



Submission Date: 19 May 2008 at: 7:08

### 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.

**Israel Ministry of Health**

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

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

### 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.*

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.*

### 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

b) Epidemic Intelligence<sup>6</sup>

A maximum of 200 words is allowed

**•To identify health areas where there is a shortage of essential data needed for determining health policy and decision-making. •To establish new health-related databases in the Ministry of Health and in cooperation with the professional medical associations. •To provide ongoing professional support to users of existing databases within the Ministry of Health, the medical professional associations and the general health services. •To undertake applied research in specific areas of public health according to the requirements of the Ministry of Health. •To carry out periodic national health surveys. •To report on the health status of the population by means of periodic publications. •To present policy alternatives in the various areas of public health to decision-makers in the Ministry of Health. •To provide support for disease surveillance and outbreak investigation.**

**The Ministry of Health is built on seven divisions, which are all subordinate to the Director-General: healthcare division, administration and human resources division, the professional division, healthcare resources division, the nursing division, the hospitals division, and the Israel Center for Disease Control.**

**The ICDC structure includes central core units and subject program areas. The central core of the ICDC consists of the director, the deputy director, the administrative manager, head of the data processing unit, and heads of operational units, research assistants and secretarial staff. The Center has operational units responsible for disease registries, publications, health surveys and surveillance of bio-terror and unusual morbidity. These units are headed by senior professionals, and staffed largely by individuals in training or recently qualified in public health. The staff of the ICDC works in close cooperation with other divisions of the Ministry of Health, with the Central Bureau of Statistics, with the HMO's, with other health services and with researchers at various institutes and universities. The subject program areas include cardiovascular diseases, cancer, trauma, perinatology, infectious diseases, and reference laboratories.**

**The ICDC is dealing mainly with syndromic surveillance for monitoring influenza activity during winter and gastroenteritis all over the year. A syndromic surveillance system has been developed a few years ago as part of a national preparedness program for bioterrorism. The system is based mainly on non-specific clinical data assembled daily from community clinics and hospital-based emergency departments. Enteropathogens (salmonella, shigella, and camphylobacter) are also being monitored using another system. Data are being collected from community and hospital laboratories and integrated with data from the National Reference Laboratories. The Information is used to examine trends in morbidity and to locate populations at risk.**

**Information published in ProMED, Eurosurveillance, and MMWR is being reviewed regularly.**

<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.

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

d) Zoonosis  
A maximum of 200 words is allowed

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

## 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>6</b>	<b>13</b>	<b>19</b>
Infectious diseases specialists	<b>0</b>	<b>0</b>	<b>0</b>
Statisticians	<b>1</b>	<b>2</b>	<b>3</b>

**The Israel Center for Disease Control is not dealing directly with this issue. It is the responsibility of other departments at the Ministry of Health.**

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**The ICDC had collaborated with partners inside and outside the health system in preparing protocols for bioterrorism and influenza pandemic. The syndromic surveillance infrastructure available at the ICDC has an important role in these two scenarios.**

**The ICDC is recognized by the Scientific Council of the Israel Medical Association for specialist training in public health, and for rotations in the sub-specialty of infectious diseases. In addition, students in epidemiology, preventive medicine and related fields carry out research projects at the Center. ICDC is also conducting an annual, week-long intensive training course in interventional epidemiology (EPIIS) in cooperation with the European Program for Interventional Epidemiology Training (EPIET).**

**ICDC is conducting health surveys at a national level as part of EUROHIS every 3 years. Seroprevalence studies are also being conducted in order to evaluate the public immunity status to several diseases.**

**Not available.**

Microbiologists	<i>0</i>	<i>0</i>	<i>0</i>
Biologists	<i>1</i>	<i>0</i>	<i>1</i>
Laboratory technicians	<i>0</i>	<i>1</i>	<i>1</i>
Information Technology Managers	<i>0</i>	<i>0</i>	<i>0</i>
Others (please, specify)		<i>0</i>	
<i>public health specialist</i>	<i>3</i>		<i>3</i>

## 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:

*4*

Data-base	Content	Time span	Brief description
<b>Patient visits to community clinics</b>	<b>individual records</b>	<b>1998 – current</b>	<b>Individual records containing fields on: date of visit, birth date, gender, address (partial), ICD-9 codes for diagnoses, signs and symptoms entered by the practitioner at the end of the visit.</b>
<b>ER admissions</b>	<b>individual records on admissions to several Emergency Rooms</b>	<b>2004 – current</b>	
<b>Blood cultures</b>	<b>Individual records</b>	<b>2003 – current</b>	<b>Individual records on blood cultures processed in hospital-based bacteriology laboratories</b>
<b>Stool cultures</b>	<b>Individual records</b>	<b>1998 – current</b>	<b>Individual records on stool samples positive for Shigella, Salmonella, Campilobacter</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:

*0*

Number of bulletins:

*0*

Number of reports:

*4*

Title	Frequency (Yearly, monthly, etc.)	Web link (if available)
<b>Weekly Report on Influenza Activity in Israel</b>	<b>weekly</b>	<b><a href="http://www.health.gov.il/english/pages_E/default.asp?maincat=15">http://www.health.gov.il/english/pages_E/default.asp?maincat=15</a></b>
<b>ACSIS 2006 – Acute Coronary Syndrome Israeli Survey, March–April 2006. Survey Findings and Temporal Trends. Published in April 2007</b>		

**State of Health of the Arab Population in Israel. Published in February 2006**

**Notifiable Infectious Diseases in Israel: 54 Years of Surveillance – 1950–2004". Published in 2006**

Number of research:

**4**

Title Frequency (Yearly, monthly, etc.) Web link (if available)

**Kaufman Z, Wong WK, Peled–Leviatan T. Evaluation of a syndromic surveillance system using the WSARE algorithm for early detection of an unusual, localized summer outbreak of influenza B: implications for bioterrorism surveillance. Isr Med Assoc J. 2007;9:3–7**

**Keinan–Boker L, Baron–Epel O, Garty N, Green MS. Family history of breast cancer and compliance with mammography in Israel: findings of the National Health Survey 2003–2004 (EUROHIS). Eur J Cancer Prev. 2007;16:43–9**

**Kaufman Z, Aharonowitz G, Dichtiar R, Green MS. Estimating the usual prevalence and incidence of acute illness in the community: Implications for pandemic influenza and bioterrorism preparedness. Isr Med Assoc J. 2006;8:563–7**

**Green MS, Weinberger M, Ben–Ezer J, et al. Long–term death rates, West Nile virus epidemic, Israel, 2000. Emerg Infect Dis 2005;11:1754–7**

Others:

**0**

**SECTION 10**

Identify your main collaborating partners in each area.

Number of partners:

**4**

Partner name	Location	Surveillance of infectious diseases	Epidemic Intelligence	Monitoring of s. delivery	Zoonosis	Diagnostic Services	Emergency preparedness	Training and education	Research
<b>Healthcare Maintenance Organizations</b>	<b>National</b>	<b>Yes</b>					<b>Yes</b>		<b>Yes</b>
<b>The Epidemiology Department, Ministry of Health</b>	<b>National</b>	<b>Yes</b>			<b>No</b>				
<b>Central Virology</b>	<b>National</b>	<b>Yes</b>			<b>No</b>		<b>Yes</b>		<b>Yes</b>

*Laboratory, Public  
Health Services*

*Regional Health  
Departments*

*Regional*

*Yes*

*Yes*

*Yes*