3.3.1.3 National early warning and response system network implemented.

3.3.1.4 Data quality assessed

3.3.1.5 Staff of relevant institutions qualified.

3.3.1.6 Guidelines, for EWRS delivered.

3.3.1.7 CD case definitions implemented

3.3.1.8 Estonian reporting system matches to other EU MS systems

Contract 2: Supply/service

3.3.2.1 Software for the communicable disease reporting system purchased and implemented

CD, TB, STD and HIV surveillance systems integrated.

Underreporting rate has diminished, underreporting evaluation surveys are carried out systematically. Quantify and indicate the current level as baseline

Permanent mixed working group established on central level, all relevant institutions are involved.

Trainings have taken place according to the schedule

Published guidelines

Published guidelines

Published technical documentation and data exchange protocols.

The software is in place and functional

Project reports

Estonian, EU, WHO and other international reports

Performance measured with WHO protocol for evaluation of Epidemiological Surveillance System (WHO/EMC/DIS/97.2)

Project reports

Training certificates

Project reports

Published guidelines

Published guidelines

Published technical documentation and data exchange protocols.

Project reports

The systems will be supported by government

Before training and issuing the guidelines, software must be purchased and implemented.

Draft versions of guidelines are available for training, after this, final versions will be issued
<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Costs (€)</th>
<th>Assumptions</th>
</tr>
</thead>
</table>

### 3.4.1 Contract 1: Twinning

**3.4.1.1.**
- a) To undertake an assessment of the current communicable disease surveillance system: describe surveillance and reporting activities, data processing schemes, early warning and response system activities and legal aspects
- b) To prepare technical requirements for the system
- c) To test the computerised reporting system
- d) To implement the computerised reporting system
- e) To carry out testing of data quality
- f) To carry out training needs analysis for early warning and response system (EWRS) users
- g) To implement CD case definitions
- h) To match Estonian reporting system to other EU MS systems
- i) To assist STE in working out EWRS user guidelines
- j) To assist in implementing the EWRS;
- k) To assist in preparing the technical specifications for the tender documents.
- l) The overall co-ordination and management of the project.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Costs (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTA 16 months</td>
<td></td>
<td>210 000</td>
</tr>
<tr>
<td>RTA assistant 16 months</td>
<td></td>
<td>13 600</td>
</tr>
<tr>
<td>MS Project Leader, 35 working days</td>
<td></td>
<td>14 700</td>
</tr>
<tr>
<td></td>
<td><strong>419 000 € TF</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Assumptions**

- Software will be available before testing and implementation by the RTA.
- Training can take place after testing and control of the software. Computer class must be available for the training.
- Draft version of guidelines available before training, changes made to the final version based on the results of training.
### Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Costs (€)</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4.1.2</td>
<td>RTA assistant 16 months</td>
<td>16 000</td>
<td></td>
</tr>
<tr>
<td>a) Assistance to the RTA;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Translation and general accounting for the RTA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4.1.3</td>
<td>MS Project Leader for 35 working days over 16 consecutive months</td>
<td>15 000</td>
<td></td>
</tr>
<tr>
<td>a) MS side project management;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Overall co-ordination of the project.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4.1.4</td>
<td>RTA will be responsible for the preparation of the Twinning covenant</td>
<td>10 000</td>
<td></td>
</tr>
<tr>
<td>Preparation of the Twinning Covenant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4.1.5:</td>
<td>STE 1 for 5 months</td>
<td>51 000</td>
<td></td>
</tr>
<tr>
<td>Training for reporting system and EWRS users</td>
<td>Pool of STEs for 6 months</td>
<td>102 000</td>
<td></td>
</tr>
<tr>
<td>a) To train the software users</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) To conduct training courses for early warning and response system users</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) To work out EWRS user guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit</td>
<td></td>
<td>5000</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td></td>
<td>10000</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td>Means</td>
<td>Costs (€)</td>
<td>Assumptions</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.4.2. Contract 2: Supply or service</td>
<td></td>
<td>60 000 € TF</td>
<td></td>
</tr>
<tr>
<td>3.4.3. Training for reporting system and EWRS users (parallel co-financing)</td>
<td></td>
<td>20 000 € EE</td>
<td>Precondition: All 20 regulations in the Communicable Diseases Prevention and Control Act will be ready by the time the project starts (or when the relevant part of the Act will come into force).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>53 000</td>
<td>Pre-feasibility study will be carried out before the project implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total 552 000 (419 000 TF + 73 000 co-fin)</td>
<td></td>
</tr>
</tbody>
</table>
### Annex II: Detailed implementation chart

