IV

CP: DG

Instituto Superiore di Sanita
Att : Dr. Angelo del Favero
Viale Regina Elena 299
00161 Rome, Italy

Stockholm
RMC-2016-OUT-3322-AnjBo

Re: Specific Grant Agreement No.4 ECD. 6570

Dear Sir / Madam

Enclosed please find the original copy of the above-mentioned contract duly signed by ECDC. Please note the contract entered into force on the date on which it was signed by the last contracting party.

Should you have any queries, please contact us at Contracts@ecdc.europa.eu

Yours sincerely

ECDC Procurement
Resource Management and Coordination Unit

EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

Office of the Chief Scientist

SPECIFIC AGREEMENT No 4 ECD.6570
to the Framework Partnerships Agreement No. GRANT/2013/014

This specific agreement (hereinafter referred to as "the Specific agreement") is concluded between:

The European Centre for Disease Prevention and Control (hereinafter referred to as "the Centre"), represented for the purposes of signature of this Specific grant agreement by Michael Catchpole, Head of the Office of the Chief Scientist,

on the one part,

and

Partner 1
Instituto Superiore di Sanita
Public Body
Registration No. 80211730587
Viale Regina Elena 299, 00161 Rome, Italy
VAT No. 03657731000
and
Partner 2
Health Services Executive - Health Protection Surveillance Centre
Public Body
Registration No. 0043024G
25-27 Middle Gardiner Street, Dublin 1, Ireland
VAT No. IE 99840321
and
Partner 3
Robert Koch Institute (RKI)
Public Body
Established by law
Nordufer 1, 13353 Berlin, Germany
VAT No. DE165983430

PIERA CENATO

and
Partner 4
Statens Serum Institute (SSI)
Public Body
Registration No. 0000069210
5, Artillerivej, 2300 Copenhagen S, Denmark
VAT No. 46837428

and
Partner 5
National Institute of Public Health – National Institute of Hygiene (NIPH-PZH)
Public Body
Chocimska 24 Str., 00-791 Warsaw, Poland
VAT No. PL525-000-87-32

and
Partner 6
Institut de Veille Sanitaire
Public Body
Registration No. 18009212400015
12 Rue du Val D'Osne, 94415 Saint Maurice Cedex
VAT exempt

and
Partner 7
CINECA Consorzio Interuniversitario
Public Body
Registration No. 00317740371
Via Magnanelli 6/3, 40033 Casalecchio di Reno, Bologna, Italy
VAT No. 00502591209

The parties identified above and hereinafter collectively referred to as 'the partner' shall be jointly and severally liable vis-à-vis the contracting authority for the performance of this framework contract.

The leader of the consortium,
Partner 1
Instituto Superiore di Sanita
Public Body
Registration No. 80211730587
Viale Regina Elena 299, 00161 Rome, Italy
VAT No. 03657731000

represented for the purposes of signature of the Specific agreement by - Dr. Angelo del Favero, General Director,

on the other part.

The following annexes form an integral part of the Specific agreement:

Annex I Request for technical and budget proposal

Annex II Technical proposal and estimated budget

ARTICLE 1 – SUBJECT MATTER OF THE SPECIFIC AGREEMENT

The Specific agreement is concluded in the context of the partnership established between the parties. It is drawn up in accordance with the relevant terms of framework partnership agreement No GRANT/2013/014 signed between the Centre and the partner on 26 September 2013 (hereinafter referred to as "the Framework agreement").

The Centre has decided to award a grant ("specific grant for an action"), under the terms and conditions set out in the Specific agreement and the Framework agreement, for the action entitled "Monitoring Vaccination Programmes in the European Union and EEA/EFTA countries: Sharing Information to Improve Performance - VENICE III Phase 1" ("the action") as described in Annex I.

With the signature of the Specific agreement, the partner accepts the grant and agrees to implement the action in accordance with the terms and conditions of the Specific agreement and the Framework agreement, acting on its own responsibility.

