

出國報告（出國類別：研習）

赴歐盟執委會研習科研架構
研究計畫參與機制及參加
第 6 屆歐盟公共衛生年會

服務機關：衛生福利部疾病管制署

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摘要

本署為推動防疫國際化，自 2004 年起積極參加歐盟科研架構 FP6 研究計畫，並於 2008-2011 年參與 FP7 跨國流感合作研究計畫，因 FP7 於 2013 年底結束，且歐盟執委會預定於 2014—2018 年推動 Horizon 2020(簡稱 H2020)，故本次出國研習目的即為拜會歐盟執委會專家，瞭解及研析 H2020 參與機制及研究重點，俾尋求未來參與 H2020 研究計畫及歐盟相關訓練計劃之契機。

此外，本次出國研習另一重點係參加歐盟公共衛生年會（European Public Health Conference, EPH），EPH 係由歐洲公共衛生協會（European Public Health Association, EUPHA）每年所舉辦之年度會議，目的在透過資訊交流方式，架構一溝通聯繫平台，供研究者、政策決定者及醫療公衛人員就歐盟與其他國家之公共衛生、健康服務研究以及公共衛生訓練計畫等進行研究討論與資訊分享，俾提升歐盟國家公共衛生領域之研究發展與水準。2013 年第 6 屆歐盟公共衛生年會（6th European Public Health Conference, EPH）於 11 月 11-18 日假比利時布魯塞爾舉行，爰藉由參與本次年會，學習歐盟國家相關傳染病防治策略、研究重點與未來展望，並與歐洲公共衛生協會專家研議本署參與 EPH 相關作業流程及擔任講師之機會，拓展本署與歐盟國家防疫單位之合作交流契機，提升我國國際量能。

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壹、目的

- 一、研析、瞭解 Horizon 2020 參與機制與研究計畫徵求重點，並尋求未來與歐盟國家合作申請 H2020 研究計畫之契機。
- 二、蒐集歐盟傳染病防治架構、策略與研究方向，與歐盟 CDC 建立聯繫窗口，拓展本署與歐盟 CDC 雙邊合作交流與訓練機會。
- 三、會晤歐盟執委會、歐盟 CDC、. 歐盟各國學術機構及歐洲公共衛生協會之防疫官員與專家學者，建立人脈關係與聯繫管道。

貳、過程

行程表

日期	地點	行程內容
11/11-11/12	台北→維也納→布魯塞爾	出發
11/12-11/16	布魯塞爾	拜會專家、參加會議
11/17-11/18	布魯塞爾→法蘭克福→台北	抵達

參、拜會、會議及參訪

一、拜會重點

(一) DG Research & Innovation

DG Research & Innovation 是歐盟執委會(European Commission)下專責歐盟研究創新的單位，目標在制定歐盟的研究創新政策，整合歐盟研究經費與人力資源；為強化歐盟的研發與創新能力，並促進歐盟與非歐盟國家的研究合作契機，DG Research & Innovation 自 1984 年起，推動科研架構(Framework Program- FP)計畫，提供產官學研究經費與服務平台，自 2007 年至 2013 年止，為 FP 計畫第 7 期，故簡稱 FP7，預算高達 532 億歐元，約新台幣 2 兆 4000 億元，計畫徵求類別包括「合作型計畫」、「概念型計畫」、「人才培訓計畫」、「擴大研發能量計畫」及「其他」等 5 類，其中以「合作型計畫」324 億歐元最多；

自 2014 年起至 2020 年止，FP 改制為 Horizon 2020(簡稱 H2020)，前二年即投入 150 億歐元預算作為歐盟研究創新經費，其中 12 億元用於「衛生、地理改變及福利(Health, Geographic Change and Welfare)」計畫領域。

本次在駐歐盟兼駐比利時代表處衛生組阮娟娟組長協助安排下，會晤負責傳染病及公共衛生科技計畫官員 Dr. Christian Desaintes，瞭解 H2020 計畫徵求規劃及合作契機。D 官員表示，有別於過去 FP6 及 FP7 計畫徵求類別將傳染病議題(SARS/Pandemic Influenza)獨立出來，H2020 則未單列傳染病議題，而係以衛生、地理改變及福利(Health, Geographic Change and Welfare)呈現，讓計畫徵求範圍更加廣泛並跨領域合作；至於傳染病相關之計畫徵求重點，則延續 FP7 最後一季規劃，以疫苗研發為主，並有多家研究機構提出申請，而近期公布之 2014-2015 年計畫徵求與傳染病議題相關，除疫苗研發外，另有快速鑑別病原以控制傳染病疫情及食因性爆發流行、新診斷工具與技術研發等。

D 官員另表示，歐盟與其他國家之合作研究經費，自 2013-2014 年起，不再由 DG Research & Innovation 統籌控留分配，並將部分經費撥給歐盟 CDC、英國 PHE、荷蘭 RIVM 等相關單位授權運用，亦即，非歐盟國家除可透過 H2020 機制與歐盟國家合作申請經費外，亦可直接與歐盟 CDC、英國 PHE、荷蘭 RIVM 等單位運用該筆經費進行相關合作研究計畫。

(二) DG SANCO

DG SANCO(歐盟衛生暨消費者總署)係歐盟執委會負責歐盟衛生與環境衛生政策之單位，亦兼協調、督導歐盟 CDC 業務之責。本次會晤之國際事務政策官 Dr. Andrea Schwarz，曾來台參加 2012 年台灣研究研習班，對本署與奧地利健康暨食品安全署(AGES)合作及派員參加歐盟 CDC 舉辦之 EPIET 訓練等情事甚為瞭解及關切。

S 官員對於本署能派員出席歐盟公共衛生年會甚表肯定，並建議本署每年亦能派員參加及報告由歐盟 CDC 舉辦之「應用傳染病流行病學研討會」

(European Scientific Conference on Applied Infectious Disease Epidemiology - ESCAIDE)，S 官員表示，該研討會雖以提供 EPIET 學員發表研究成果為主，但亦包含所有歐盟與非歐盟國家關切之傳染病相關研究與防疫議題，與會人員來自 WHO 歐洲區署、歐盟 CDC、歐盟國家防疫機構及學術研究單位之防疫官員及專家學者，因此，本署如能派員出席及報告，將有助於拓展與歐盟國家防疫單位之合作交流。

S 官員另表示，雖然歐盟 CDC 礙於其成立宗旨係為加強及維護歐盟國家對抗傳染病威脅，無法與本署簽署合作備忘錄，但樂見本署與歐盟 CDC 建立實質合作關係，採務實作法，選派具流病背景之資深同仁赴歐盟 CDC 進行短期研習，並建議本署與歐盟 CDC 建立聯繫窗口，洽商派員參訪或受訓事宜，而非經由個人關係私下安排，並允諾提供歐盟 CDC 國際事務部門窗口供本署後續聯繫。(謹按：S 官員於會後即提供歐盟 CDC 國際事務部門主管之聯繫方式供參)

(三)荷蘭 RIVM 傳染病協調中心主任兼歐盟公共衛生協會傳染病防治組主席：

Dr. Aura Timen 係荷蘭 RIVM(即荷蘭 CDC)傳染病協調中心主任，亦兼任歐盟公共衛生協會傳染病防治組主席。T 官員曾於 2008-2011 與本署共同參與歐盟 FP7 跨國流感合作研究計畫(AsiaFluCap)，與本署關係良好。