**Programme Title:** “Elaboration of the Computerised Communicable Disease Surveillance System”

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>M</td>
<td>A</td>
</tr>
<tr>
<td><strong>Contract 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Twinning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RTA for 16 months</td>
<td></td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>RTA assistant</td>
<td></td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>MS project leader</td>
<td></td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>STE 1 for 5 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Training for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reporting system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and EWRS users)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Contract 2 Supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex III Contracting and disbursement schedule by quarter for full duration of programme

CRIS No:  
Project Title: “Elaboration of the Computerised Communicable Disease Surveillance System”

ANNEX 3A: Cumulative contracting schedule

<table>
<thead>
<tr>
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<th>2005</th>
<th>2006</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>30.06</td>
<td>30.09</td>
<td>31.12</td>
</tr>
<tr>
<td>Contract 1 Twinning</td>
<td>419 000</td>
<td>419 000</td>
<td>419 000</td>
</tr>
<tr>
<td>Contract 2 Supply or service</td>
<td>60 000</td>
<td>60 000</td>
<td>60 000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>479 000</td>
<td>479 000</td>
<td>479 000</td>
</tr>
</tbody>
</table>

ANNEX 3 B: Cumulative Disbursement Schedule

<table>
<thead>
<tr>
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<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31.03</td>
<td>30.06</td>
<td>30.09</td>
</tr>
<tr>
<td>Contract 1 Twinning</td>
<td>262 400</td>
<td>262 400</td>
<td>262 400</td>
</tr>
<tr>
<td>Contract 2 Supply or service</td>
<td>36 000</td>
<td>36 000</td>
<td>54 000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>298 400</td>
<td>298 400</td>
<td>316 400</td>
</tr>
</tbody>
</table>
Annex IV: List of relevant Laws and Regulations
Programme Title: Computerised Infectious Disease Reporting System

European legislative acts:

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

Estonia has set up an updated network for the epidemiological surveillance and control of communicable diseases based on the new national Communicable Diseases Prevention and Control Act (implemented 1 November 2003), which adopts all recommendations sited in the Decision 2119/98/EC. In the Act has been elaborated 17 governmental or ministerial regulations. As an outcome Estonian legislation on the epidemiological surveillance and control of communicable diseases is harmonized with the Decision 2119/98/EC.


Estonian network for the epidemiological surveillance and control of communicable diseases includes rare efficient early warning and response system for the prevention and control of the communicable diseases. This system use old-fashioned technology for the aim of exchange of information between aggregated structure and authorities. As an objective for to implementation of TF the updated national system will be adopted to the EWRS of the MS and harmonized with the Decision 2000/57/EC.


According to the new governmental regulation of 27 November 2003 No 297 (The procedure for the submission of data communicable diseases and risk factors of illness, and composition of reporting data) all communicable diseases specified in the Annex 1 of the Decision 2000/96/EC has been included into national list of communicable diseases progressively covered by the Estonian network. This facilitates the integration of Estonian EWRS into Community network. Development of a new technologies in the frame of TF should improve the exchange of information between national responsible authorities as well as with Euphin-HSSCD.