ARTICLE 2 – ENTRY INTO FORCE OF THE SPECIFIC AGREEMENT AND DURATION

2.1 The Specific agreement shall enter into force on the date on which the last party signs.

2.2 The action shall run for **4 (four) months**. The above period shall be determined on the basis of calendar days.

ARTICLE 3 - MAXIMUM AMOUNT AND FORM OF THE GRANT

The grant shall be of a **maximum amount of EUR 70,527.89** (seventy thousand, five hundred and twenty seven euros, eighty nine cents) and shall take the form of:

(a) The reimbursement of maximum 90% of the eligible costs of the action ("reimbursement of eligible costs"), which are estimated at **EUR 78,364.32** (seventy eight thousand, three hundred and sixty four euros, thirty two cents) and which are:

(i) actually incurred ("reimbursement of actual costs") for the all categories of costs except indirect costs
(ii) reimbursement of unit costs: not applicable

(iii) reimbursement of lump sum costs: not applicable
(iv) declared on the basis of a flat-rate of 7% of the eligible direct costs ("reimbursement of flat-rate costs") for the indirect costs
(v) reimbursement of costs declared on the basis of the partner's usual cost accounting practices: not applicable

(b) unit contribution: not applicable

(c) lump sum contribution: not applicable

(d) flat-rate contribution: not applicable

ARTICLE 4 – ADDITIONAL PROVISIONS ON REPORTING, PAYMENTS AND PAYMENT ARRANGEMENTS

4.1 Reporting periods, payments and additional supporting documents

In addition to the provisions set out in Articles II.23 and II.24 of the Framework agreement, the following reporting and payment arrangements shall apply:

- Upon entry into force of the Specific agreement, a **pre-financing payment of 40%** of the maximum amount specified in Article 3 shall be paid to the partner;

- A reporting period 1 runs from the entry into force of the Specific agreement to **11 November 2016**. This foresees the possibility of submission of an estimation of the current expenditures incurred to the Centre.

- Last reporting period up to the end of the period set out in Article 2.2: The balance shall be paid to the partner , subject to the receipt of an operational verification report ("operational verification report") in accordance with Article II.23.2(e) of the Framework agreement; subject to the receipt of a certificate on the financial statements and underlying accounts ("certificate on the financial statements") in accordance with Article II.23.2(d) of the Framework agreement and subject to the provision of all deliverables produced in correspondence to the costs incurred.

- With the final request for payment, the Partner is requested to submit an audit certificate, when the amount of ECDC financing is above EUR 100,000.00, related to the implementation of this action. The cost of the audit is an eligible expenditure and should be included in the budget proposal.

The financial statement mentioned in Article II.23.2 (b) shall be sent to ECDC both in paper and electronic calculation versions.

In addition to the reporting requirements set out in Article II.23 of the Framework agreement, the partner shall inform the Centre by 15 November each year about the cumulative expenditure incurred

Be

from the starting date set out in Article 2.2. This information is required for the Centre's accounting purposes and may not be used for determining the final amount of the grant.

4.2 Time limit for payments

The time limit for the Centre to make interim payments and payment of the balance is 60 days.

4.3 Language of requests for payments, technical reports and financial statements

All requests for payments, technical reports and financial statements shall be submitted in English.

ARTICLE 5 – BANK ACCOUNT FOR PAYMENTS

All payments shall be made to the partner's bank account as indicated below:

Bank: Banca d'Italia – Tesoreria Centrale dello Stato
Address of the Branch: Via dei Mille, 52 – 00185 Roma
Account holder: Instituto Superiore di Sanità
Account: 22349
IBAN: IT65 U010 0003 2453 5020 0022 349

SIGNATURES

For the partner

Dr. Angelo del Favero,
General Director

Signature: _____

Done at Roma, on 28/10/16

For the Centre

Michael Catchpole,
Head of the Office of the Chief
of the Chief Scientist

Signature: _____

Done at Stockholm, on 8/11/2016

In duplicate in English

Annex I

Request for technical and budget proposal

Istituto Superiore di Sanità (ISS)
Attn: Dr Fortunato D'Ancona
Coordinator VENICE III Project
CNESPS
Viale Regina Elena, 299
00161 - Roma
ITALY

Stockholm, 26/August/2016
Our ref: OCS-2016-OUT-2558-MCEIKh

Dear Dr D'Ancona

Request for technical and budget proposal, for the year 2016, under Framework Partnership Agreement ECDC/GRANT/2013/014 - VENICE III – ID 5308

The ECDC invites the partner acting as coordinator of the VENICE III consortium, as well as the other partners identified in Article I.1.3 of Framework Partnership Agreement No. **ECDC/GRANT/2013/014**, signed between the ECDC and ISS on 26 September 2013, to submit a technical and budget proposal for the year 2016 activities, as set out here below.