本次會晤 T 官員，除尋求與荷蘭 RIVM 合作機會外，並順道瞭解本署參與歐盟公共衛生協會之可行性與作業流程，T 官員表示，歐盟公共衛生協會不限歐盟國家，非歐盟國家亦可成為會員，且可接受個人或機構會員，相關申請流程可至歐盟公共衛生協會網站查詢；T 官員另表示，我國 H7N9/H10N8 禽流感防治經驗值得與歐盟國家分享，非常歡迎本署能派員參加 2014 年歐盟公共衛生年會及報告流感防治經驗，另擬邀請中研院計算中心王大為主任與會分享建置流感疫情模擬分析經驗與交流。

二、會議重點

(一) 歐盟公共衛生年會簡介

歐盟公共衛生年會 (European Public Health Conference, EPH) 係由歐洲公共衛

生協會 (European Public Health Association, EUPHA) 每年所舉辦之年度會議，其目的在透過資訊交流方式，架構聯繫溝通平台，供研究者、政策決定者及醫療公衛人員就歐盟與其他國家之公共衛生、健康服務研究及公共衛生訓練計畫等，進行研究討論與資訊分享，俾提升歐盟國家公共衛生領域之研究發展與水準。本屆年會邁入第 6 屆，於 11 月 12 日至 11 月 16 日假比利時布魯塞爾舉行，係由第 21 屆歐洲公共衛生協會會議 (21st annual EUPHA meeting) 及第 36 屆歐洲地區公共衛生聯合學校 (35th annual ASPHER (Association of Schools of Public Health in the European Region) meeting) 合作辦理，會議主題為「歐洲健康：我們已經到了嗎？從過去中學習，以建立未來 (Health in Europe: are we there yet? Learning from the past, building the future)」，約計 1,200 名來自超過 50 個歐盟國家及非歐盟國家之公共衛生專家學者、防疫官員與會，會議以會前會、全體大會 (plenary)、工作小組會議、口頭報告及海報展示等方式進行，計 16 個分組議題同時進行，涵括歐盟公共衛生、能力建構、健康決定因子、健康決定因子與政策、健康服務研究、緊縮健康照護與公平、兒童與青少年公共衛生、衛生政策資料、慢性病防治、健康與生活型態、衛生系統資料與政策、傳染性疾病及跨國衛生研究、心理衛生、老年健康、健康不平等及海報展示，為期 4 天，共計 150 多場會議及 600 多篇論文發表。

(二) 分場口頭報告之學習重點概述

本署同仁以出席傳染性疾病及跨國衛生研究議題相關會議為主，研習重點簡要說明如后：

1. 以移民者為主之傳染病管理及篩檢最新趨勢：

- (1) 荷蘭：目前對於 HCV 並無常規性篩檢，研究顯示，針對所有孕婦進行 HCV 篩檢並不符合成本效益，但針對第一代非西方移民者進行篩檢則符合成本效益；高治療費用反映出低的成本效益分析結果，而研究顯示，採用非干擾素療法治療 C 型肝炎病人係未來發展趨勢。
- (2) 英國：TB 發生率自 2000 年起逐年上升，並以國外出生族群為主，另研究結果顯示，OECD 高收入國家中，亦以國外出生感染 TB 的個案為主要負擔族群。雖

然活化潛伏結核感染者比開放性肺結核境外移入個案更受到重視，但在 OECD 高收入國家中，篩檢優先對象卻以開放性肺結核境外移入個案為主，因此，目前急需建立健全的實證數據資料庫，以發展制定更有效且符合成本效益的移民篩檢政策。

- (3) 荷蘭：荷蘭自 1989 年起全面針對孕婦進行肝炎篩檢，對於高危險族群(如 MSM 及藥癮者)，肝炎篩檢為疫苗接種計畫的一部分，然對於移民族群中的特殊危險群則無篩檢計畫。本計畫係針對荷蘭 5 個城市的中國大陸移民者進行研究分析，結果顯示華人社區中，B 肝盛行率高(6%)，C 肝盛行率低(0.3%)，故擬推廣成功的肝炎防治計畫，需與當地華人社區緊密合作方可成功。
- (4) 英國：本報告係研究分析現階段 TB、B 肝及 C 肝移民族群在歐盟(EU)及歐洲經濟區(EEA)的傳染病負擔情況，資料蒐集自 2010 年 EU 及 EEA 共 29 個國家的通報資料，計通報 73,996 例 TB 個案，其中 24.3%為移民者，59.9%為本國人，15.8%未知；TB 個案移民者中，有 34%來自亞洲；結果顯示，因歐盟國家數多，且各國傳染病監測數據及系統制定並無標準化，故不易進行相互比較分析，而移民族群中，TB 是最主要的疾病負擔，另 B 肝監測系統則再加強建置，方可準確瞭解分布情形。

2. ECDC (European Centre for Disease Control)與 ASPHER 及 EUPHA 的合作：

- (1) ECDC 是歐盟所屬單位，主要經費由歐盟贊助，負責歐盟國家的傳染病防治及研究相關業務，並與歐盟其他單位密切合作，例如歐盟執委會、歐洲議會及部長理事會等皆為重要合作夥伴，另 WHO 歐洲區署、各國防疫單位、NGO、非歐盟國家、國際組織、學術研究機構及網絡等亦為 ECDC 重要的外在合作夥伴。ECDC 局長需不定時參加歐盟會員國的衛生部長相關會議，報告 ECDC 專家的研究與分析成果，並與歐盟執委會健康消費總署(DG SANCO)密切合作，處理公共衛生危險評估及傳染病研究等相關事宜。
- (2) ECDC 為加強歐盟公共衛生量能，以符合歐盟公民的需求，過去應歐盟執委會健康暨消費者總署(European Committee, DG SANCO)要求，提升跨國傳染性

疾病防治量能；然考量新興與再浮現傳染病之全球化及無國界傳播之威脅，ECDC 爰於 2010 年 11 月，通過與第三世界(非歐盟國家)合作的政策決議，拓展國際合作契機，建構全球合作網絡。

(3)ECDC 創辦規章之一即為提供歐盟會員國訓練計畫，尤以傳染病監測及田野調查為主，以提升各會員國自身的公衛量能，俾具備完善專業能力，因應防治新興及再浮現傳染病之爆發流行。課程設計分為長期與短期二類，長期課程以兩年為期：「歐洲流行病學訓練課程」(The European Programme for Intervention Epidemiology Training, EPIET)，每年訓練 12-19 位歐盟國家學員，透過實地參與方式，演練流行病學研究相關基礎課程；「微生物專家訓練課程」(The European Programme for Public Health Microbiology Training, EUPHEM)，旨在建立歐盟微生物專家網絡，發展微生物相關疾病防治能力，並加強歐盟流行病學實驗室的整合能力。短期課程則包括針對資深公衛人員設計之短期訓練課程及公衛種子教師訓練課程等。此外，ECDC 訂有三大策略：提供量能建構訓練、建構訓練單位間之網絡平台、強化訓練中心功能(Training Center Function)，期許受訓人員結業回國後，能將在 ECDC 學到的訓練教材翻譯成本國語言教本，提供國內資淺公衛人員參考使用，達到種子教師訓練的目的。

