Request for Offer

Establishing Severe Acute Respiratory Infections (SARI) surveillance and performing hospital-based COVID-19 transmission studies

NP/2020/DPR/12275

1. Introduction

1.1. The European Centre for Disease Prevention and Control (ECDC)

ECDC is an Agency of the European Union (EU) with a mission to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. To achieve this it shall (a) search for, collect, collate, evaluate and disseminate relevant scientific and technical data on infectious diseases; (b) provide scientific opinions and scientific and technical assistance including training; (c) provide timely information to the Commission, the Member States, Community agencies and international organisations active within the field of public health; (d) coordinate the European networking of bodies operating in the fields within the Centre's mission, including networks arising from public health activities supported by the Commission and operating the dedicated surveillance networks; and (e) exchange information, expertise and best practices, and facilitate the development and implementation of joint actions within the field of its mission.

1.2. Overview of the required services

Title	Establishing Severe Acute Respiratory Infections (SARI) surveillance and performing hospital-based COVID-19 transmission studies
Procedural type	Negotiated - Only the candidates receiving this Invitation may submit an offer. Any offer received from a legal or natural person not invited will be rejected.
Estimated Start of the Contract	***15 August 2020***
Type of contract	Direct Service Contract
Framework Type	Not applicable
Number of envisaged Contractors	One
Duration	12 months
Estimated total value of the contract	(10)(2b) over maximum duration of contract
Main place of delivery	Contractors premises, Member States
Lots	This procedure is not divided into Lots.

Variants	Not permitted
Consortia	Permitted but must be clearly described in the offer.
Subcontracting	Permitted but must be clearly described in the offer.
Additional	By virtue of Point 11.1(e) of Annex 1 FR (Financial Regulation 2018/1046), ECDC reserves the option to launch further negotiated procedure, with the contractor chosen as a result of the present request for offer, for new services consisting in the repetition of similar services during the three years following the signature of the original contract. In particular, the geographical reach of the services included in the request for offer could be extended to Western Balkan countries and additional EU/EEA Member States.

2. Technical specifications

The purpose of these technical specifications is to give instructions and guidance to candidates about the nature of the offer they will need to submit and will become part of the contract that may be awarded as a result of this negotiated procedure. ECDC intends to conclude a contract as per the model contract attached.

2.1. Background to the assignment

COVID-19 is having a profound impact on people, heath care systems, and society. All Member States implemented significant containement and mitigation measures which altogether led to a marked reduction of the number of reported cases since April 2020. The highest COVID-19 impact in terms of mortality and morbidity was observed among elderly, individuals with chronic health conditions, and those living in long-term care facilities. A significant number of healthcare workers have also been infected resulting in a reduced healthcare workforce. Outbreaks of nosocomial transmission have also been reported.

Existing primary care population-based surveillance systems such as those in place for monitoring influenza were not flexible enough to be easily repurposed for COVID-19 in the majority of Member States in the context of the public health measures implemented. Furthermore, surveillance systems for severe acute respiratory infections (SARI) were not in place in the majority of Member States. SARI surveillance systems are typicaly based on networks of hospitals with known catchment populations, detecting and reporting all individuals admitted to hospital because their acute respiratory infection was serious enough to require hospitalisation. Such systems can be integrated with laboratory testing of all or a systematic sample of subjects for a number of possible viral or bacterial aetiologies. EU-funded research initiatives on COVID-19 focused on recruiting a number of large hospitals and collecting detailed information on cases with severe COVID-19 clinical course. Although these initiatives are instrumental for understanding risk factors for severe illness and the effectiveness of pharmaceutical and patient support measures, they were not developed to deliver representative COVID-19 indicence data by the various outcomes of interest, as population-based surveillance systems would do. Active, prospective, continuous, population-based surveillance systems for hospitalised SARI cases, combined with laboratory testing, would reliably monitor incidence trends by place, time, aetiology, and person thus allowing describing the seasonality of diseases including informing on the beginning and the end of virus circulation, establishing baseline/threshold levels of activity for various viruses in order to evaluate the

impact and severity of each season, idenitifying and monitoring groups at risk of severe diseases, estimating the impact of both pharmaceutical and non-pharmaceutical interventions on different respiratory virus (e.g. COVID-19, influenza, etc). Furthermore, timely data from SARI surveillance can inform patients' recruitment strategies of ongoing clinical trials for vaccines and therapeutics and later on for vaccine effectiveness monitoring. Finally, such system allow to generate data that can be used to estimate disease burden and help decision-makers prioritize resources and plan public health interventions.It is therefore essential that such systems are in place as soon as possible and particularly when various respiratory viruses co-circulate in the population, for example during the next fall, and when pharmaceutical measures such as vaccines could be introduced in the EU/EEA/UK market.