Objective

The main objectives of this request (for the technical and budget proposal) will be the following:

1. Provide seasonal influenza vaccination coverage information in the same format for all EU/EEA Member States in order to help monitoring the performance of vaccination programmes in EU/EEA countries, and enable to encourage best practice.

2. Map out immunisation policies in EU/EEA countries particularly targeting newly arrived migrants, refugees and asylum seekers, and collect policies/laws/protocols put in place by countries to respond to their vaccination needs, as well as to ensure their eligibility and access to appropriate vaccination services and information.

3. Analyse vaccine effectiveness data for priority diseases by vaccine product using vaccination coverage data by birth cohort for countries/regions available. This could be complemented with analysis of TESSy data.

4. Support the ECDC with the development of new and updated guidance on the HPV vaccine in EU/EEA Member States.

In case surveys are going to be used, the final versions (or a draft if not possible) should be shared for clearance to the ECDC prior to being sent to the relevant contact points.

Time frame

The overall time frame for the implementation of the project should not exceed four months. The duration of the implementation is calculated in calendar days, from date of entry into force of the Specific Agreement.

The Specific Agreement shall enter into force on the date on which it is signed by the last contracting party.

Expected project's outputs

1. Produce an aggregated report with the analysis of vaccination coverage and vaccination recommendations for the last 7 seasons (or last 5 years where data are not available for all 7 years)

2. Design and pilot a survey aimed to gather information on immunisation policies in place in EU/EEA countries particularly targeting newly arrived migrants, refugees, and asylum seekers. The survey is intended to be disseminated to a list of stakeholders and actors able to provide information on policies/laws and/or protocols in place at the national level as well as at the sub-national level in countries and contexts where this would be applicable and relevant so as to provide a comprehensive understanding of frameworks in place to respond migrants' vaccination needs.

3. Draft of a peer-review publication of the pertussis experience based on the previous protocol pilot report drafted as part of the 2015 Specific Agreement.

4. Produce a report with evidence gathered through a systematic literature review concerning the cost-effectiveness of adding boys/men to the current vaccination protocols, including the vaccination of specific risk groups, particularly MSM. In addition, in a short report, provide an overview of the identified models should be provided, including model characteristics, relevant input parameter as well as main epidemiological and health economic results.

Submission of proposal

The response should be sent within seven working days at the latest from receipt of this request to Karam ADEL ALI at karam.adelali@ecdc.europa.eu

Amount available for financial support and related provisions

For the required activities, the estimated part of the ECDC financing (maximum 90% of eligible costs) should not exceed **EUR 116.000.**

A pre-financing payment is foreseen as per the terms of the signed Framework Partnership Agreement No. ECDC/GRANT/2013/014.

An interim payment shall be issued for the activities performed upon submission of an invoice to be sent preferably by mid November 2016, accompanied by the interim technical implementation report and financial statement as specified in the Annex V of the Framework Partnership Agreement No. ECDC/GRANT/2013/014.

The amount of the interim payment shall be determined on the basis of the eligible costs actually incurred, as shown in the financial interim statement and approved by the ECDC, to which shall be applied the percentage of the ECDC, as specified in the Framework Partnership Agreement No. ECDC/GRANT/2013/014.