Estonian network has prepared case definitions for reporting communicable diseases which are based an case definition for reporting communicable diseases to the Community network listed in the Annex of Decision 2002/253/EC.


http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=32003D0534&model=guichett

http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=32003D0534&model=guichett

Estonian legislative acts:

Communicable Diseases Prevention and Control Act

Personal Data Protection Act

Data Sets Act

Emergency Preparedness Act
http://www.legaltext.ee/et/andmebaas/ava.asp?m=022

Public Procurement Act
Annex V: Reporting scheme for infectious diseases, present state

In the present system it is very difficult to combine epidemiological data in several counties. Information moves slowly, data transmission over the phone is extremely slow and presents a major source of errors. If outbreak is detected and action must be taken, the only detailed documented evidence available is in counties.
Annex VI: General overview of Communicable Diseases Surveillance System

Family doctors
Hospitals
Laboratories

Health Protection Inspectorate HQ
Health Protection Inspectorate local offices
Health Protection Inspectorate laboratories

Ministry of Social Affairs
European Union Public Health Information Network
EU Health Surveillance System on Communicable Diseases

Ministry of Justice
Ministry of Defence
Ministry of Inner Affairs
Food and Veterinary Board

EWRS
Communicable diseases IS
Statistical and surveillance data

Surveillance
Investigation results

Action
Reporting
Investigation results

Reporting
Annex VII List of documents on communicable diseases control in Estonia

Laws regulating CD prevention:

Communicable Diseases Prevention and Control Act (Nakkushaiguste ennetamise ja tõrje seadus).
Emergency Situations Act (Eriolukorra seadus).
Emergency Preparedness Act (Hädaolukorraks valmisoleku seadus).
Law regulating using of GMOs in closed environments (Geneetiliselt muundatud mikroorganismide suletud keskkonnas kasutamise seadus)
Law regulating transfer of GMO into environment (Geneetiliselt muundatud organismide keskkonda viimise seadus)
Zoonose Control Act (Loomatauditõrje seadus)

Regulations and SOPs for CD prevention:

Arestialustele, vahistatutele ja [...] kohustusliku kopsude radiograafilise uuringu tegemise kord
Bioloogilistest ohuteguritest mõjutatud töökeskkonna tööturvishoiu ja tööohutuse nõuded
Eesti riigipiril eriti ohtlike nakkushaiguste leviku tõkestamise kord ja tingimused
Eri riskiaastmega loomsete saaduste kättesamise märgistamise erinõuded
Geneetiliselt muundatud lisaaineid või lõhna- ja maitseaineid sisaldava toidu märgistamise nõuded ja [...] andmed
GMO keskkonda viimise ja turustamise loa taotluses esitatavate andmete loetelu ning lubade vormid
Haiglanakkuste seire, ennetamise ja tõrje abinõude ning sellekohase teabe edastamise kord, [...] HIV/AIDSi ennetamise tegevuskava Justiitsministeeriumi valitsemisala asutustele 2002.-2006. aastaks
HIV-nakkuse kindlakstegemine ja HIV-nakkuse leviku tõkestamine vanglas
Hädaolukorrast teavitamise kord ja nõuded edastatavale teabele (jõustub tulevikus)
Immuniseerimise korraldamise nõuded
Immuniseerimiskava
Immunoprofülaktika läbiviimise kord
Karantininõuded ja nende täitmise järelevalve kord
Laevade ja väikelaevade sisemerre ja sadamatesse sisenemise ja neist väljumise kord
Laste kaitsepookimise korraldamine
Lindude gripi tõrje eeskiri
Loomade triihinelloosi tõrje eeskiri
Marutaudi tõrje eeskiri
Nakkushaiguse tahtest olenematu ravi kohaldamise otsuse tegemise kord
Nakkushaiguse ja nakkuskandluse uurimise ning ravimise kord rasedal
Nakkushaiguste esinemise ja haigestumise ohutegurite kohta teabe edastamise kord ja [...] Nakkushaiguste tõrje nõuded
Nakkusõhtliku materjali käitlemise kord
Nakkustekitajate suhtes doonori ning doonoriveres uurimise kord
Nende ohtlike ainete nimistu, mida ei ole lubatud sisemerele vedada transiidina
Nõuded nakkusõhtlikku materjali käitleva isiku laboriruumidele, [...] ning [...]
ohtusmeetmetele
Ohtlike veoste autoveo eeskiri
Ohtliku kauba sadamas vastuvõtu, töötlemise, hoiustamise ja väljastamise eeskiri
Poliomüeiidi seire korraldamine
Posti teel edastamisele mittekuuluva saatetised
Rahvusvaheliselt kontrollitavate eriti ohtlike nakkushaiguste leviku tõkestamine
Referentlabori volituse taotlemise ja labori pädevuse määramise kord,
volitamiskriteeriumid ning[...]
Riikliku tervishoiuprogramm «HIV/AIDSi ennetamise riiklik programm aastateks 2002–2006»
Riiklik tuberkuloositõrje programm aastateks 2004 -2007
Riskianalüüsis sisalduvate andmete loetelu ja riskianalüüsi tegemise kord
Sisseveetavate loomade ja loomsete saaduste sadamastest saadustest veterinaarnõuded
Suletud keskkonna ohuklassidele kohaldatavad nõuded
Teatamiskohustuslike ja registreerimiskohustuslike loomataudide loetelu
Teatamiskohustuslike ja registreerimiskohustuslike loomataudide loetelu
Teatamiskohustuslike loomataudide loetelu, teatise vorminõuded ning esitatamise kord
Tervisekaitseinõuded suru hoidmisele, vedamisele, matmisele ja ümbermatmisele
Tervisekontroll nakkushaiguste leviku tõkestamiseks
Transmissiivsete spongiformsete entsefalopaatiate tõrje eeskiri
Tuberkuloosianmekogu asutamise ja pidamise kord
Vaktsiinide ja immuunglobuliinide soetamise, jaotamise, [...] ja veo ning külmahela
  toimimise kord
Välisriigi laevala laevaloa taotlemise ja andmise kord
Annex VIII: selected conclusions from the TAIEX report:

<table>
<thead>
<tr>
<th>Action</th>
<th>Problem</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicable Diseases Surveillance and Control System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 List of diseases under surveillance</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>1.2 Population coverage</td>
<td>Good</td>
<td>Inform family doctors, send all of them monthly bulletin</td>
</tr>
<tr>
<td>1.3 Sentinel surveillance</td>
<td>Non-existent. TB and HIV have separate control systems</td>
<td>Come progressively to the integration of CD, TB, STD, HIV and develop a family doctor syndromic weekly sentinel system</td>
</tr>
<tr>
<td>1.4 Degree of fulfilment (underreporting)</td>
<td>Not evaluation available</td>
<td>Conduct systematic underreporting evaluation survey (hospitals, labs and family doctors)</td>
</tr>
<tr>
<td>1.5 Availability of morbidity and mortality data</td>
<td>Available</td>
<td></td>
</tr>
<tr>
<td>1.6 Links with non-communicable diseases surveillance system</td>
<td>Links declared</td>
<td>Needs further development</td>
</tr>
<tr>
<td>1.7 Links with human/veterinary surveillance for zoonosis/food-borne diseases</td>
<td>Links declared</td>
<td>Needs further development. Establish a permanent mixed working group at central level.</td>
</tr>
<tr>
<td>1.8 People and organisations involved</td>
<td>Family doctors</td>
<td>Offer information and short training to FD</td>
</tr>
<tr>
<td>1.9 Flow of information up and down</td>
<td>Flow in paper and electronically</td>
<td></td>
</tr>
<tr>
<td>1.10 Tools used for data collection, analysis and dissemination</td>
<td>Paper and pen, computer databases (often developed locally, e.g. for immunisation records)</td>
<td>Standardisation of computerised databases and analysis at local and regional levels should be aimed for.</td>
</tr>
<tr>
<td>1.11 Mechanisms of information transfer</td>
<td>Telephone, e-mail, written forms</td>
<td></td>
</tr>
<tr>
<td>1.12 Frequency of reporting and feedback</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>1.13. Quality assurance</td>
<td>No quality assurance activity</td>
<td>Install a routine data monitoring and quality assessment plan, possibly linked with system computerization.</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.14. Projects developed with international agencies</td>
<td>Several participation in existing specialized EU networks</td>
<td></td>
</tr>
<tr>
<td><strong>2. Use of Case Definitions for CD Surveillance purposes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Laboratory criteria for diagnosis</td>
<td>Current incomplete adoption of case definitions; awaiting new legislation</td>
<td>Legislation revision awaited</td>
</tr>
<tr>
<td>2.3. Case classification:</td>
<td>Current incomplete adoption of case definitions; awaiting new legislation</td>
<td>Legislation revision awaited</td>
</tr>
<tr>
<td>2.3.1 Suspected</td>
<td>Current incomplete adoption of case definitions; awaiting new legislation</td>
<td>Legislation revision awaited</td>
</tr>
<tr>
<td>2.3.2. Probable</td>
<td>Current incomplete adoption of case definitions; awaiting new legislation</td>
<td>Legislation revision awaited</td>
</tr>
<tr>
<td>2.3.3 Confirmed</td>
<td>Current incomplete adoption of case definitions; awaiting new legislation</td>
<td>Legislation revision awaited</td>
</tr>
<tr>
<td><strong>3. Laboratory Analysis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2. Laboratory capacity</td>
<td>Good for basic bacteriology, parasitology, serology and virology</td>
<td>Improve equipment, modernise structures and procedures</td>
</tr>
<tr>
<td>3.3. National Structure and network</td>
<td>Good for basic bacteriology, parasitology, serology and virology</td>
<td>Improve equipment, modernise structures and procedures</td>
</tr>
<tr>
<td>3.3.1. Reference laboratories</td>
<td>Good for basic bacteriology, parasitology, serology and virology</td>
<td>Improve equipment, modernise structures and procedures</td>
</tr>
<tr>
<td>3.3.2. Regional laboratories</td>
<td>Improve equipment, modernise structures and procedures (e.g. PCR), implement training, facilitate transportation of specimens to national and international reference labs.</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>3.4. Quality management procedures</td>
<td>Quality control programme declared</td>
<td>Short term expert consultation on reference labs.</td>
</tr>
</tbody>
</table>