Understanding the risk factors for nosocomial transmission could save many lives both preventing transmission among vulnerable hospitalised individuals and preventing infection of HCWs. Transmission studies in hospital settings require large sample sizes of healthcare workers, patients, and wards, which need to be followed up over time with repeated health assessments, collection of history of exposure and of use of personal protective equipment (PPE), testing for the presence of the virus in their respiratory tract secretions through RT-PCR, and monitoring the development and evolution of SARS-CoV-2 antobodies in their sera (applicable only to HCWs). Sero-epidemiological studies among HCWs would not only allow for better prevention of nosocomial transmission, but would also shed light on the appearance and duration of antibodies in a population at risk of repeated exposures, and potentially indicate duration of protective immunity. Few hospitals have currently the resources to perform these types of studies. These data would be essential to deal with a possible upsurge of cases of COVID-19, and even more important when various respiratory virus co-circulate at high level among patients presenting to hospitals with severe respiratory symptoms.

Several countries are conducting population based sero-epidemiological studies to ascertain the level of prior infection in the community and to monitor this over time, in order to inform policy decisions on the appropriate set of containement and mitigation measure to adopt. These data will later on inform immunisation programmes. Some countries are facing difficulties in implementing the WHO protocols for population-based sero-epidemiology studies and are asking ECDC support in the area of epidemiological set-up, sample size calculation, sampling strategy and laboratory methods, and confirmatory testing.

2.2. Tasks and deliverables

Work area 1: Surveillance of severe acute respiratory infections (SARI)

To set up SARI surveillance it is essential that the population served by the various hospitals is known including the total population covered and to the extent possible their socio-demographic characteristics. Recruited sites altogether should represent a wide cross-section of socioeconomic groups and ethnic groups in a given surveillance unit/area. To do so, all hospitals in a country or all hospitals in a representative number of country' administrative units should be included. In the latter situation, administrative units included should be representative of the general population of a given country. Ideally several administrative units per country should be included to ensure representativeness. Data collection can be fully electronic, for example automatically extracting data from electronic health records, or manual, e.g. based on dedicated personnels reviewing clinical records, or a combination of both to ensure data quality. The data collection should integrate clinical, epidemiological and laboratory information. Since the main outcome of the surveillance systems is to accurately monitor disease incidence by time, place and person, data collections should ideally be case-based, including variables such as: place

and date of the hospital admission, place of residence of cases, date of disease onset, age, sex, presence and type of undelying conditions, vaccination status for COVID-19, influenza, pneumococcus, type of specimen collected and results of laboratory testing, information on co-infection, admission to ICU, date of discharge, clinical outcome (recovered vs. deceased). In countries where case-based data collections are not feasible, SARI surveillance systems can be implemented to collect aggregated data by age, gender and clinical outcome. Updated population denominator data should be provided by surveillance unit.

The contractor is expected to work with 15 Member States or subnational administrative units that are willing to establish SARI surveillance systems within the time frame of this contract. These countries have been already identified by ECDC through a call for expression of interest administered to ECDC National Coordinators[1]. ECDC will facilitate the further engagement of countries/surveillance units, upon receiving the contractor's acceptance of the tasks.

When calculating the amount of country support necessary, the contractor should take into account the level of resources/capabilities in the included countries. This may imply contacting the selected countries before submitting the final offer or retrieving such information from publicly available sources.

Tasks and Deliverables

Task 1a

Develop a common surveillance protocol for active SARI surveillance to be used by the study sites including case or aggregated reporting form, as well as a high-level analysis plan for pooled analysis. This should be done taking into account existing SARI surveillance protocols. Surveillance sites will be later on used for vaccine effectiveness studies, therefore the surveillance protocol should include the characteristics that would be needed for embedding such studies once a COVID-19 vaccine is available.

