Infectious diseases have made an unfortunate comeback. After the Second World War, the development of new vaccines and discoveries of efficient antibiotics meant to many that lethal infectious disorders were enemies of the past. But, not surprisingly, nature has hit back. We now face an increasing number of deadly drug-resistant bacteria, including the mycobacterium that causes tuberculosis, as well as staphylococci. Around 1% of the world population is now infected with HIV. The severe acute respiratory syndrome (SARS) epidemic of 2003 demonstrated just how enormous the social and economic effects of such new infectious diseases can be, and a global avian flu pandemic hovers on the horizon. Moreover, the communicable nature of these diseases is exacerbated by modern travel.

Hence, the decision taken by the European Union (EU) in April 2004 to create a European Center for Disease Prevention and Control (ECDC) is commendable. But what is the potential capacity of the center to fulfill its important mission? The ECDC will start operating in May 2005 in Stockholm, Sweden. The center shall “identify, assess and communicate current and emerging threats to human health from communicable diseases,” surely a broad mission to cover. The budget for the center is put at approximately 5, 15, and 30 million euros for 2005, 2006, and 2007, respectively. Compared to a present budget for the U.S. Centers for Disease Control (CDC) of around $4 billion, this budget is hardly inspiring. Even in 2007, the ECDC budget will be less than those of many national disease centers in Europe, and that dictates a stringent policy regarding priorities for deciding which tasks can best be performed by the agency. The current instructions put major emphasis on the operation of surveillance networks and the provision of technical and scientific expertise to the 25 member states. And although the directives repeatedly emphasize the need for the ECDC to provide scientific expertise to the EU, the center will lack laboratories of its own and be devoid of regulatory power.

The director of the ECDC, Zsuzsanna Jakab, will be crucial in shaping the policy and position of the agency within the EU. Jakab, from Hungary, is a former politician with a long administrative background at the regional office of the World Health Organization (WHO) in Copenhagen. In contrast to most directors of disease centers around the world, Jakab lacks medical expertise and scientific background in the field. But her knowledge of EU and WHO bureaucracies may prove invaluable for skillful navigation around the archipelagos of political complexity. However, equally vital for a successful ECDC will be the new director’s ability to create an attractive environment for scientists of high quality.

The response to the ECDC has generally been positive. Of course, concerns continue about its power to fulfill an ambitious mission on a minimal budget. It is also unclear how existing projects within the present EU budget concerning public health and communicable diseases will be affected. Scientific experts often require strong ongoing links to research in order to maintain their expertise. Can Jakab construct such an environment in an institute without labs? Perhaps she can; France and Ireland, for example, have disease centers that are considered to function quite well without laboratories. However, as a putative hub of expertise among EU member states, the lack of infrastructure at the ECDC could pose a challenge to its mission.

Harmony among states with regard to rules for handling epidemics of infectious diseases in the EU region is critical, especially in an emergency. Without regulatory power, the ECDC will somehow have to support this cause by relying on other devices. That will be a challenge: Several EU countries defend their rights to have their own laws for handling infectious diseases, whereas others support a common European law. And with an impending avian flu epidemic on its radar screen, the ECDC will have to move swiftly to coordinate EU strategies for handling a potential crisis.

So, what are we left with? A European variant of the U.S. CDC, with a much more restricted role as the coordinating center for networks of surveillance, based largely on independent national agencies. An external evaluation will no doubt be needed in a few years to measure the effectiveness of this European model. Given such formidable challenges, is it conceivable that the ECDC could emerge as a leading international scientific institution in the control of infectious diseases? We look forward, hopefully, to that possibility.

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10.1126/science.1109952
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*Science* **307** (5716), 1691.
DOI: 10.1126/science.1109952