(4)近年來，越來越多歐洲國家擬申請成為歐盟會員國，因此，ECDC 為擴大與歐洲國家間的合作訓練計畫，2011 年 9 月辦理「Workshop on training capacity, resources and needs assessment for the EU candidate countries and potential candidates」，討論歐盟候選會員國之田野疫調的訓練課程、國家間的拜會參訪、虛擬空間會議討論及人才訓練等議題。2012 年 4 月 ECDC 支持歐盟執委會發起之技術諮詢會議(Technical Consultation Conference)，協助發展地中海區域之疫調訓練計畫。

(5)ECDC 與歐洲區公共衛生學校聯合會(The Association of Schools of Public Health in the European Region, 簡稱 ASPHER)及歐盟公共衛生協會(European

Public Health Association，簡稱 EUPHA)合作，並全力支持協助 ASPHER 或 EUPHA 舉辦之相關會議，除共同籌辦會議、負責專題演講、擔任會議主持人或講師及會場攤位展示外，並協助辦理歐洲公共衛生期刊(European Journal of Public Health)投稿、審核及出版等相關工作。另與 ASPHER 合作部分，除協辦相關會議外，並於 2013 年合作建置 ECDC E-Learning 訓練課程。

3. 歐洲麻疹現況及挑戰：

- (1) WHO 專家報告在歐洲地區麻疹個案數由 1993 年 341,982 人減少至 2013 年 26,643 人，其中 2013 年以喬治亞通報 7,456 人最多，而德國麻疹個案數由 2000 年 621,039 人減少至 2013 年 37,502 人，其中 2013 年以波蘭通報 37,012 人最多。2013 年麻疹個案數的年齡分布主要以大於 20 歲的成人為主(35%)，其次是 1-4 歲(19%)及小於 1 歲(10%)孩童，顯示麻疹不單只是感染小孩。另數據顯示，雖然疫苗為預防麻疹或德國麻疹感染最有效的利器(95%)，但仍有許多族群屬於低疫苗接種族群，影響因素包括文化、生活習慣、疫苗資訊缺乏、害怕副作用、經濟考量、無疫苗接種服務等。對於這些挑戰，專家建議：
 - a. 尋求機會教育並提醒父母兒童接種疫苗的重要性；
 - b. 對於民眾的疑慮及考量需積極回應告知；
 - c. 應將疫苗學納入基礎醫學及護理教育課程中。麻疹與德國麻疹是可以被根除的，故除提升醫護及公衛人員之教育認知外，也應推動相關執行計畫，縮短免疫空白期(Immunity Gaps)及加強疫苗及預防接種監測系統。
- (2) 德國專家表示，應將「加強疫苗及預防接種監測系統」提升至國家型計畫，並成立國家疫苗技術諮詢小組。WHO 歐洲區署已訂定疫苗計畫指引[(Guide to Tailoring Immunization Programm, TIP)，提供各會員國針對易感染族群之獨特需求擬訂相關疫苗接種計畫，並於 2013 年 4 月推行，以質性與量化研究方法，診斷問題並確認次族群，進而執行相關計畫及疫苗接種服務，並增加疫苗接種需求項目，每年至少執行兩個會員國。另有關加強預防接種監測系統乙節，則建議以 case-based surveillance 為基礎，取得每 1 名個案之完

整資訊，並整合實驗室、流行病學監測及疫苗安全監測等資料。WHO 歐洲區署所屬會員國共 53 個國家，僅 39 個國家成立「國家認證委員會」(National Verification Committees, NVCs)，超過 10 個以上的國家未建立麻疹監測系統，且多數國家的麻疹監測資料不足，尤其沒有合併實驗室及流行病學資料，再者，區域間爆發的麻疹疫情並無完整疫調資料，亦無即時性疫苗接種計畫。因此，如欲成功控制歐洲區署的麻疹疫情，需有高度政治承諾來推動國家級麻疹消除計畫，加強各國因應麻疹疫情爆發流行之反應機制，並建立疫苗接種監測系統。

- (3) 英國專家分享 2012 年倫敦北部發生麻疹疫情之處理經驗，爆發時間為 2012 年 12 月 20 日至 2013 年 8 月 26 日，地點在哈瑞迪 (Charedi) 社區，感染人數共計 156 個，其中 91 例(58%)為 IgM 陽性，49 例來自 14 個家庭的群聚感染，其餘發生於護校、小學、國中、高中及年輕人營隊。哈瑞迪社區是猶太教中最保守的一支，稱為極端正統猶太教，該社區男性多研讀猶太經典，且不從事工作，婦女則為家庭主婦，因教義禁止節育，家庭孩子眾多，使得哈瑞迪社區的多數家庭均生活困苦，另對外在的資訊與 3C 產品如電視、網路等進行嚴格控管，因此對於疾病防治與疫苗注射認知程度普遍低下。因此，為有效控制麻疹疫情，英國政府展開主動監測、社區施打疫苗及民眾溝通等相關措施，未來並將針對特殊教義社區進行文化及宗教了解，與其主要領導人或祭司建立互信關係，評估其在地衛生服務需求，並進行相關衛生研究，俾促使當地居民之健康權益能獲得平等待遇。
- (4) 荷蘭專家針對 MMR 三合一疫苗低接種完成率的少數族群 (Orthodox Protestants 基督新教) 進行相關研究，結果發現，荷蘭共有 250,000 名基督新教信徒，約佔總人口數的 1.5%，然其團體有自成一格的生活方式，僅透過教義團體、報紙、雜誌及學校等方式獲取外在資訊。荷蘭於 1976 年開始施打麻疹疫苗、1987 年開始施打 MMR 三合一疫苗，目前疫苗接種完成率均達 95% 以上，然在少數疫苗接種完成率低的地區，其 MMR 接種完成率則僅達 60%。荷

蘭於 2013 年共通報 2,226 例麻疹確認病例，其中 95%未接種過疫苗、85%為基督新教信徒，因此，為提升該特殊族群的疫苗接種完成率，荷蘭公衛專家透過各種可能管道接觸基督新教領導人及信徒，並與基督教家長協會合作，透過特殊管道提供相關疫苗施打及疾病預防資訊，另亦透過教團相關媒體進行宣導活動，推動迄今，已有約 40%未接種過疫苗的家長同意讓自己的小孩接受疫苗注射。

4. 疫苗挑戰：

- (1) 疫苗是全球公認最有效的公共衛生介入措施，為提升人類健康，疫苗投資是必要的，但目前多項重要及推薦的疫苗仍未被充分利用，導致疫情爆發及經濟損失，因此，歐盟執委會將健康投資列為 2014-2020 年重要政策之一，其中以投資於永續衛生系統、人類健康、人力資源及減少健康不平等為重要策略，目的在確保國家維持健康狀態，相關數據及資料均顯示，投資疫苗是屬於最聰明的投資。
- (2) 歐洲預估 2025 年將有近 50%人口年齡高於 50 歲以上，而透過疫苗接種可使老年人獲得更健康的生活，因此，過去研發幼兒疫苗，21 世紀歐盟將積極發展成人及老人疫苗。目前研發新疫苗約需 8-18.5 年時間、花費約 9 億美元，加上不確定何種疫苗適合涵蓋於國家健康保險，並須顧及不同利害關係人間的利益衝突，爰導致疫苗研究及發展困難重重。為解決前揭問題，專家建議發展及執行新的疫苗利害關係人合作模式，並制定新的研發、診斷及管控模式，方可提供即時的疫苗接種服務。
- (3) 2009 年歐盟執委會針對季節性流感疫苗提出建議，75 歲以上老年人及高危險族群應於 2014-2015 年冬季接種流感疫苗，但目前建議施打的族群的 185,000,000 人，尚有 60,000,000 人未接種流感疫苗，在各國流感疫苗施打率中，以荷蘭的施打率最高，達 88%，愛沙尼亞最低，僅 2.3%，顯示各國流感疫苗注射之推廣成效有顯著差異。研究結果顯示，倘以目前流感疫苗施打率推算，約可減少 16,000,000 流感個案發生並拯救 25,000 條性命，但如果