Deliverable 1a.1

Submit 15 site-specific surveillance protocols for participating countries/surveillance units (interim deliverable).

Deliverable 1a.2

Submit generic European SARI surveillance protocol and high-level analysis plan for pooled analysis based on the objectvies set up (interim deliverable).

Task 1b

Support countries/sites in implementing the protocol. The support must include training (for instance in the form of repeated one-day workshops) for the coordinators in each country, instructions for data collections, procedures and algorithms for data extraction, procedures for data linkage (e.g. laboratory and clinical data), inclusion of data quality checks in data entry forms and databases. Other activities that are considered relevant upon discussion with national authorities and with ECDC can be included in this deliverable.

[1] Expressions of Interest were recived from: (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) (10)(2a) and (10)(2a) including specific interest from (10)(2a) and (10)(2a)

Deliverable 1b.1

Submit interim report on days, expert level, and type of support given to countries (interim deliverable). The budget is calculated on the days/expert level used to deliver the support.

Deliverable 1b.2

Submit final report on support given to countries. The budget is calculated on the days/expert level used to deliver the support.

Task 1c

Supervision of data collection in the countries, including working with ECDC to establish a data flow from countries to ECDC for case based and aggregated data to the The European Surveillance Systems (TESSy). This task entails the validation/cleaning/formatting of national data, development of technical protocols for semi-automatic transmission of data to ECDC, overseeing the ECDC validation process of national data until data are accepted by TESSy, at least three days of training to ensure countries can autonomously report data to ECDC.

Deliverable 1c.1

Submit interim report on overall data collection process, including drafting a TESSY reporting protocol and implementating it at national level (interim deliverable).

Deliverable 1c.2

Submit final report on overall data collection process, including a mapping of data gaps, technical issues in data reporting or linkage, and other limitations in national systems that should be taken into account before developing a final TESSY reporting protocol.

Deliverable 1c.3

Submit final TESSy reporting protocol for SARI surveillance under this contract that addresses all issues noted by countries and can be implemented by all participating national surveillance units. The reporting protocol should provide specific instructions to surveillance sites on which data needs to be reported, in which format, using which method, at which frequency, and with which data quality control checks. It should also include a description of the data validation process after data are submitted. Please note that data validation in TESSy will be performed together with ECDC and that it will be automated to the extent possible.

Task 1d

Support ECDC in coordinating the ongoing SARI surveillance for the duration of the contract, including support in preparing routine surveillance outputs. This entails co-organising at least monthly virtual meetings with the surveillance sites, following up on agreed action points during these meetings, ensuring effective communication within the networks through emails and short progress reports, designing and implementing surveillance reports (possibly using R Studio), and automating the process of output production with a weekly schedule.

Deliverable 1d.1

SARI surveillance implementation status report by country to be submitted to ECDC every two months until countries are able to report routinely to TESSy. The report should include an assessment of the starting point (e.g. what systems and data are in place at the beginning of this contract), the extent of the gap to develop a fit-for-purpose SARI surveillance system, and the progressive actions to bridge this gap.

Deliverable 1d.2

Organize and provide minutes of coordination meetings (physical meetings) of up to two calendar days with surveillance sites (final deliverable), as needed. Invitations should be sent to each study site, for a maximum of two funded participants per study site. All costs for the participants (including travel, accomodation and subsistence allowance[2]) will be covered by the contractor. All costs assosiated with the venue and organaization of the meeting (including meeting room rental, technical equiment, and catering) will be covered by the contractor.

Deliverable 1d.3

Organize and provide minutes of coordination meetings (virtual meetings) with surveillance sites (final deliverable), as needed.

Deliverable 1d.4

Organize and provide minutes of network meetings (physical meetings) of up to two calendar days with surveillance sites (final deliverable), as needed. Invitations should be sent to each study site, for a maximum of two funded participants per study site. All costs for the participants (including travel, accomodation and subsistence allowance[3]) will be covered by the contractor. All costs assosiated with the venue and organaization of the meeting (including meeting room rental, technical equiment, and catering) will be covered by the contractor.