### 4. National Epidemiological Training Systems

<table>
<thead>
<tr>
<th>4.2. Epidemiological training methods</th>
<th>Traditional Soviet-type training of “epidemiologist” lacking in analytical emphasis</th>
<th>Include Estonians into EPIET programme; offer locally short training courses as done already in Nordic collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3. Laboratory training methods</td>
<td>Limited capacity of internal dedicated training</td>
<td>International help needed, especially in rapid and molecular techniques</td>
</tr>
<tr>
<td>4.4. Twinning projects</td>
<td>Existing limited projects</td>
<td>Implement twinning with EU labs.</td>
</tr>
</tbody>
</table>

### 5. Early Warning and Response System

<table>
<thead>
<tr>
<th>5.2. List of diseases subject to early warning</th>
<th>Available and adequate</th>
<th>Implement, exercise, test and evaluate the system</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.1. Use of the system</td>
<td>No evidence of use</td>
<td>Implement, exercise, test and evaluate the system</td>
</tr>
<tr>
<td>5.2.2. Purpose</td>
<td>Clear</td>
<td>Implement, exercise, test and evaluate the system</td>
</tr>
<tr>
<td>5.2.3. Timeliness</td>
<td>To be tested</td>
<td>Implement, exercise, test and evaluate the system</td>
</tr>
<tr>
<td>5.2.4. Degree of sensitivity</td>
<td>To be tested</td>
<td>Implement, exercise, test and evaluate the system</td>
</tr>
<tr>
<td>5.2.5 Criteria/procedures for reporting early warning messages</td>
<td>Available, but to be tested</td>
<td>Implement, exercise, test and evaluate the system</td>
</tr>
<tr>
<td>5.3. National authority responsible for the system. Link with the surveillance system</td>
<td>Identified and well linked</td>
<td>(Install EWRS coordination unit)</td>
</tr>
<tr>
<td>Link with international systems</td>
<td>Identified and well linked</td>
<td>No action</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>5.5. Confidentiality of data and security of the system</td>
<td>Legal basis available, but implementation possibly inadequate</td>
<td>Needs further evaluation. Reduce nominal documents circulation, install monitoring system</td>
</tr>
<tr>
<td>5.6. Availability of preparedness plans</td>
<td>Not available</td>
<td>Prepare a plan and test it.</td>
</tr>
</tbody>
</table>