施打率達到 75%，則可減少 32,000,000 流感個案發生並拯救 35,000 條性命；另在醫療費用支出部分，則可節省 248,000,000 歐元至 430,000,000 歐元。雖然現階段歐盟的流感疫苗施打率並不高，但流感疫苗對於公共衛生及經濟層面之影響仍具有舉足輕重的地位，因此，未來如能成功研發改良新的流感疫苗，將更能證明疫苗施打後所帶來的後續效益；歐盟也經繼續朝向 75% 流感疫苗施打率的目標努力，以節省不必要的健康照護經費支出。

- (4) 調查 2009 年網路關鍵字搜尋，係以 H1N1 最熱門，顯示民眾對於健康議題的關心大於政治議題。社群媒體會改變人們的溝通模式，因此，藉由社群媒體推動疫苗注射計畫是具有絕對影響力。「Vaccines Today」於 2011 年 3 月成立，係為整合線上溝通平台，包括疫苗相關網頁、部落格、YouTube 及 Twitter。網頁資訊均來自 ECDC、WHO、醫藥單位、專業人士及父母團體，並邀請專家學者進行專訪，提供民眾最完整且正確的疫苗資訊。另為了解民眾對於疫苗施打的想法及態度，該組織亦發起街頭訪問活動，並透過父母、醫師及研究人員之親身經驗分享，以故事講述的方式，製作一系列「你的故事」(Your Story) 影片於網路上播放，以引起共鳴吸引更多人支持疫苗施打計畫。未來亦將持續與衛生機關、專業人士及父母建立網絡聯繫關係，並邀請非廠商之專業人士及父母支持團體共同參與、合作。

5. 傳染性疾病之防治：

1. 比利時：主要探討比利時羅姆族吉普賽孩童 (Roma Children) 接種麻疹疫苗之挑戰，主因在於該族群生活貧困，不識字且遭社會邊緣化，其無根性生活方式導致研究人員很難與之接洽，加上語言、社會及文化隔閡，使得推廣疫苗接種計畫難上加難。研究顯示，要改善其方式需廣納各界的幫助，如社工團體、羅姆族協調人、翻譯人員等等，提供免費且開放性的諮詢服務，加強歐盟疫苗接種登記系統及提供機動團隊服務。
- (2) 加拿大：加拿大每年因流感住院人數約 20,000 人，死亡人數約 4,000 人，此研究主要針對健康照護人員接種流感疫苗對病患之影響。研究指出，在長期

照護機構中接種流感疫苗的健康照護人員越多，病人死亡率下降越顯著，顯示流感疫苗對於健康年輕族群更具有顯著效力；另調查發現，75%生病的健康照護人員有類流感症狀，但仍上班並未在家休養，故為避免生病的健康照護人員感染醫院病人，因此，推動一項健康照護人員的流感預防政策，亦即要求所有健康照護人員在流感季節需接種疫苗或戴口罩，已接種疫苗的健康照護人員則在識別證上貼上綠色標籤紙作為辨識，並制定訓練協議書，在推廣此政策之過程中，健康照護人員間需相互監督其順從性。然該項政策之推廣面臨許多反對聲浪，反對意見包含疫苗並非預期中有效、整天戴口罩不切實際且妨礙與病人的溝通、屬高壓政策及違反個人生活自由權利等。因此，流感預防政策應有所修正，制定合理規範及取得雙方共識後再推廣，若推廣效果良好，將由醫護人員推行至訪客層面，並由醫院單位推行至護理照護機構。

- (3) 英國：英國專家透過歐洲文獻(2011-2012)，分析流感疫苗在歐盟及歐洲經濟體的困境，結果發現，流感疫苗是降低發病率及死亡率有效的方法之一，但歐盟各國對接種優先順率之見解卻有所不同，例如孕婦及兒童年齡 2 歲以下或 5 歲以下的族群，並非在所有歐盟國家中推行；各國不同族群的流感施打率也有顯著差異，老年人接種率最高為荷蘭(80.6%)、最低為愛沙尼亞(1.1%)，健康照護人員接種率最高為羅馬尼亞(63.9%)、最低為挪威(14%)，孕婦接種率最高為英國(36.6%)、最低為羅馬尼亞(3.6%)。文獻分析發現，大多針對老年人及健康照護人員為對象進行相關研究調查，而針對兒童及孕婦的研究則相對缺乏。另針對不同族群之介入措施分析，健康照護人員強制接種流感疫苗政策是有效地且接種率高達 90%，但倫理及法律問題備受爭議；老年族群中有效的介入措施包括個人化的提醒方式、住家訪問及支持行動；而父母是孩童接種疫苗最主要之決定者，故需提供家長透明及完整的疫苗資訊，並加強說明疫苗的重要性；孕婦的介入措施文獻缺乏，而慢性病族群的文獻證據則為散發性，研究多來自美國，且因病患罹患不同慢性疾病且接受不同治療，故難以進行相關分析比較。荷蘭每年的老年族群流感疫苗接種率

均優於其他國家，主要作法係將疫苗注射當作社交活動而非醫療活動，讓老年人在注射流感疫苗時，可同時進行相關社交活動，讓老年人樂意接受流感疫苗接種，提高疫苗注射率。

- (4) 香港：專家分享從 SARS 過後至 H1N1 流感大流行學到的危機溝通方式。WHO Outbreak Communication Guideline 指出，政府單位與民眾間的溝通需建立在信任上，而信任則必須將資訊透明化，資訊透明化則需早期提供目前所掌握的疾病資訊，對於問題採開放模式並告知目前處理進度，對於不明狀況也需誠實告知。SARS 之後，各國面臨 2009 年 H1N1 流感大流行時，均遵守 WHO 訂定之溝通指引，但仍衍生疫苗接種率低的問題、政治反彈風暴、及 WHO 與其他國際組織遭指控受到疫苗廠商影響等情事發生。造成前述問題主因包括，人們對疾病的認知會受到該國文化、政治、社會背景之影響，以及身處週遭環境對於疾病因果論具有不同見解所導致。專家表示，危機溝通最困難的問題在於世界觀的衝擊，傳統資訊雖然可提供問題答案，但對於解決問題的助益不大，因此，了解如何化解風險認知中的文化差異性是重要的。

6. EUPHA 之傳染病防治組 (The Section of Infectious Disease Control, IDC) 未來執行方針：

- (1) EUPHA 於 2002 年成立 IDC，迄今已有超過 700 名會員，主要作為傳染病防治政策、研究與執行成效之交換平台。2013 年集結歐盟各國專業人才成立核心小組，小組成員計 14 位，平常透過 Skype、E-mail 及電話會議進行交流，針對歐盟公共衛生年會相關科技研究計畫及提案進行審核，目前 IDC 主席係由荷蘭 RIVM 傳染病協調中心主任 Dr. Aura Timen 擔任，Dr. Timen 曾與本署共同參與歐盟 FP7 跨國流感合作研究計畫，與本署建立良好合作關係，此次亦擔任 EPH 多場會議主持人。
- (2) Dr. Timen 與多位核心小組成員討論 IDC 未來執行方針，並邀請與會同仁提出建議或構想，並獲初步共識，包括 a. 全力支持歐盟公共衛生年會；b. IDC 目標：建立公共關係、建立溝通管道、發展治療及介入措施、制定相關指引、