Deliverable 1d.5

Organize and provide minutes of network meetings (virtual meetings) with surveillance sites (final deliverable), as needed.

Task 1e

Compile final report of project, including observations on challenges and gaps to be addressed in the medium-term, as well suggestions for improvement of SARI surveillance at the country and EU/EEA level. Report should have a separate chapters, in terms of their progress of implementation of SARI surviellance, for groups of EU/EEA/UK countires.

Deliverable 1e.1

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[2] Daily subsistence allowance and hotel ceilings should be consistent with the rates set by in the Commission Delegated Regulation (EU) 2016/1611 of 7 July 2016 - https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32016R1611

[3] idem

Submit final report.

Deliverable 1e.2

Submit datasets from study sites, if data has not yet been uplodaded to TESSy by the end of the contract.

The contractor should estimate the budget required for performing the tasks mentioned above.
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Work area 2: Hospital-based transmission and sero-epidemiological studies

Within the hospitals participating to the SARI surveillance, hospital-based transmission and sero-epidemiological studies should be conducted in a minimum of five sites that have the capability to do so with the financial resources provided by this contract. The study of hospital-based transmission includes the study of healthcare-associated ("nosocomial") COVID-19 in patients according to the definition provided by ECDC as well as COVID-19 in healthcare workers.

Tasks and Deliverables

Task 2a

Recruitment of a minimum of five SARI surveillance sites from Task 1 that will also perform hospital-based transmission and sero-epidemiological studies. If not enough hospitals can be found to reach the needed sample size within the hospitals participating to the SARI surveillance, the ECDC HAI-Net network can be consulted to recruit additional hospitals or countries, taking into account the available budget. This task entails that the contractor maps hospital capacities to perform the studies, including the size of the hopitals, the feasibility to conduct studies, the availability of data and necessary infrastructures.

Deliverable 2a

Submit proposed list of recruited hospitals, for ECDC agreement (interim deliverable).

Task 2b

Develop suitable study protocols for the study of incidence and risk factors of nosocomial transmission in patients and in healthcare workers, including sero-epidemiology studies among healthcare workers, including a high-level analysis plan for pooled analysis.

Deliverable 2b.1

Submit two study protocols or one combined protocol covering the two study objectives (interim deliverable).

Deliverable 2b.2

Submit high-level analysis plan for pooled analysis (interim deliverable).

Task 2c

Oversee and support the implementation of the studies. This tasks entails training of study sites to ensure compliance with the study protocol (at least two training sessions for all sites, followed

by ad hoc training provided upon request by the hospitals), development of data extraction algorithms, implementation of data quality checks, istructions for data linkage/integration instruction for automation of data flows..

Deliverable 2c.1

Submit interim report on support given to countries or to hospitals in a country (interim deliverable).

Deliverable 2c.2

Submit final report on support given to countries or to hospitals in a country.

Task 2d

Perform pooled analyses of data from all study sites and provide such analyses to ECDC as soon as they are available (interim report, see below). For the sero-epidemiology study, resuts should be provided on an ongoing basis (monthly).

Deliverable 2d.1

Submit pooled interim analysis reports (interim deliverable).

Deliverable 2d.2

Submit monthly interim reports for the sero-epidemiology study (interim deliverable).

Task 2e

Prepare a final report.

Deliverable 2e.1

Submit final report for the nosocomial transmission studies.

Submit pooled data from study.

Deliverable 2e.2

Submit final report for sero-epidemiology studies.

Submit pooled data from study.

Work area 3: Support to population-based sero-epidemiological studies

Provide technical support and advice to five EU/EEA/UK Member States conducting sero-epidemiological studies.

Tasks and Deliverables

Task 3a

Technical suppport and advice to sero epidemiological studies will be provided to 3-5 countries. The request for support are channelled by ECDC. The type of support includedefining the sampling and testing strategy, calculation of sample size, choosing the laboratory methods, analysing the data, training study coordinators on implementing seroepidemiology studies autonomously.

Deliverable 3a.1

Submit interim report on support given to countries, including days, expert level, and type of support given, along with signed letter from requesting authoritity certifying support was given and received (interim deliverable). The budget is calculated on the days/expert level used to deliver the support.

