



Network Working Area

Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

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## Questionnaire about Institutions partners

### SECTION 1

Official name<sup>1</sup>

<sup>1</sup> Provide the name of the organization such as the Ministry of Health or Public Health Institute to which your unit belongs.

**Institut de Veille Sanitaire – InVS (French Institute for Public Health Surveillance)**

Unit<sup>2</sup>

<sup>2</sup> Department/Unit within the institutions involved in the Network, in charge of the surveillance of communicable diseases (especially in early warning and response system, vaccine preventable diseases and zoonotic infections).

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### SECTION 2

Mandate<sup>3</sup> as described in the regulation enacting your organization

A maximum of 200 words is allowed

**The French Institute for Public Health Surveillance (InVS), a governmental institution reporting to the Ministry of Health, is responsible for monitoring the health status of the French population as a whole**

<sup>3</sup> *The mandate defines the main functions of an organization and derives from outside and above an organization.*

**and alerting public authorities about public health threats. It provides decision support to public authorities for the development and evaluation of policies on prevention and health protection. The specific duties of InVS are to: – Detect public health threats and emergencies, inform the authorities about them and recommend measures for control and prevention – Gather and promote knowledge about health risks, their causes and changes over time – Conduct or support activities likely to contribute to accomplish these aims InVS addresses all fields of public health: – Infectious diseases: HIV and hepatitis C infections, sexually transmitted diseases, infectious foodborne risks, zoonoses, vaccine preventable diseases, imported respiratory infections, nosocomial infections and antibiotic resistance; – Tropical diseases and public health events of international importance; – Effects of the environment on health: risks related to air pollution or exposure to chemical pollutants or ionizing radiation, waterborne risks; – Occupational risks: work-related cancers, effects of asbestos and fibres used as substitutes; musculoskeletal diseases, etc; – Chronic diseases and injuries: cancer, nutritional deficiencies, accidents and injuries.**

### SECTION 3

Describe your unit position within the organizational chart (organigram)<sup>4</sup> of the larger institution you belong to. A maximum of 200 words is allowed.

<sup>4</sup> *An organizational chart for a whole organization shows the units who make up such organization and the relationships between them. Relationships refer to authority and communication lines.*

**InVS is headed by an executive director: Dr Françoise WEBER. The institute is articulated around: –the director's office including a strategic mission responsible for the institute's development, decentralisation at the regional level, coordination of European activities, management of the alert task force and development of the national public health network; –5 scientific departments responsible for specific topics: department of infectious diseases, department of environmental health, department of occupational health, department of chronic diseases and trauma; department of international and tropical diseases (the latter hosting EpiSouth WP6 on "cross-border epidemic intelligence"); –5 agency-wide support departments: communications, information systems, finance/logistics/economics, human resources, training and documentation. InVS activity is carried out throughout France by 16 Regional Epidemiology Centres (CIRE), under the scientific supervisions of InVS.**

Upload a file for further informations:

### SECTION 4

Describe your unit's organizational chart (organigram)<sup>5</sup>

A maximum of 200 words is allowed

<sup>5</sup> *An organizational chart for a unit shows the managers and main professional roles who make up such unit and the relationships between them.*

**The international and tropical diseases department has 3 main work programmes: Epidemic intelligence, tropical diseases surveillance and cooperation (multilateral / bilateral). 1)The international public health epidemic intelligence complements regular monitoring of national surveillance and aims to identify health threats which can potentially affect populations on French territory and French nationals everywhere. Two aspects are developed: "monitoring of worldwide health events" (e.g. Avian flu, Sars, etc.) and regional cross-border issues. Alert messages, weekly bulletins, website information and special focus documents are produced and distributed on a regular basis or when necessary. This unit hosts the EpiSouth work package n°6 ("cross-border epidemic intelligence"). 2)Tropical diseases under surveillance in French overseas territories include dengue, chikungunya, malaria, cholera, Chagas, other vector-borne diseases. 3)Multilateral cooperation includes collaboration with "Global Alert and Response Network" (GOARN) and WHO missions (e.g., in 2006, avian influenza response in Turkey, avian influenza plan in Iran and Azerbaijan...). Bilateral cooperation is developed with national public health institutes and health authorities in the Mediterranean area, particularly in the Maghreb (Morocco, Algeria, Tunisia), in Eastern Europe, the Balkans (Albania, Serbia) and China. Specific collaboration are implemented with French overseas territories (French Polynesia, New Caledonia).**

### SECTION 5

Illustrate the main roles and activities carried out by your organization in the field of infectious diseases prevention and control, specifically in the following areas:

- a) Surveillance of infectious diseases  
A maximum of 200 words is allowed

The surveillance system concerns only those diseases for which control measures can be implemented at the individual or collective level. All diseases cannot be monitored. Those selected are the ones which affect public health as they are relatively frequent, transmissible and/or represent an epidemic risk. Diseases which are severe and/or costly to society and for which effective methods are available for control, prevention, or treatment are covered at the institute. Epidemiological surveillance at InVS has several public health objectives: – assessment of the impact of health events so that the authorities can mobilise the resources needed for prevention and management; – monitoring of specific diseases' trends ; – description of vulnerability profiles in terms of demographic characteristics and risk factors – detection of epidemics, abnormal phenomena, and the emergence of new diseases; – evaluation of prevention programmes; – development of hypotheses for the emergence of diseases and the modification of trends. Accordingly, InVS is able to detect and generate health alerts, to improve knowledge regarding population health status and determinants, contribute to epidemiologic evaluation of public health programmes, and to suggest appropriate policies to the authorities.