研究發展，並將針對這 5 大目標之執行與宣導成立相關工作小組；c. 加強內部網絡合作並讓成員參與籌備委員會的相關決策；d. 問卷調查了解會員需求；e. 吸引更多專業人士至 ICD 網站討論突破性的研究與政策；f. 積極與業界或其他學術政府單位聯繫溝通並合作籌備相關活動。

(3) 新任 IDC 副主席由德國司圖加特州衛生官員 Prof. Gunter Pfaff 擔任，獲得全場一致通過。下屆 EPH 年會將於 2014 年 11 月 19–22 日假英國 Glasgow 舉行，大會主題為「Mind the gap: Reducing inequalities in health and health care」，傳染病防治議題將以疫苗及新科技應用在傳染病防治為主軸進行規劃，考量結合產、官、學界專家，研擬相關子議題進行經驗分享與交流。

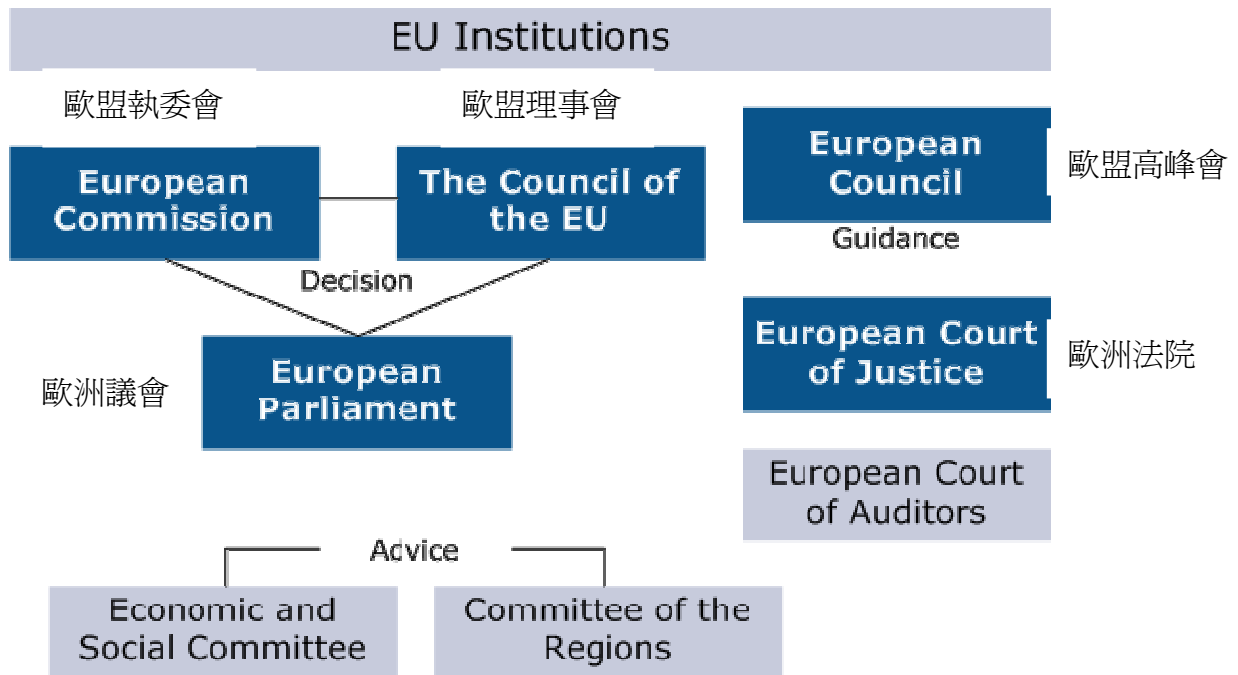
三、參訪重點

比利時首都布魯塞爾為歐盟總部所在地，今年 EPH 適逢於布魯塞爾舉辦，主辦單位於 11 月 14 日特安排歡迎茶會於布魯塞爾市政廳及歐盟議會(European Parliament)，與會人員可擇一選擇參加，本署同仁為更了解歐盟議會，故選擇參訪歐盟議會。

(一) 簡介歐盟組織

歐洲聯盟，簡稱歐盟(European Union - EU)，是世界上第一個超國家組織，且為最前進及最複雜的國際組織。歐盟目前擁有 28 個會員國，人口約 5 億，占全歐人口數的 70%，政治機構主要包括歐盟理事會(Council of the EU)、歐盟執委會(European Commission)、歐洲議會(European Parliament)，簡要說明如下：

1. 歐盟理事會：具有決策權，由各歐盟會員國之政府部長組成，負責建構歐盟法律、協調歐盟經濟政策、簽署國際協議及執行共同外交與安全政策等，相當於我國之立法部門。
2. 歐盟執委會：歐洲行政中心，為歐盟執行單位及負責代表歐盟對外談判，主要負責執行歐盟理事會和歐洲議會的決策，相當於我國之行政部門。
3. 歐洲議會：歐盟唯一直選的議會機構，由各歐盟會員國直接選出的議員組成，與歐盟理事會同為歐盟的主要決策及立法機構，具有監督、審核預算、立法及提案權，各會員國席次則依據該國人口比例分配，共計 736 位議員。



(二) 參訪歐洲議會

參訪人員需於會前報名並完成相關資料登錄，且需攜帶護照至現場進行安檢，完成身分確認後方可進入議會大樓。本次未能全程參觀歐洲議會現場，僅參訪議會 B1 的歡迎茶會廳。茶會係由歐洲議會主辦，由歐洲健康網絡(EuroHealthNet)主席 Dr. Clive Needle 致歡迎詞，歐洲健康網絡係隸屬歐盟之非營利組織單位，目的在提升歐盟地區之健康、平等與福祉。Dr. Needle 簡要說明 EuroHealthNet 與 EUPHA 相關合作成果，並報告 EuroHealthNet 在 2014-2020 新發展計畫；EuroHealthNet 新模式分 3 大區塊：成立歐洲健康促進網絡(Health Promotion Europe, HPE)、健康與福祉的創新、研究及執行之歐洲中心 (The European Centre for innovation, research and implementation for Health and Wellbeing, CIRI)、健康行動及社會平等之歐洲平台(The European Platform for Action on Health and Social Equity)，目的係整合各項健康促進平台，提供歐盟人民更好的健康與福祉。茶會備有飲料、洋芋片、起士塊、火腿塊、橄欖及花生等零嘴，採自助方式取用，讓與會人員在輕鬆氣氛下，與各國衛生官員及專家學者互動交誼。



歐洲議會外觀



歐洲議會-歐盟網站擷取照片



致詞



茶會過程

肆、心得與建議

感謝署內長官給我們機會到布魯塞爾(歐盟所在地)研習歐盟科研架構 H2020 並參加 EPH 年會，本次藉由會晤歐盟官員及出席年會，得以蒐集、瞭解歐盟公共衛生政策及研究發展等相關資料，同時與歐盟執委會、歐盟 CDC 官員及與會各國專家學者建立後續聯繫管道，有助未來推動雙邊或多邊研究合作計畫之契機；