Deliverable 3a.2

Submit final report on support given to countries, along with signed letter from study representative certifying support was given and received.

The table below summarizes the task and deliverables. For the full description see above.

Task (T)	Delivera ble (DL)	Description	Timeline
Work area 1: Surveillance of severe acute respiratory infections (SARI)			
Task 1a Develop a common surveillance protocol for active SARI surveillance to be used by the study sites including case or aggregated reporting form, as well as a high-level analysis plan for pooled analysis.	DL 1a.1	Submit 15 site-specific surveillance protocols for participating countries/surveillance units.	Within 8 weeks after signature of the specific contract
	DL 1a.2	Submit generic European SARI surveillance protocol and high-level analysis plan for pooled analysis based on the objectvies set up.	Within 4 weeks after signature of the specific contract
Task 1b Support countries/sites in implementing the protocol	DL 1b.1	Submit interim report on days, expert level, and type of support given to countries (interim deliverable). The budget is calculated on the days/expert level used to deliver the support.	Within 3 months after signature of the specific contract
	DL 1b.2	Submit final report on support given to countries. The budget is	By the end of the contract

		calculated on the days/expert level used to deliver the support.	
Task 1c Supervision of data collection in the countries	DL 1c.1	Submit interim report on overall data collection process, including drafting a TESSY reporting protocol and implementating it at national level.	Within 12 weeks after signature of the contract
	DL 1c.2	Submit final report on overall data collection process, including a mapping of data gaps, technical issues in data reporting or linkage, and other limitations in national systems that should be taken into account before developing a final TESSY reporting protocol.	Within 6 months after signature of the contract
	DL 1c.3	Submit final TESSy reporting protocol for SARI surveillance under this contract that addresses all issues noted by countries and can be implemented by all participating national surveillance units. The reporting protocol should provide specific instructions to surveillance sites on which data needs to be reported, in which format, using which method, at which frequency, and with which data quality control checks. It should also include a description of the data validation process after data are submitted. Please note that data validation in TESSy will be performed together with ECDC and that it will be automated to the extent possible.	By the end of the contract
Task 1d Support ECDC in coordinating the ongoing SARI surveillance, including support in preparing routine surveillance outputs.	DL 1d.1	SARI surveillance implementation status report by country to be submitted to ECDC every two months until countries are able to report routinely to TESSy. The report should include an assessment of the starting point (e.g. what systems and data are in place at the beginning of this contract), the extent of the gap to develop a fit-for-purpose SARI surveillance system, and the	Starting from 12 weeks after signature of the contract

		progressive actions to bridge this gap.	
	DL 1d.2	Organize and provide minutes of coordination meetings (physical meetings) of up to two calendar days with surveillance sites, as needed. Invitations should be sent to each study site, for a maximum of two funded participants per study site. All costs for the participants (including travel, accomodation and subsistence allowance) will be covered by the contractor. All costs assosiated with the venue and organaization of the meeting (including meeting room rental, technical equiment, and catering) will be covered by the contractor.	Within 2 weeks after the meeting
	DL 1d.3	Organize and provide minutes of coordination meetings (virtual meetings) with surveillance sites, as needed.	Within 2 weeks after the meeting
	DL 1d.4	Organize and provide minutes of network meetings (physical meetings) of up to two calendar days with surveillance sites, as needed. Invitations should be sent to each study site, for a maximum of two funded participants per study site. All costs for the participants (including travel, accomodation and subsistence allowance) will be covered by the contractor. All costs assosiated with the venue and organaization of the meeting (including meeting room rental, technical equiment, and catering) will be covered by the contractor.	Within 4 weeks after the meeting
	DL 1d.5	Organize and provide minutes of network meetings (virtual meetings) with surveillance sites, as needed.	Within 4 weeks after the meeting
Task 1e	DL 1e.1	Submit final report.	By the end of the contract

