

Money, manpower missing from Europe's new agency

The long-awaited European Centre for Disease Prevention and Control (ECDC) will in May open its doors in Stockholm. But some experts say the center may not be up to its task of preparing Europe for major outbreaks.

Led by former Hungarian state secretary Zsuzsanna Jakab, the new center's staff and budget are too small to make a real difference, some experts note, while its focus on known diseases won't help combat new illnesses. Without its own labs, the ECDC could also have trouble establishing the authority it needs, they say.

Creation of a European counterpart to the US Centers for Disease Control and Prevention (CDC) gained momentum after the outbreak of severe acute respiratory syndrome (SARS), during which Europe was notably absent. "Information coming through [European Union] channels often trailed that of the World Health Organization by days, if not a week," says Dutch virologist Albert Osterhaus.

The ECDC's primary task is to "enhance synergy" between national institutes, says Marc Sprenger, who chairs the ECDC's management board and leads the Dutch National Institute for Public Health and the Environment (RIVM).

The center's initial focus, Sprenger says, will be to bundle surveillance data on diseases such as HIV/AIDS, tuberculosis and influenza from national centers, and present them to policy makers. A second priority will be to provide independent scientific advice to Europe's governments, such as during surprise outbreaks.

But to speak with authority, the center will need high-profile scientists, says virologist John Oxford of Barts and The London Hospital. And to attract top-notch scientists, "you need a lab, you need research projects," none of which ECDC will have, Oxford notes.

Relying on networks won't be enough, he adds. "The WHO already has people on telephones. We need G-men ready to hop on a plane within 24 hours, not just swing e-mails at each other," Oxford says. "If there is a problem in Timbuktu, within 18 hours it will be in Brussels too."

But the G-men will have to wait.

"The [ECDC's] budget is quite modest indeed, whether we like it or not," says Sprenger. The center is expected to have an annual budget of €29 million (about \$38 million) and a staff of 70 by 2007, compared with the CDC's \$8 billion and 8,500 employees.

Sprenger says the center needs epidemiologists, not big buildings and labs. But during a surprise outbreak, says Marion Koopmans, chief virologist at the RIVM, "the ECDC will need strong connections with people in top laboratories, not just epidemiologists gathering data."



Full speed ahead: Director Zsuzsanna Jakab says the center will hire 16 high-profile researchers.

Jakab, currently the center's only employee, says she hopes to alleviate some of the skepticism by quickly filling all 16 highest-paid jobs this year with "high-grade researchers known and respected throughout Europe." To lure them, she says she is open to the idea of having them retain some part-time research.

The ECDC's task is complicated by the fractured nature of European disease control. The 25 EU member states treasure their own institutes and policies on issues ranging from antibiotic use to child vaccination. Current treaties don't allow the European Commission to prescribe much public health regulation. Instead the commission's directorate of Public Health helps fund a

vast array of voluntary cooperation programs.

The European Influenza Surveillance Scheme, for instance, tries to harmonize work at 31 laboratories in 23 countries and the European Network for Diagnostics of Imported Viral Diseases (ENIVD), active during the SARS outbreak, connects 36 labs in 24 countries.

But many of the networks operate on a shoe-string budget and brave monstrous amounts of paperwork to get partial, short-term funding, says Matthias Niedrig, a virologist at the Robert Koch-Institut in Berlin. The ENIVD, which Niedrig coordinates, ran out of cash last summer, and a new grant from the commission has yet to materialize. In a poignant example of European bureaucracy, he recalls how the commission reminded him that work on the SARS coronavirus—a newly imported virus—was not in the network's contract.

Debates about the center are likely to reappear when it faces evaluation in 2007. Sprenger says it could be vitally important for the ECDC to get more control over the funding of communicable disease networks it is now asked only to coordinate. "Politicians might even conclude the ECDC does need its own labs," Sprenger says. "But then we'll really need a lot more money."

Peter Vermij, Amsterdam

Politics roils US infectious disease center

Just as a new European agency steps into the battle against infectious diseases, its much larger US counterpart is responding to charges that it prioritizes politics over science. Staff at the US Centers for Disease Control and Prevention (CDC) are also reportedly chafing under a reorganization initiated by the Bush administration.

A report released in early March on the US smallpox vaccination program took aim at the apparent influence of the White House on CDC policies (<http://www.nap.edu/books/0309095921/html/>). A National Academy of Sciences committee reported that political constraints, presumably from the "top levels of the executive branch," contributed to poor coordination and low acceptance of the program.

"We feel that the CDC is too important and historically has been too well respected to risk its credibility in this way," says Brian Strom, committee chair and professor of epidemiology at the University of Pennsylvania.

The report concluded that the healthcare community and the public never bought into the vaccination program because the government's rationale for the vaccinations was not fully explained. "The typically open

and transparent communication from CDC ... seemed constrained by unknown external influences," the committee said.

CDC spokesman Tom Skinner says any suggestion that the CDC was "constrained or muzzled" in its ability to communicate is "totally unfounded and totally untrue."

The report was released at the same time as a *Washington Post* news report detailing internal dissent at the CDC, including concern about the agency's 'Future's Initiative.' The reorganization is designed to improve the CDC's ability to respond to public health concerns such as bioterrorism, the aging population, obesity and emerging infectious diseases, and involves a major administrative reshuffling.

Discontent among CDC staff has become intertwined with the perception of political interference, says Georges Benjamin, executive director of the American Public Health Association. "It is important that political leadership understand how important it is for science-based organizations to be free of political influence," he says. "Even the perception of political interference can be devastating to good science."

Tinker Ready, Boston