Yours sincerely,

pp. Dep. Head of Office

Michael Catchpole

Head of the Office of the Chief Scientist

Annex II

Technical proposal and estimated budget

VENICE 3 Project
Istituto Superiore di Sanità
Viale Regina Elena 299
Telephone: + 39 06 4990 4260 / 4274 Fax + 39 06 4423 2444
email: cnesps.venice@iss.it

Proposal to ECDC

Call for Proposal:

OCS-2016-OUT-2558-MCEIKh

Proposal title:

Technical and budget proposal, for the year 2016, under Framework Partnership Agreement ECDC/GRANT/2013/014 - VENICE III - ID 5308

Institution Coordinator of the Consortium:

Project Leader: Fortunato D'Ancona
Project Manager: Cristina Giambi

Istituto Superiore di Sanità
Viale Regina Elena 299
Telephone: + 39 06 4990 4260 / 4274 Fax + 39 06 4423 2444
email: dancona@iss.it

Consortium Members

Company/Institution	Names of the representatives
HSE-Health Protection Surveillance Centre (HSE-HPSC) 25-27 Middle Gardiner St Dublin 1- Ireland	Suzanne Cotter Phone: +353 1 876 5300 Fax: +353 1 85611299 e-mail: suzanne.cotter@hse.ie
Santé publique France (SPF) 12 rue du Val d'Osne 94415 Saint-Maurice – France	Daniel Levy Bruhl Phone +33 1 41 796741 Fax. +33 1 41 796872 e-mail: Daniel.LEVY-BRUHL@santepubliquefrance.fr
Robert Koch Institute (RKI) Immunization Unit, Seestrasse 11, 13353 Berlin, Germany	Ole Wichmann Phone: +49-30-18754-3468 Fax: +49-30-18754-3514 e-mail: wichmanno@rki.de
National Institute of Public Health - National Institute of Hygiene (NIPH-PZH) Department of Epidemiology ul. Chocimska 24, 00-791 Warszawa - Poland	Iwona Paradowska- Stankiewicz Phone: +48 22 5421386 Fax: +48 22 5421327 e-mail: istankiewicz@pzh.gov.pl
Statens Serum Institut (SSI) Department of Epidemiology Artillerivej 5 2300 Copenhagen S - Denmark	Palle Valentiner-Branth Fax +45 3268 3874 e-mail: pvb@ssi.dk
CINECA Consorzio Interuniversitario Bologna via Magnanelli 6/3, 40033 Casalecchio di Reno, Bologna - Italy	Luca Dematté Phone +39 051 6171467 Fax. +39 051 6132198 email: l.dematte@cineca.it

Coordinators of the work packages

WP1 (Coordination): ISS – Fortunato D'Ancona
WP2 (Flu activities): HPSC – Suzanne Cotter
WP3 (Vaccine coverage and vaccination strategy data collection): ISS – Fortunato D'Ancona
WP4 (Rapid surveys): SPF – Daniel Levy- Bruhl
WP5 (NITAG): RKI – Ole Wichmann
WP6 Migrant health: ISS – Silvia Declich

Outline of the proposal

Objectives

The main objectives of this proposal will be the same of the request:

1. Provide seasonal influenza vaccination coverage information in the same format for all EU/EEA Member States in order to help monitoring the performance of vaccination programmes in EU/EEA countries, and enable to encourage best practice.
2. Map out immunisation policies in EU/EEA countries particularly targeting newly arrived migrants, refugees and asylum seekers, and collect policies/laws/protocols put in place by countries to respond to their vaccination needs, as well as to ensure their eligibility and access to appropriate vaccination services and information.
3. Analyse vaccine effectiveness data for priority diseases by vaccine product using vaccination coverage data by birth cohort for countries/regions available. This could be complemented with analysis of TESSy data.
4. Support the ECDC with the development of new and updated guidance on the HPV vaccine in EU/EEA Member States

Proposal

Activities and methods for achieving each objective/output are described below.

1) Produce an aggregated report with the analysis of influenza vaccination coverage and vaccination recommendations for the last 7 seasons (or last 5 years where data are not available for all 7 years)

This activity will be coordinated and carried out by the Health Services Executive Health Protection Surveillance Centre (HSE-HPSC) in collaboration with the other VENICE partners.