Compile final report of project.	DL 1e.2	Submit datasets from study sites, if not yet upload to TESSy by the end of the contract.	By the end of the contract
Work area 2: Hospital-based transmission and sero-epidemiological studies			
Task 2a Recruitment of a minimum of five SARI surveillance sites from Task 1 that will also perform hospital-based transmission and sero-epidemiological studies.	DL 2a	Submit proposed list of recruited hospitals for ECDC agreement.	Within 2 weeks after signature of the contract
Task 2b Develop suitable study protocols for the study of incidence and risk factors of nosocomial transmission in patients and in healthcare workers, including sero-epidemiology studies among healthcare workers, including a high-level analysis plan for pooled analysis.	DL 2b.1	Submit two study protocols or one combined protocol covering the two study objectives.	Within 8 weeks after signature of the contract
	DL 2b.2	Submit high-level analysis plan for pooled analysis.	Within 8 weeks after signature of the contract
Task 2c Oversee and support the implementation of the studies.	DL 2c.1	Submit interim report on support given to countries or to hospitals in a country.	Within 12 weeks after signature of the specific contract
	DL 2c.2	Submit final report on support given to countries or to hospitals in a country.	By the end of the contract
Task 2d	DL 2d.1	Submit pooled interim analysis reports.	Within 6 months after signature of the contract

Perform pooled analyses and provide such analyses to ECDC as soon as they are available.	DL 2d.2	Submit monthly interim reports for the sero-epidemiology study.	Starting 3 months after signature of the contract
Task 2e Prepare a final report.	DL 2e.1	Submit final report for the nosocomial transmission studies. Submit pooled data from study.	By the end of the contract
	DL 2e.2	Submit final report for sero-epidemiology study. Submit pooled data from study.	By the end of the contract
Work area 3: Support to population-based sero-epidemiological studies			
Task 3a Provide technical support and advice up to five EU/EEA Member States conducting sero-epidemiological studies taking place in EU/EEA Member States .	DL 3a.1	Submit interim report on support given to countries, including days, expert level, and type of support given, along with signed letter from requesting authoritity certifying support was given and received. The budget is calculated on the days/expert level used to deliver the support.	Within 3 months since support started
	DL 3a.2	Submit final report on support given to countries and exper time used, along with signed letter from from requesting authority certifying support was given and received.	By the end of the contract

All the reports are to be submitted in English, corresponding to the level C1 of the Common European Framework of Reference for Languages: Learning, Teaching, Assessment (http://www.coe.int/lang-cefr)

2.3. Budget

Please note that the maximum cost for this assignment is stated in section 1.2 'Overview'

The total fixed price must include professional fees (i.e. the daily fee per consultant/s), delivery costs, travel and any subsistence costs (subsistence costs include accommodation, meals, local transport, insurance and sundries). No additional amount will be paid by ECDC. Prices quoted must be exclusive of all taxes, shall be firm and not subject to revision. ECDC is exempt from all duties, taxes and dues.

3. The Evaluation process

The evaluation process for this Request for Offer is as follows (please note that some of the steps may not necessarily be carried out in the listed order during the evaluation):

3.1	Exclusion criteria	→ pass / fail
3.2	Selection criteria	→ pass / fail
3.3	Compliance with minimum requirements	→ pass / fail
3.4	Award Criteria (satisfying the terms of reference)	→ pass / fail
3.5	Financial Evaluation (based on the Price Award criterion)	→ Lowest price
3.6	Negotiations (if required)	
3.7	Final Evaluation	Final Score - Ranked according to score
3.8	Consultation of the Early Detection and Exclusion System	→ pass / fail
3.9	Contract Award	The highest ranked offer

An offer rejected for any of the above-mentioned steps will not be further evaluated.

3.1. Exclusion criteria

All candidates must provide a declaration on honour (see link, Section 8 below), signed and dated by an authorised representative, stating that they are not in one of the situations of exclusion listed in that declaration on honour and stating that they fulfil the selection criteria applicable to them.

3.2. Selection criteria

The purpose of the selection criteria is to determine whether the candidate has the capacity necessary to implement the contract. If any of the selection criteria listed below is not fulfilled, the offer may not be selected for evaluation.

3.2.1. Legal and regulatory capacity

- Criterion: The candidate must be allowed to pursue the professional activity necessary to carry out the work subject to this Request for Offer.

Evidence: only to be provided upon request.

3.2.2. Economic and financial capacity

- Criterion: The candidate must be in a stable financial position and have the economic and financial capacity to perform the contract.

Minimum level: Average yearly turnover for the last two years for which the accounts have been closed shall be at least (10)(2b)

Evidence: only to be provided upon request.