EUPHA 專家對我國傳染病監測系統及模擬分析、預防接種及流感防治作為皆深表興趣，且 2014 年傳染病議題將朝疫苗及新科技應用等面向為優先規劃，爰口頭邀請我國派員參加 2014 年第 7 屆 EPH 年會及報告，期與歐盟防疫官員、專家學者分享我國傳染病防治經驗；歐盟執委會官員亦樂見本署與 ECDC

進行相關實務合作及人員訓練，建議派員出席「應用傳染病流行病學研討會-ESCAIDE」，並提供 ECDC 國合部門主管聯繫資訊，供雙方建立聯繫窗口，俾利後續溝通聯繫之用；另本次研習，除深入瞭解歐盟科研架構 Horizon 2020 (簡稱 H2020) 相關運作機制與計畫徵求重點外，亦得與歐盟執委會科技官員建立聯繫管道，協助未來申請 H2020 科研架構計畫之相關作業事宜。

EPH 年會討論議題廣泛而多元，與會人員可針對個人興趣及專業安排出席課表；有關傳染病防治部分，本屆議題著重在移民者的 B 肝及 C 肝篩檢、麻疹消除計畫及疫苗發展等面向進行報告與討論，除因麻疹消除為全球重要目標及疫苗發展議題係歐盟重視議題，故於很多場次討論其困境、挑戰及未來發展外，亦因歐盟 6 個國家(德國、匈牙利、荷蘭、義大利、西班牙及英國)合作進行一項 HEPscreen 研究計畫，針對移民族群進行 B 肝及 C 肝篩檢，爰安排於本屆年會發表階段成果報告。

歐盟會員國現為 28 個國家，然仍有多數國家的公衛發展情況不佳，例如新加入的東歐及地中海國家，因此，歐盟必須乘載這些經濟落後會員國的健康衛生負擔，而需提供更多的經費與人員培訓計畫，以降低健康不平等之差距。另鑑於各會員國之疾病監測、疫苗接種及實驗室診斷系統發展不一，各會員國間之疫病資料庫尚無法互相截取使用，因此，研究人員需花費更多時間與精力進行資料篩選與校正，才能做資料比對分析，且部分樣本數過小，亦使結果無法呈現宏觀的疾病趨勢。

本次研習亦見識到歐盟公衛的創新及進展，包括整合線上疫苗溝通平台，提供歐盟民眾更公正透明的疫苗資訊；發展 E-learning 平台，訓練各國公衛專家；發展智慧型疫苗監測系統，統一蒐集處理歐盟會員國之傳染病資料。另 ECDC 及 EUPHA 專家分別介紹其組織、現況及未來計畫，讓與會人員更了解其歐盟公衛未來發展方向及研究重點，藉以思考未來合作契機及參與機會。

建議：

一、 歐盟為拓展其與亞洲及美洲的合作網絡，除積極與美國、加拿大、中國

大陸、日本、韓國、越南等簽署雙邊科技合作協議外，並藉由科研架構平台(FP6/7 及 H2020)，鼓勵歐盟國家與非歐盟國家進行各項合作研究計畫，以提升歐盟研究人力與量能，爰建議善加運用歐盟科研架構機制，尋求與歐盟國家及非歐盟國家(如日本、美國)合作申請 H2020 研究計畫之機會，拓展本署參與跨國合作研究計畫之範圍。

- 二、 歐盟科研架構 H2020 已公布傳染病類計畫徵求主題包括 Effective health promotion, disease prevention, preparedness and screening 及 Improving diagnosis 二大主軸，而本署無論是傳染病監測、模擬分析、疫苗及預防接種、流感整備或實驗室檢驗技術創新等成就，皆受到國際肯定與讚揚，建議可就前述強項與歐盟國家洽商相關合作議題，共同申請 H2020 合作研究計畫。
- 三、 自 2013-2014 年起，歐盟執委會不再由 DG Research & Innovation 統籌控留分配，而將部分經費撥給 ECDC、英國 PHE、荷蘭 RIVM 等單位授權運用，建議未來可積極與 ECDC、PHE、RIVM 洽商運用該筆經費進行相關合作研究計畫。
- 四、 我國每年均派員出席美國公共衛生年會，此為首次派員參加歐盟公共衛生年會，相較於美國公共衛生年會議題以非傳染病為主軸，歐盟公共衛生協會因設有傳染病防治組，每年皆有傳染病相關議題報告，另 ECDC 每年舉辦之「應用傳染病流行病學研討會-ESCAIDE」亦包含歐盟與非歐盟國家關切之傳染病研究與防疫政策，建議未來在經費許可下，每年可派員參加前述二項會議，透過口頭報告或海報展示方式，與歐盟官員及專家學者分享我國防疫經驗與研究成果。
- 五、 本署每二年薦送同仁參加 ECDC 舉辦之 EPIET 訓練計畫恐因歐盟政策而不再繼續提供我國受訓機會之情事發生，建議未來透過 ECDC 聯繫窗口，爭取派員到 ECDC 進行短期見習觀摩或受訓的機會，以延續拓展本署與 ECDC 雙邊務實合作機制。

伍、活動剪影



會晤歐盟 DG Research & Innovation
科技官 Dr. Christian Desaintes



會晤歐盟 DG SAGO 國際事務政策官
Dr. Andrea Schwarz



會晤荷蘭 RIVM 傳染病協調中心主任兼
歐盟公共衛生協會傳染病組主席
Dr. Aura Timen



歐盟公共衛生年會報到處



歐盟公共衛生年會議程電子面版



歐盟公共衛生年會傳染病議題會場



攤位展示區(英國倫敦大學)



攤位展示區(WHO SAGE)



攤位展示區(ECDC)



海報展示區



歐洲議會入口處之一



歐洲議會茶會現況

附錄一：歐盟公共衛生年會傳染病議程



Programmes

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Pre-conference - Wednesday 13th Nov

Time / Location	Track	Organiser	Activity
Wed 13th 9:00-17:00 Room 214/216		EANC, in cooperation with DG Sanco, WHO Europe and EUPHA	<p>Pre conference: Mechanisms of successful knowledge transfer: operating at multiple levels of the science-policy interface</p> <p>More information on this pre conference can be found here.</p> <p>(Code: Sanco)</p>
<input checked="" type="checkbox"/> Remove me from this activity			
Wed 13th 14:00-17:00 Room 314/316		EUPHA section on Infectious Diseases Control	<p>Pre conference: Current approaches to screening and management of communicable diseases, with emphasis on migrants</p> <p>Full programme and abstracts.</p> <p>Opening <i>Aura Timen, The Netherlands</i></p> <p>Part 1: Infectious disease and migration in Europe: towards effective screening</p> <p>Infectious disease burden in migrant populations in the European Union and European Economic Area: TB and Hepatitis B and C <i>Gemma Williams, United Kingdom</i></p> <p>Is adding HCV screening to the antenatal national screening program in Amsterdam, the Netherlands, cost-effective? <i>Anouk Urbanus, The Netherlands</i></p> <p>Evaluation of immigrant tuberculosis screening in high-income OECD countries <i>Manish Pareek, United Kingdom</i></p> <p>Results of a disease awareness programme offering Chinese migrants on-site testing for chronic hepatitis B and C virus infection in five urban areas in the Netherlands <i>Irene Veldhuijzen, The Netherlands</i></p>
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	<p>Moderated plenary discussion</p> <p>Part 2: Updates in the control and management of Sexual Transmitted Diseases in Europe</p> <p>Chair: Caroline Rumble, United Kingdom</p> <p>Hepatitis C virus infection: spread and impact in the Netherlands <i>Anouk Urbanus, The Netherlands</i></p> <p>Organisation of an STI centre <i>Marco Cusini, Italy</i></p> <p>Towards the eradication of HPV infection through universal specific vaccination <i>Carlo Signorelli, Italy</i></p> <p>Moderated plenary discussion</p> <p>(Code: IDC)</p>
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The European Public Health Association (EUPHA) and the Association of Schools of Public Health in the European Region (ASPHER) are pleased to invite you to the 6th joint conference combining the 21st annual EUPHA meeting and 35th annual ASPHER meeting.