- b) Epidemic Intelligence<sup>6</sup>  
A maximum of 200 words is allowed

<sup>6</sup> Please, see: C. Paquet, D. Coulombier, R. Kaiser, M. Ciotti, *Epidemic Intelligence: a new framework for strengthening disease surveillance in Europe in Eurosurveillance, 2006; 11 (12): 212–4.*

Epidemic Intelligence activities are carried out by the department of international and tropical diseases. In a global environment where circulation of people and goods is constantly increasing, so is the epidemic risk. To fulfil their public health mission, states must not only exert a continuous monitoring of their population's health status but also identify any health risk emerging internationally. International public health intelligence comes as a complement to regular monitoring of national surveillance and aims to identify health threats which can potentially affect these populations. The objective is not to implement a direct data collection system as it is done at national level. Epidemic intelligence is based on already collected and circulating information. The added value of the project consists in the sorting out, verification, analysis and dissemination of information. This monitoring does not need to be exhaustive as the objective is to detect signals rather than to quantify them. The process must be selective to be efficient as there are numerous signals and sources. The "primary signals" identified from different sources are sorted out on the basis of well-defined criteria and only these signals will undergo a verification process before being fully documented.

- c) Monitoring of services delivery, including immunization of migrant populations  
A maximum of 200 words is allowed

The unit "Vaccine Preventable Diseases" (VPD) of the infectious diseases department. The unit sets up and animates surveillance systems (either based on mandatory notifications or on laboratory-, GP- or hospital-based surveillance networks) contributing to the definition, the adaptation and the evaluation of immunization policies. The VPD unit coordinates epidemic investigations due to vaccine-preventable infections, including meningococcal infections. It evaluates the opportunity to integrate new vaccines in the national immunisation programme through specific analysis done for the technical committee for immunisation advising the ministry of health. These analyses may include economical assessment and mathematic modelling. The VPD unit is also in charge of the evaluation of vaccine coverage and the serological status of the population. No activities specifically target migrant populations and no data pertaining to those specific populations are available. The unit also contributes and participates to surveillance in this field at the European level.

- d) Zoonosis  
A maximum of 200 words is allowed

The unit "Enteric, foodborne and zoonoses Infections" (EAZ) of the infectious diseases department. The "EAZ" unit carries out and coordinates surveillance of enteric, foodborne and zoonotic infections, using different surveillance systems: mandatory notifications, laboratory networks and national reference centres (CNR), hospital-based surveillance networks, sentinel general practitioner network. The "EAZ" unit coordinates the national surveillance network for Creutzfeldt-Jakob and associated diseases. In case of an outbreak, the unit sets up epidemic investigations in close collaboration with the CNR, InVS

regional centres (CIRE), departmental health services, the ministry of health, the ministry of agriculture, departmental veterinary services, the French food safety agency (AFSSA) and other partners, especially those involved in food safety in order to identify the source, the vector and the modes of transmission. The "EAZ" unit of the institute performs epidemiological studies in order to: –Assess the burden of illness associated with foodborne infections –Identify risks factors of these infections in order to identify appropriate control and prevention measures –contribute to the evaluation of prevention and control measures already in place. The unit contributes, on behalf of France, to European networks: surveillance by ECDC (Tessy), by EFSA (zoonoses), Enternet (ECDC) and to the European project on zoonoses surveillance.

There is no public health laboratory incorporated within the institute. InVS coordinates a network of specific National Reference Centres (CNR). These CNR (around 50) are hosted in various institutions (Pasteur institute laboratories, university hospitals).

Within InVS, an alert task force, attached to the general direction, is in charge of: – Reporting alerts and information to public health authorities. A daily bulletin summarising all alerts issued by scientific departments and all regional public health surveillance centres is produced for stakeholders. – Coordination of non-specific surveillance, including the daily monitoring of hospital emergency unit activities and mortality data. – Coordination of alerts and their follow-up including investigations, the elaboration of daily on-call rosters, contingency plans for InVS preparedness in case of pandemic influenza, response for bioterrorist threats and other (national) crisis exercises.

InVS trains healthcare professionals in the methods of epidemiologic surveillance and risk assessment, and facilitates the relationship between research and intervention in public health. InVS also coordinates a French Field Epidemiology Training Program (FETP) called PROFET. As most FETP courses, PROFET provides a two-year applied epidemiology training.