3.2.3. Technical and professional capacity criteria

The objective of selection criteria is to ensure that the candidate is technically capable to perform the contract.

3.2.3.1. Criteria relating to candidates

The project references indicated below consist in a list of relevant services provided in the past three years, with the sums, dates and clients, public or private, accompanied by statements issued by the clients.

- Criterion A1:

The candidate must prove experience in the field of coordination of multicentric studies, setting up and/or evaluation of infectious disease surveillance systems, seroepidemiology studies, and to perform pooled analyses of data from multiple countries. The experience must be from the last three years in at least two different projects, each one being at least (10)(2b) in value.

Evidence A1: If requested by ECDC the candidate must provide references for at least two projects delivered.

- Criterion A2: The candidate must prove capacity to draft reports in English (C1 equivalent)

Evidence A2: If requested by ECDC the candidate must provide one document of at least 7 pages (report, study, etc.) in this language that it has drafted and published or delivered to a client in the last two years. The verification will be carried out on 5 pages of the document.

3.3. Compliance with minimum requirements

Compliance of the offer with the minimum requirements will be assessed. Offers deviating from the requirements or not covering all requirements will be rejected on the basis of non-conformity with the Request for Offer and will not be evaluated.

3.4. Quality award criteria

The offer must satisfy the technical specifications and the terms of reference.

3.5. Price

Please note that:

- Prices must be fixed and include all costs directly and indirectly connected with the goods and/or services to be supplied (project management, quality control, training of the contractor's staff, support resources, etc.) and all expenditure (management of the firm, secretarial services, social security, salaries, etc.) incurred directly and indirectly by the contractor in performance of the tasks. In particular, unit prices for services provided on the contractor's premises and in the Contracting Authorities' premises in Stockholm must also include travel and accommodation costs.
- The financial proposal shall exclude all duties, taxes and other charges (including VAT) as the ECDC is exempt from such charges under Article 3 and 4 of the Protocol on the Privileges and Immunities of the European Union.
- All prices must be quoted in Euro unless otherwise specifically stated.

- The financial proposal should be clean and unambiguous
- By submitting this offer, the candidates confirm that, on the one hand, the financial proposal complies with the national legislation of the country in which the services are to be carried out in respect of the remuneration of the staff, contribution to the social security scheme and compliance with occupational safety and health standard and, on the other hand, the proposed price(s) include all the costs arising from the technical aspects of the offer.

3.6. Negotiations

ECDC may negotiate with candidates the offers they have submitted, in order to adapt them to the requirements in this Request for Offer and in order to find the most economically advantageous offer. The minimum requirements defined in this Request for Offer are not subject to negotiation. During negotiations equal treatment of all candidates will be ensured. ECDC reserves the right not to negotiate and to award the contract on the basis of the offers initially received.

3.7. Final evaluation

The contract is awarded to the lowest offer that satisfies the technical specifications and the terms of reference.

3.8. Early Detection and Exclusion System (EDES)

The EDES is the system established by the Commission to reinforce the protection of the Union's financial interests and to ensure sound financial management. The candidate is checked against the EDES database.

The candidate's personal data may be registered in the Early Detection and Exclusion System (EDES) if the candidate is in one of the situations mentioned in Article 136 FR. For more information, see the Privacy Statement on http://ec.europa.eu/budget/explained/management/protecting/protect_en.cfm

3.9. Contract Award

The contract will be awarded to the candidate with the highest score. Before the contract is signed, additional documents may be requested from the successful candidate if so specified in the Request for Offer.

4. Evidence required and documents to be submitted

The submitted offer should comprise three parts including the following information:

4.1. Technical proposal

- A description of the methods to be applied to meet the objectives of the technical specifications. This should include a reflection on the current status of SARI

surveillance implementation and hospital based transmission studies in the EU-EEA and how this proposal is complementary to other ongoing initiatives.
- Work organisation and planning (including major milestones and dates for meetings with ECDC to report on progress,)
- Description of the involvement of the proposed key experts (roles and responsibilities) to execute the planned activities, in particular to cover the key analyses and investigations of the study.

4.2. Financial proposal

Candidates are required to submit a total price in accordance with the financial proposal form, in Euro.