HSE-HPSC has undertaken a total of eight influenza surveys as part of VENICE I, II, and III: seven for seasonal and one for pandemic influenza. The purpose of these seasonal influenza surveys has been to monitor influenza vaccine coverage and the ability of monitoring vaccination uptake in MS, changes in influenza vaccination policy in MSs, methods of influenza vaccination programme funding, implementation and promotion of influenza vaccination across the region. In recent surveys information was also collected on the use of antiviral medications to prevent or modify disease in those most at risk. The VENICE influenza work is used as the tool by which ECDC, the EU commission and MS can obtain information on progress towards the European implementation of the European Commission's recommendation to improve uptake amongst risk groups (aim 75%) by the 2014-15 influenza season.

For the 2016 work package HSE HPSC will analyse and produce a report based on the influenza vaccination coverage and vaccination recommendations by season for the last 7 seasons (or 5 seasons where data are not available). Not all MSs participated in all surveys for each season. Where available, data will be reviewed to assess potential correlation between funding practices and policies to impact on vaccine coverage in the various target groups and across MSs.

The draft report will be circulated to consortia members and to national VENICE contact points for influenza to validate their data. The project group will present data at the ESCAIDE conference in 2016 (accepted)

In the report the following indicators will be elaborated:

- country specific recommendations for different risk/targeted groups for the five to seven influenza seasons according to the data available from surveys;
- vaccination coverage data according to the data available from surveys season by age, risk, and targeted groups, and total population;
- information in relation to changes in vaccine recommendations and vaccination policy over time
- the potential impact of funding practices and policies on vaccine coverage in risk groups and MSs

Deliverables:
A report with vaccine coverage data for seasonal influenza for the 7 seasons (or 5 if data limited to 5 seasons) for each MS in the EU/EEA countries.

2) **Design and pilot a survey aimed to gather information on immunisation policies in place in EU/EEA countries particularly targeting newly arrived migrants, refugees, and asylum seekers. The survey is intended to be disseminated to a list of stakeholders and actors able to provide information on policies/laws and/or protocols in place at the national level as well as at the sub-national level in countries and contexts where this would be applicable and relevant so as to provide a comprehensive understanding of frameworks in place to respond migrants' vaccination needs.**

This activity will be coordinated and carried out by Istituto Superiore di Sanità in collaboration with the other VENICE partners. Dr. Silvia Declich will be the referent for this activity.

Most of the refugees and migrants come from countries where vaccination programmes have been interrupted by civil unrest and war with fall of vaccination coverage. Furthermore, a quote of population in the host countries are still susceptible, because of the increasing "hesitancy" phenomenon in Europe or because they belong to hard to reach groups. 2016 WHO-UNHCR-UNICEF guidance recommends to a) vaccinate refugees, asylum-seekers and migrants without delay according to the immunization schedule of the country in which they intend to stay for more than a week, with MMR and polio vaccines as priorities; b) to provide them with documentation of the vaccinations given in order to avoid unnecessary revaccination. In fact, migrants are currently used to move throughout Europe with unprecedented influx and speed of movement. This poses particular challenges in deciding when and where to vaccinate, taking in consideration that many vaccines require multiple doses at regular intervals.
In this context, it is important to map out immunisation policies targeting newly arrived migrants, refugees and asylum seekers in EU/EEA countries, and to collect policies/laws/protocols put in place by countries to respond to their vaccination needs and ensure their eligibility and access to appropriate vaccination services and information.
A cross sectional survey among EU/EEA countries would allow gathering information on immunisation policies targeting migrants put in place in these countries, at national and eventually sub-national level.
In this context, in order to conduct an online survey among EU/EEA countries we will adapt a questionnaire a designed for the CARE (Common Approach for REfugees and other migrants' health) project involving five countries from south Europe (Italy, Greece, Malta, Croatia, Slovenia). The project, co-funded by EU, focuses on promoting and sustaining the good health of migrants and populations in Member States experiencing strong migration pressure.
The questionnaire will investigate the following topics: availability of regulations/laws or operative procedures supporting immunization of migrants, availability of procedures for assessment of migrants' immunization status, vaccine offer to migrants (vaccines delivered, priority vaccines if any, target population

in terms of age groups - children, adolescents, adults – or risk groups - for example people coming from certain countries of origin-), sites of vaccinations' delivery (entry level, migrant reception centers, community level), operative procedures for activating access to vaccination at the community level, tracking of immunization data and transmission to other public health authorities, centres or institutions.
In case of variability of procedures and practices at the sub-national level, this it will be explored.
The draft questionnaire will be tested in two of the EU/EEA countries and then amended according to the results of the pilot phase. The final version of the questionnaire will represent the deliverable of the project, ready to be used for launching among EU/EEA countries the online survey on immunisation policies targeting newly arrived migrants.