Pre-conference - Thursday 14th Nov

Time / Location	Track	Organiser	Activity
Thu 14th 8:30-11:30 Room 201A/B		ECDC	Pre conference More information to follow shortly.
<input checked="" type="checkbox"/> Remove me from this activity			(Code: ECDC)

Plenary sessions - Thursday 14th Nov

Time / Location	Track	Organiser	Activity
Thu 14th 12:00-13:00 Gold Hall			Opening Moderator: Guido van Hal, Belgium Welcome address by: <i>Laurette Onkelinx, Federal Minister of Health, Belgium</i> <i>Tonio Borg, EU Commissioner for Health and Consumers</i> <i>Walter Ricciardi, EUPHA president</i> <i>Helmut Brand, ASPHER president</i> Entr'acte (Code: OP)
<input checked="" type="checkbox"/> Remove me from this activity			
Thu 14th 13:00-14:00 Gold Hall		EUPHA	Plenary 1: Are we there yet? Learning from the past, building the future Moderator: Walter Ricciardi, EUPHA Next steps and priorities for the implementation of the European
<input checked="" type="checkbox"/> Remove me from this activity			

Action Plan for Strengthening Public Health*Zsuzsanna Jakab, WHO Europe***Presentation by:***Sir Muir Gray, United Kingdom**(Code: PL1)***Main conference - Thursday 14th Nov**

Time / Location	Track	Organiser	Activity
Thu 14th 14:00-15:30 Room 314/316	Infectious Diseases and Cross Border Care		<p>M1. Cross border care</p> <p>Chairs: Allan Krasnik, Denmark and Hadewijch VandenHeede, United Kingdom</p> <p>A systematic review of research on discharge summaries in Europe <i>Ketevan Glonti, United Kingdom</i></p> <p>Disease Management in France and Germany: comparing the transfer of a policy 'made in USA' <i>Matthias Brunn, France</i></p> <p>An exploratory analysis of hospital discharge summaries across Europe <i>Ketevan Glonti, United Kingdom</i></p> <p>A comparison of the quality of outpatient antibiotic prescribing between two areas of northern and southern Europe <i>Sara Malo, Spain</i></p> <p>Opportunities and challenges of cross-border health care: voices of Maltese thyroid cancer patients <i>Natasha Azzopardi Muscat, Malta</i></p> <p>Assessing the role of regulatory bodies in assuring patient safety and the quality of health care in Europe: an analysis of vignettes of medical errors and professional issues <i>Isabelle Rizzo-Gill, United Kingdom</i></p> <p><i>(Code: M1)</i></p>
<input checked="" type="checkbox"/> Remove me from this activity			
Thu 14th 16:00-17:30 Room 100	European Public Health	DG SANCO	<p>A2. The EU Health Programme 2014-2020</p> <p>Chair: <i>Natasha Azzopardi Muscat, Malta</i></p> <p>Presentations: <i>Michael Huebel, European Commission, DG SANCO</i> <i>Jacques Remacle, European Commission, EAHC</i></p> <p><i>(Code: A2)</i></p>
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Thu 14th 16:00-17:30	Infectious Diseases and Cross Border Care	EUPHA section on Infectious Disease Control	<p>M2. Workshop: Measles in Europe: Challenges in the field</p> <p>Chairs: Ülle-Karin Nurm, ECDC and Günter Pfaff, Germany</p> <p>Measles and Rubella in the countries of the World Health Organization European Region: an epidemiological assessment <i>Marc Muscat, WHO Europe</i></p> <p>Strategies for measles and rubella elimination in the World Health Organization European Region <i>Günter Pfaff, Germany</i></p> <p>Towards measles elimination: control strategies in Piemonte <i>Lorenza Ferrara, Italy</i></p> <p>A measles outbreak within an Orthodox Jewish community in London, United Kingdom. Descriptive epidemiology, lessons learnt and recommendations <i>Vanessa Baugh, United Kingdom</i></p> <p>How to reach minority groups with low MMR vaccination coverage? <i>Helma Ruijs, The Netherlands</i></p> <p>(Code: M2)</p>
Room 213			
<input checked="" type="checkbox"/> Remove me from this activity			

Main conference - Friday 15th Nov

Time / Location	Track	Organiser	Activity
Fri 15th 10:30-12:00	Infectious Diseases and Cross Border Care		<p>M3. Public health and infectious diseases</p> <p>Chairs: Aura Timen, The Netherlands and Sofia Ribeiro, Portugal</p> <p>Development of critical recommendations representing good quality of response to infectious disease outbreaks <i>Evelien Belfroid, The Netherlands</i></p> <p>Evaluation of tuberculosis treatment at Hlengisizwe community health centre, Hammarsdale, South Africa <i>Onyeka Okoli, South Africa</i></p> <p>Risk factors for developing drug-resistant tuberculosis from regular tuberculosis in Armenia: a case-control study, 2012 <i>Ruzanna Grigoryan, Armenia</i></p> <p>Global burden of listeriosis <i>Charline Maertens De Noordhout, Belgium</i></p> <p>Airborne antibiotic resistant bacteria in a solid waste</p>
Room 314/315			
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	<p>recycling plant: a crucial area for public health actions <i>Beatrice Casini, Italy</i></p> <p>What school children know & think and their parents do in relation to ticks and Lyme borreliosis in The Netherlands <i>Fedor Gassner, The Netherlands</i></p> <p>(Code: M3)</p>
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Extra activities - Friday 15th Nov

Time / Location	Track	Organiser	Activity
Fri 15th 12:00-12:45 Room 216		EUPHA section on Public health monitoring and reporting	<p>Annual meeting: EUPHA section on Public Health Monitoring and Reporting</p> <p><input checked="" type="checkbox"/> Remove me from this activity</p> <p>(Code: AM7)</p>
Fri 15th 12:30-13:30 The Arc		Vaccines Europe	<p>Lunch meeting: The Last Mile Challenge for Vaccination: Are we there yet?</p> <p>If you wish to register for this Lunch meeting only, please click here and send an email to register with Vaccines Europe. Delegates of the conference (full or day registration) do not have to register for this meeting. For full and day registration proceed to the Conference Registration page.</p> <p>Introduction</p> <p>Missed vaccination opportunities and public health consequences: the state of measles and flu in Europe</p> <p>Maximizing the public health benefits of vaccination: a modeling study applied to influenza</p> <p>The missing link in vaccination policy-making: Innovative communication to address vaccine hesitancy</p> <p>The last mile challenge: What can the vaccine industry contribute to?</p> <p>Panel discussion</p> <p>Q&As with the audience</p> <p>(Code: VE)</p>
Fri 15th 12:45-13:30 Room 215		EUPHA section on Environment-related diseases	<p>Annual meeting: EUPHA section on Environment-Related Diseases</p> <p><input checked="" type="checkbox"/> Remove me from this activity</p> <p>Chair: Peter van den Hazel, The Netherlands</p> <p>Welcome</p>