4.3. Administrative part:

The following documents should be signed by the person authorised to sign the contract. The candidate should provide in scanned form:

- "Financial identification" form (see below link)
- "Legal entity" form (see below link)
- "Declaration of honour on exclusion and selection criteria" form (see below link).
- Authorised signatory form (see below link)

Where the candidate has already signed another contract with ECDC, there is no need to include the Legal Entity and Financial identification, unless a change has occurred in the meantime.

"Financial Identification", "Legal entity", "Declaration of honour on exclusion and selection criteria" forms must be duly signed by the person authorised to sign the contract.

5. Conditions for submission of offer

Offers must be submitted exclusively by electronic mail to the following email address: (10)(2e) @ecdc.europa.eu with cc. (10)(2e) @ecdc.europa.eu and (10)(2e) @ecdc.europa.eu

The offer should preferably take the format of a single PDF file. The subject line of the email must contain the following information: "Establishing Severe Acute Respiratory Infections (SARI) surveillance and performing hospital-based COVID-19 transmission studies - NP/2020/DPR/12275 [Company name]".

The offer must be received no later than 16:00 local time Sweden on the fifteenth calendar day after the dispatch of this Request for offer. If this day falls on a weekend, the offer must be received by the deadline on the following Monday.

An offer received after the time-limit for receipt of offers will be rejected. The offer reception confirmation with the official date and time of receipt of the offer constitutes proof of compliance with the time-limit for receipt of offers.

Offers must be perfectly legible so that there can be no doubt as to words and figures. Candidates must ensure that their submitted offers contain all the information and documents required by ECDC at the time of submission as set out in the procurement documents.

All costs incurred for the preparation and submission of offers are to be borne by the candidates and will not be reimbursed.

5.1. Contract and legal effects of the Request for Offer and submission of an offer.

This Request for Offer is in no way binding on ECDC. ECDC's contractual obligation commences only upon signature of the contract with the successful candidate.

Up to the point of signature, ECDC may cancel the procurement procedure without the candidates being entitled to claim any compensation. This decision must be substantiated and the candidates notified.

The period of validity of the offer is three months after the deadline for submission of the offer.

Submission of an offer implies acceptance of all the terms and conditions set out in the procurement documents and, where appropriate, waiver of the candidate's own general or specific terms and conditions. The submitted offer is binding on the candidate to whom the contract is awarded for the duration of the contract.

Candidates should note that the working language in ECDC is English. Accordingly, the contract will be concluded in English and the execution of the contract must be possible in the English language.

5.2. Contacts during the procurement procedure.

Contacts between ECDC and candidates are prohibited throughout the procedure save in exceptional circumstances and under the following conditions only:

5.2.1. Submission phase (before the time-limit for receipt of offers)

Upon request, ECDC may provide additional information solely for the purpose of clarifying the procurement documents.

Any request for additional information must be made in writing only (via e-mail) to the same e-mail address as submission of the offer, see section above.

ECDC may, on its own initiative, inform interested parties of any error, inaccuracy, omission or any other type of clerical error in the text of the procurement documents.

Any additional information including that referred to above will be sent simultaneously to all candidates invited to submit an offer.

5.2.2. Opening of offers

For a negotiated procedure there is no public opening of offers. Once ECDC has received the offer, it becomes its property and it shall be treated confidentially.

5.2.3. Evaluation phase (after the opening of offers)

ECDC may correct obvious clerical errors in the offer after confirmation of the correction by the candidate. Such information, clarification or confirmation shall not substantially change the offer. ECDC may decide during the evaluation phase to start negotiations with all candidates as per section 3.6, above.

5.2.4. Award phase

Candidates will be notified of the outcome of this procurement procedure by e-mail. The notification will be sent to the e-mail address provided in the offer for the candidate (group leader in case of a joint offer). The same e-mail address will be used by ECDC for all other communications with the candidate. It is the candidate's responsibility to provide a valid e-mail address and to check it regularly.

6. Annexes and downloads

- Financial identification form
- Legal entity form
- Declaration on honour
- Authorised signatory form
- Curriculum vitae template

Annexes:

Annex 1 – Model Contract
Annex 2 – Financial Proposal Form