Deliverable: a piloted survey form designed to be administered by web for the collection of information on immunisation policies targeting newly arrived migrants, refugees, and asylum seekers in place in EU/EEA countries

3) **Draft of a peer-review publication of the pertussis experience based on the report of results of the piloting of a protocol, which was drafted as part of the 2015 Specific Agreement.**

This activity will be coordinated and carried out by Statens Serum Institut – SSI in collaboration with the other VENICE partners.

Assessing and evaluating the vaccine effectiveness for priority vaccine preventable diseases by vaccine product and birth cohort for countries/regions is an important aspect in the control of vaccine preventable diseases at the European level.
The screening method (ref "Draft generic protocol for measuring vaccine effectiveness by vaccine product for priority vaccine preventable diseases using the screening method", Author: Palle Valentiner-Branth and Venice Consortium, submitted to ECDC) is attractive for evaluating the vaccine effectiveness, as it requires data on individuals for cases only. The screening method is a type of case cohort design that compares the proportion of vaccinated cases to the vaccination coverage in specific birth cohorts.
We have prepared an ECDC technical report: Pertussis vaccination in Europe. Survey of which EU and EEA (European Economic Area) countries are able to report pertussis vaccination coverage by vaccine product and birth cohort. A total of six countries: Denmark, Finland, Iceland, Malta, Netherlands and Norway are able to report vaccine coverage by vaccine product and birth cohort and these countries were contacted and asked to provide this data.
Five of these countries, The Netherlands, Iceland, Norway, Malta and Denmark, provided this information and the results of the analysis have been described in an report submitted to ECDC(ref "The results of piloting a protocol for assessing vaccine effectiveness by vaccine product (with e.g. the screening method) using vaccine coverage data by birth cohort for countries/regions available for priority diseases"). It proved possible to use data from routine pertussis surveillance programs from countries with different vaccination schedules and different surveillance programs to calculate VE from individual birth cohorts, pooled birth cohorts using the same pertussis vaccine products, and also to stratify on outcomes such as gender, and on severe disease as indicated by hospitalization. All vaccine products used were highly effective against pertussis and in particular severe pertussis.
We are planning to continue the work with the five countries contributing data to assess again whether it may prove possible to pool birth cohorts using the same pertussis vaccine products from different countries. All the studied pertussis vaccine products are associated with high VE in the present study. But there may differences in time for the protection to wane, and this would be important to study in more detail. Also it will be considered whether the use of available Tessy data reported by the relevant countries will be of added value for the planned analyses. A meeting or a teleconference will be organized with the countries that sent the data.

Deliverable: Draft of a peer-review publication of the pertussis experience based on the report of results of the piloting of a protocol, which was drafted as part of the 2015 Specific Agreement.

4) **Produce a report with evidence gathered through a systematic literature review concerning the cost-effectiveness of adding boys/men to the current vaccination protocols, including the**

vaccination of specific risk groups, particularly MSM. In addition, in a short report, provide an overview of the identified models should be provided, including model characteristics, relevant input parameter as well as main epidemiological and health economic results.