<p>Brief introduction of attendees</p> <p>Activities of this section</p> <p>How can we cooperate with other sections within EUPHA?</p> <p>Who wants to become more active for the section?</p> <p>Workshop 2014 Which subject shall we choose? How do we relate to the theme of 2013 conference. What will be our approach?</p> <p>Research activities related to Horizon 2020</p> <p>(Code: AM8)</p>

Main conference - Friday 15th Nov

Time / Location	Track	Organiser	Activity
Fri 15th 13:30-15:00 Room 314/316	Infectious Diseases and Cross Border Care	ECDC and EUPHA section on Infectious Diseases Control	<p>M4. Round table: Risk communication for the prevention of communicable diseases – Introducing a new risk communication paradigm</p> <p>Chairs: Karl Ekdahl, ECDC and Aura Timen, The Netherlands</p> <p>Introducing a new risk communication paradigm <i>Petra Dickmann, United Kingdom</i></p> <p>Risk Communication practice and perspective in contrast to WHO outbreak communication guidelines <i>Thomas Abraham, China</i></p> <p>Panellists: <i>Petra Dickmann, United Kingdom</i> <i>Thomas Abraham</i> <i>Ülla-Karin Nurm, ECDC</i> <i>Karl Ekdahl, ECDC</i> <i>Aura Timen, EUPHA section on Infectious Diseases Control</i> <i>Franklin Apfel (facilitator)</i></p>
<input checked="" type="checkbox"/> Remove me from this activity			(Code: M4)

Moderated poster sessions - Friday 15th Nov

Time / Location	Track	Organiser	Activity
Fri 15th 15:30-16:30 Room 314/316	Infectious Diseases and Cross Border Care		<p>M5. Infectious diseases 1</p> <p>Chair: Jeannette de Boer, The Netherlands</p> <p>M5.1. Determinants influencing recommended vaccination coverage in children 0-5 years old</p>
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	<p><i>Maria Ganczak, Poland</i></p> <p>M5.2. Compliance with influenza vaccination among healthcare workers – tailoring risk communication according to the factors affecting compliance <i>Manfred Green, Israel</i></p> <p>M5.3. Preoperative vaccination policy in Poland in the context of anti-hepatitis B immune status in patients vaccinated before surgery with a two-dose schedule <i>Maria Ganczak, Poland</i></p> <p>M5.4. Evaluation of the Italian sentinel surveillance system for acute viral hepatitis (SEIEVA) <i>Silvia Longhi, Italy</i></p> <p>M5.5. Unwanted stethoscopes' hosts <i>Gabriele Messina, Italy</i></p> <p>(Code: M5)</p>
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Main conference - Saturday 16th Nov

Time / Location	Track	Organiser	Activity
Sat 16th 9:00-10:30 Room 212	Infectious Diseases and Cross Border Care		<p>M6. Prevention of infectious diseases</p> <p>Chair: Aura Timen, The Netherlands</p> <p>Roma Children Vaccinations in Brussels, 2012: A Challenge for the Coming Decade? <i>Julie Yap, Belgium</i></p> <p>Mandatory Health Care Worker Influenza Vaccination or Masking in British Columbia <i>Doran Ksienski, Canada</i></p> <p>Drivers and barriers of seasonal Influenza vaccination in the European Union and European Economic area (EU/EEA): a systematic review <i>Allison McCallum, United Kingdom</i></p> <p>Human Papillomavirus and cancers of head and neck: a systematic review of the literature and meta-analysis of observational studies <i>Giuseppe La Torre, Italy</i></p> <p>Rapid assessment and response on HIV among especially vulnerable Roma adolescents in Serbia in 2012 <i>Daniel Meskovic, Serbia</i></p> <p>Environmental contaminants in hospital settings and progress in disinfecting techniques <i>Emma Ceriale, Italy</i></p>
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(Code: M6)

Moderated poster sessions - Saturday 16th Nov

Time / Location	Track	Organiser	Activity
Sat 16th 11:00-12:00 Room 212	Infectious Diseases and Cross Border Care		<p>M7. Infectious diseases 2</p> <p>Chair: Günter Pfaff, Germany</p> <p>M7.1. Cluster analyses of reporting delays of infectious diseases over the period 2003-2012 in the Netherlands <i>Corien Swaan, The Netherlands</i></p> <p>M7.2. Awareness of Hepatitis B among Roma patients in Bulgaria <i>Pepa Karadzova, Bulgaria</i></p> <p>M7.3. Estimated burden of chronic hepatitis B among first generation migrants in Germany, Hungary, The Netherlands, Italy, Spain and UK <i>Amena Ahmad, Germany</i></p> <p>M7.4. Patterns of HIV/AIDS knowledge among Roma and non-Roma women in Serbia: Results of 2010 Multiple Indicator Cluster Survey <i>Snezana Simic, Serbia</i></p> <p>M7.5. Norovirus outbreaks on commercial cruise ships: a systematic review and new targets for the public health agenda <i>Giuseppe Scafoli, Italy</i></p> <p>M7.6. Presence and time resuscitation of Viable But Nonculturable (VBNC) Legionella species in a hospital water system <i>Maria De Giusti, Italy</i></p> <p>M7.7. Cumulative risk assessment by environmental to EDC's mixture exposure, a still open problem <i>Margherita Ferrante, Italy</i></p> <p>M7.8. Ensuring sustainable harm reduction services for Roma who are especially vulnerable to HIV/AIDS: Lessons of an inter-sectoral policy initiative from Serbia <i>Daniel Meskovic, Serbia</i></p>
			(Code: M7)

Plenary sessions - Saturday 16th Nov

Time / Location	Track	Organiser	Activity
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<p>Sat 16th 13:00-14:00</p> <p>Gold Hall</p>	<p>Late Breaker: Health in all policies @ the European Commission</p> <p>Chair: Kieran Walshe, United Kingdom</p> <p>The contribution of DG Enlargement to the development of public health in Europe <i>Katja de Sadeleer, European Commission, DG Enlargement</i></p> <p>The future for public health research in Europe: Horizon 2020 <i>Barbara Kerstiens, European Commission, DG Research</i></p> <p>(Code: LB)</p>
<p><input type="checkbox"/> Remove me from this activity</p>	
<p>Sat 16th 15:00-15:45</p> <p>Gold Hall</p>	<p>Closing ceremony</p> <p>EPH Conferences prizes ceremony <i>Awarded by Walter Ricciardi, chair of the 2013 European Public Health Conference</i></p> <p>Summary of the conference <i>Martin McKee, chair of the 2013 International Scientific Committee</i></p> <p>Glasgow 2014 <i>Alastair Leyland, chair of the 2014 European Public Health Conference</i></p> <p>(Code: CL)</p>
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附錄二：歐盟公共衛生年會與會名單



6th European Public Health Conference,
13-16 November 2013, Brussels, Belgium

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