The Institut de Veille Sanitaire is not mandated to conduct fundamental research activities. There is no public health laboratory incorporated within the Institute. InVS coordinates a network of diseases-specific "national reference centres" (CNR). These CNR are hosted in various institutions (Pasteur Institute laboratories, university hospitals). For certain issues for which knowledge is lacking, however, InVS can initiate and participate to studies and surveys on research or methodological development (for instance, studies have been conducted on environmental and chemical impact on health, molecular typing for viruses). InVS mainly participates to more operational research on methodologies, health impact evaluation, diseases determinants and risk factors.

InVS is responsible for identifying potential health threats and assessing their importance, the likelihood of a change in the situation, and their determinants. This allows the institute to provide useful recommendations to the authorities for appropriate response in terms of prevention and population protection. Health alerts may include health events, hazardous exposure, unexpected or emerging diseases / communicable diseases, high-risk environmental problems, vaccine-preventable diseases under surveillance, etc. Signals for first alert can be issued by healthcare professionals, emergency services and hospital departments, environmental observers, or other regional institutions. The notification is transmitted through the local operational health surveillance networks to InVS for expert assessment. Signals received are analysed each day at the institute (comparison with historical data or critical thresholds, assessment of unexpected events, etc.). Risk assessment is performed on any validated signal.

e) Diagnostic services  
A maximum of 200 words is allowed

f) Emergency preparedness  
A maximum of 200 words is allowed

g) Training and education  
A maximum of 200 words is allowed

h) Research  
A maximum of 200 words is allowed

## SECTION 6

Describe the alert procedure adopted by your organization and the conditions to which applies paying special attention to infectious diseases.

A maximum of 200 words is allowed

Investigations are conducted as needed in close collaboration with decentralized governmental structures, in liaison with the Health General Director (DGS / Ministry of health).

## SECTION 7

Provide a brief account of your unit's professional staff mix<sup>7</sup>

<sup>7</sup> The categories are mutually exclusive: please, assign only one profile to each unit's professional staff.

Staff mix	Senior	Junior	Total
Epidemiologists	<b>7</b>	<b>1</b>	<b>8</b>
Infectious diseases specialists	<b>0</b>	<b>0</b>	<b>0</b>
Statisticians	<b>0</b>	<b>0</b>	<b>0</b>
Microbiologists	<b>0</b>	<b>0</b>	<b>0</b>
Biologists	<b>0</b>	<b>0</b>	<b>0</b>
Laboratory technicians	<b>0</b>	<b>0</b>	<b>0</b>
Information Technology Managers	<b>0</b>	<b>0</b>	<b>0</b>
Others (please, specify) <i>public health resident, assistant</i>	<b>1</b>	<b>1</b>	<b>2</b>

## SECTION 8

Describe the content of and time span covered by the databases related to infectious diseases your organization manages.

Please select the number of databases you want to describe, insert their descriptions, and leave the drop-down menu with the number of databases you have compiled.

Number of databases:	Content	Time span	Brief description
<b>1</b>	<b>Not applicable</b>	<b>Not applicable</b>	<b>Not applicable</b>

## SECTION 9

Exemplify the main publications produced by your organization during the last three years.

Please select the number of publications you want to describe, insert their descriptions, and leave the drop-down menu with the number of publications you have compiled.

Number of newsletters:	Frequency (Yearly, monthly, etc.)	Web link (if available)
<b>1</b>	<b>weekly</b>	<b><a href="http://www.invs.sante.fr/lettre_invs/inscription/inscription.htm">http://www.invs.sante.fr/lettre_invs/inscription/inscription.htm</a></b>
<b>2</b>		
Number of bulletins:	Frequency (Yearly, monthly, etc.)	Web link (if available)
	<b>weekly</b>	<b><a href="http://www.invs.sante.fr/international/bhi.htm">http://www.invs.sante.fr/international/bhi.htm</a></b>
	<b>weekly</b>	<b><a href="http://www.invs.sante.fr/beh/index.html">http://www.invs.sante.fr/beh/index.html</a></b>

Number of reports:

*1*

Title

Frequency (Yearly, monthly, etc.)

Web link (if available)

**Not applicable**

**Not applicable**

**Not applicable**

Number of research:

*1*

Title

Frequency (Yearly, monthly, etc.)

Web link (if available)

**Not applicable**

**Not applicable**

**Not applicable**

Others:

*1*

Title

Description

Frequency (Yearly, monthly, etc.)

Web link (if available)

**Not applicable**

**Not applicable**

**Not applicable**

**Not applicable**

## SECTION 10

Identify your main collaborating partners in each area.

Number of partners:

*5*

Partner name	Location	Surveillance of infectious diseases	Epidemic Intelligence	Monitoring of s. delivery	Zoonosis	Diagnostic Services	Emergency preparedness	Training and education	Research
<i>Ministry of Health, health directorates, etc.</i>	<i>National</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>
<i>French public health agencies (AFSSA, AFSSAPS, etc.)</i>	<i>National</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
<i>National reference centres</i>	<i>National</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
<i>ECDC and European counterpart agencies</i>	<i>Internat.</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>
<i>WHO</i>	<i>Internat.</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>