This activity will be coordinated and carried out by Robert Koch Institute (RKI) in collaboration with Santé public France (SPF) . At RKI, a systematic review will be conducted on models that estimate epidemiological and health economic effects of adding males or men who have sex with men (MSM) to the existing HPV vaccination programs. In a first step, a review protocol will be developed to be submitted for registration with Prospero, an international database of prospectively registered systematic reviews. Before submission, the protocol will be shared with ECDC with the opportunity to comment. Then, according to the protocol, we will search MEDLINE and EMBASE with no restriction to language or time of publication. Reference lists of relevant articles will be checked to identify additional studies. Studies will be included in the review if they (i) are model-based, (ii) evaluate the cost-effectiveness or epidemiological effects of vaccinating males or MSM against HPV, and (iii) report results for high-income countries. Critical appraisal of all included studies will be undertaken by using a framework for quality assessment of decision-analytic models. Relevant information will be extracted from each included study, e.g. citation details, country, characteristics of the vaccination programs, main features of the modelling approach (e.g. model type, time horizon), characteristics of the economic analysis (e.g. determination of the perspective, choice of discount rate, valuation of health gains), key findings as well as funding sources. A short report will be drafted that describes how the literature search was performed and the main results.

Deliverable:

1. Review protocol submitted to Prospero (http://www.crd.york.ac.uk/PROSPERO/)
2. Short report that describes the literature search and main results (details of search, results yielded, main findings, identified models and relevant input parameter).

Timetable

- Estimating the signature of the contract: 15st October 2016
- Planned begin of activities: 15st October 2016
- Planned end of the activities: 15th February 2017
- Total Months: 4

Objective	Tasks	M1 Oct	M2 Nov	M3 Dec	M4 Jan	M5 Feb
Coordination	Teleconferences among the members of the consortium,		X		X	
1	Commence data analysis and presentation of 7 season data	X				
1	Preparation of draft report around days;		X	X		
1	Data validation with gatekeepers/finalisation of draft report			X	X	X
1	Additional tasks (to respond to requests for analysis and presentations from ECDC					X
1	Preparation for conferences and meetings (.e.g. ESCAIDE/OPTIONS)	x	x			X
2	Development of the draft questionnaire		X	X		
2	Pilot phase of the questionnaire				X	
2	Development of the final survey form for data collection					X
3	Draft of a peer-review publication of the pertussis experience		X	X	X	X
4	Preparation of review protocol and submission to Prospero		X			
4	Conduct systematic literature on the costeffectiveness of adding boys/MSM to the current HPV vaccination protocols		X	X	X	
4	Conduct systematic literature on the cost-effectiveness of adding boys/MSM to the current HPV vaccination protocols		X	X		
4	Draft a short report				X	X

Rome, 10/09/2016

Fortunato D'Ancona
VENICE II project leader

Annex VIIIb Estimated budget

Monitoring Vaccination Programmes in the European Union and EEA/EFTA countries: Sharing Information to Improve Performance - GRANT/2013/014

Organisation: _Istituto Superiore di Sanità_____
Date: _____12/09/2016____
Signature: FORTUNATO D'ANCONA

ESTIMATED BUDGET IN EURO

EXPENDITURE		
Direct Eligible Costs		
Personnel Costs (1)	€	61.609,68
Travel/Accommodation/Subsistence (2)	€	1.428.00
Miscellaneous services (3)	€	5.400,00
Administration (4)	€	4.800,00
Sub-total	€	73.237,68
Indirect Eligible Costs		
General costs 7 % of direct eligible costs (1+2+3+4)	€	5.126,64
TOTAL EXPENDITURE	€	**78.364,32**

INCOME		
ECDC funding request	€	**70.527,89**
Maximum 90 % of eligible costs		
Applicant's financial contribution	€	7.836,43
Income generated by the project	€	-
Other external resources	€	-
Other current funding applications	€	-
TOTAL INCOME	€	**78.364,32**

Annex VIIIb Estimated budget

Monitoring Vaccination Programmes in the European Union and EEA/EFTA countries: Sharing Information to Improve Performance - GRANT/2013/014

DETAILS OF ESTIMATED EXPENDITURE IN EURO

DIRECT ELIGIBLE COSTS: costs directly linked to the project

PERSONNEL COSTS

Fees

Function	Number of persons	Number of days	Daily cost	Amount
HSE - Epidemiologist	1	45	€ 345,00	€ 15.525,00
HSE - Senior Researcher	1	5	€ 552,00	€ 2.760,00
ISS - Senior Researcher	1	12	€ 381,89	€ 4.582,68
ISS - Senior Researcher	1	5	€ 250,00	€ 1.250,00
SSI - Epidemiologist	1	23	€ 268,00	€ 6.164,00
SSI - Senior epidemiologist	1	25	€ 414,00	€ 10.350,00
RKI - Senior Researcher	1	4	€ 377.00	€ 1.508,00
RKI - Researcher (EG14/3)	1	55	€ 354,00	€ 19.470,00
			Sub-total	€ 61.609,68

Secretarial costs

Function	Number of persons	Number of days	Daily cost	Amount
			€ -	€ -
			€ -	€ -
			€ -	€ -
			€ -	€ -
			€ -	€ -
			€ -	€ -
			Sub-total	€ -

Other personnel costs

Function	Number of persons	Number of days	Daily cost	Amount
			€ -	€ -
			€ -	€ -
			€ -	€ -
			€ -	€ -
			€ -	€ -
			€ -	€ -
			Sub-total	€ -
			TOTAL PERSONNEL COSTS	**€ 61.609,68**

TRAVEL/ACCOMMODATION/SUBSISTENCE

Travel expenses (each

Purpose	Means of Transport	Place of Departure	Destination	Number of persons	Cost €
HSE - Preration and dissemination of FLU report	Airplane	Dublin	Stockholm	1	€ 400,00
					€ -
					€ -
				Sub-total	**€ 400,00**

Accommodation & Subsistence (per trip)

Purpose	Place	Number of	Daily rate	Number of	Cost
HSE - Preration and dissemination of FLU report	Stockholm	4	€ 257,00	1	€ 1.028,00
					€ -
					€ -
			€ -		€ -
			€ -		€ -
				Sub-total	**€ 1.028,00**

TOTAL TRAVEL/ACCOMMODATION/SUBSISTENCE € 1.428,00

Annex VIIIb Estimated budget

Monitoring Vaccination Programmes in the European Union and EEA/EFTA countries: Sharing Information to Improve Performance - GRANT/2013/014

MISCELLANEOUS SERVICES

Description		Amount
ISS - Consumable and supplies and tools	€	700,00
	€	-
	€	-
Sub-total	€	700,00

Subcontracting costs

Description		Amount
	€	-
Sub-total	€	-

Other (please specify)

Description		Amount
SSI - Meeting in Copenaghen	€	4.700,00
Sub-total	€	4.700,00

TOTAL MISCELLANEOUS SERVICES € 5.400,00

PROJECT ADMINISTRATION

Equipment (purchase, rent or leasing)

Description		Amount
	€	-
Sub-total	€	-

Cost of financial services (cost of banking transactions, insurance)

Description		Amount
	€	-
Sub-total	€	-

Cost of certificates/sureties (bank guarantee)

Description		Amount
ISS - Final Audit	€	4.800,00
Sub-total	€	4.800,00

TOTAL PROJECT ADMINISTRATION € 4.800,00

Annex VIIIb Estimated budget

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INDIRECT ELIGIBLE COSTS

GENERAL COSTS

Maximum 7% of direct eligible costs (personnel costs + travel/subsistence + miscellaneous services + project administration)

Description	Amount
HSE	€ 1.379,91
ISS	€ 793,29
RKI	€ 1.468.46
SSI	€ 1.484,98

TOTAL GENERAL COSTS € **5.126,64**

TOTAL EXPENDITURE € **78.364,32**

Annex VIIIb Estimated budget

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DETAILS OF ESTIMATED INCOME IN EURO

ECDC FUNDING REQUEST (maximum 90% of eligible costs[1])	€	**70.527,89**
APPLICANT'S FINANCIAL CONTRIBUTION	€	**7.836,43**

INCOME GENERATED BY THE PROJECT

Description	Amount	
	€	-
	€	-
TOTAL INCOME GENERATED BY THE PROJECT	€	-

OTHER EXTERNAL RESOURCES (financial support already obtained)

Description	Amount	
	€	-
TOTAL OTHER EXTERNAL RESOURCES	€	-

OTHER CURRENT FUNDING APPLICATIONS

Description	Amount	
	€	-
TOTAL OTHER CURRENT FUNDING APPLICATION	€	-

TOTAL INCOME	€	**78.364,32**