



EAN NEWS

December 2007

From the EAN Board

Intro

Welcome to the fifth EAN newsletter! Since the previous issues have been well-received, we are planning to release the forthcoming newsletters on regular, quarterly basis. In 2008, you will receive issues in March, June, September and December. We welcome any feedback - please share this with us by e-mailing to EANboard@gmail.com.

From the board

EAN General Assembly, 20 October, Stockholm

EAN's objectives are to maintain and develop contacts between members, share and exchange professional experiences, information and skills, assist in training in field epidemiology and public health, provide support to European EPIET/FETP fellows and assist at European field epidemiology meetings.

During the EAN general assembly (GA) held at the ESCAIDE conference in Stockholm, Susan Hahné gave an overview on current EAN strategies, mainly the perceived needs and opportunities for professionalisation of the network. Among others, the discussion points touched upon the accreditation of EAN, formation of a professional organization (EAN Office) and opportunities to possibly expand the network. Currently, EAN has 140 members with an invaluable pool of expertise of trained field epidemiologists. The responsibility is increasingly important to make our network visible and quantify the EPIET/FETP output, thus the added value of European field epidemiology training.

An update on EPIET was given to the members as the process of administrative integration in the ECDC is now complete. From the previous 2.8 full-time equivalent for EPIET coordinators, the allocated FTE has increased to 4. Four national public health institutes won the tender for hosting EPIET coordinator, respectively the Robert Koch-Institut (RKI, Berlin), L'Institut de Veille Sanitaire (InVS, Paris), Health Protection Agency (HPA, London) and Instituto de Salud Carlos III (ISCIII, Madrid). Marta Valenciano and Arnold Bosman will leave as EPIET coordinators, Richard Pebody and Viviane Bremer will stay. Arnold continues as senior expert for training at ECDC, keeping the ties with EPIET close. The future of the Steering Committee is to be further discussed, but EAN involvement within the decisions about EPIET remains.

In addition, the EAN annual report 2006-2007 and financial overview were presented, as well as the beta version of the newly developed, much anticipated EAN website (www.epietalumnet.org, big thank to Chikwe!) which received very positive feedback. Also elections were held for the new EAN board (see below).

EAN Board Elections

Four out of the six EAN board posts had been up for election, as their two years have passed. For the election of a new Board to be valid, at least 25% of the active members should be present or represented at the General Assembly during the vote. Fifty-six of the 140 (40%) EAN members voted, and the new Board members elected and introduced are

President:	Barbara Schimmer
Vice-president:	Marion Muehlen
Treasurer:	Gianfranco Spiteri
Deputy-treasurer:	Chris Williams
Secretary:	Agnes Hajdu
Deputy-secretary:	Mirna Robert

We would like to thank again the previous EAN Board (Susan, Angie, Gabrielle, Lara, Barbara and Mirna) for investing lots of time and effort into the EPIET alumni network. We are committed to preserving the previous achievements and to further exploring ways to further develop the network.

EAN membership fees and new bank account

The yearly membership fee is €20. New fellows are exempt from this for the first year of their fellowship. We have opened a *new bank account* which was necessary due to practical issues, i.e. the previous French account was not eligible for online banking and none of the new board members is resident in France. Please, do not use the previous bank account for transfers in the future as it will soon be closed.

Please contact Gianfranco (gfspiteri@gmail.com) before you wire your membership fee to

Name of bank: HSBC Malta
Account holder: Epiet Alumni Network
Account number: 85110443451
IBAN: MT41MMEB4485300000085110443451
BIC/Swift: MMEB MT MT
Sort code: 44853

NB. Please indicate your name and membership year as reference.



EAN Training Module "GIS in Epidemiology"

The objective of the EAN modules is to strengthen the capacity of its members in specific fields related to field epidemiology but not always covered during the training period. This year's EAN training module focused on combining geographical information to analyse epidemiological data. The module took place at the University of Saragossa in Spain from November 8-10, 2007, and was organized by Marta Fajó-Pascual (Cohort 5), Barbara Schimmer (Cohort 10) and Marion Muehlen (Cohort 9). The facilitator was Martin Jepsen from the Statens Serum Institut in Copenhagen, Denmark. It was very nice to meet for the first time many EPIET fellows from the very first cohorts "long ago", and external participants who enrich our learning experience.

We went through theoretical and practical sessions using the exercises Martin had prepared based on Salmonella cases and the geographical distribution of pig farms in Denmark. This little country of just 5.4 million inhabitants produces 25 million pigs a year, making it the world's biggest exporter of pork. Using ArcGIS software, Martin could show us how the geographical distribution of the cases was related to the geographical distribution of pig farms, and by applying the tools of spatial statistics, prove their statistical significance. By the end, participants felt that they would like to investigate the topic further, and that 2.5 days were not enough. The module as well as the facilitator received a very good evaluation from the participants. Thank you to all participants and to Marta and Martin for having made this module such a good experience! Also a special thanks to the Department of Geography of the University of Saragossa for providing the facility and the software.

We plan to offer this module again in other European sites, also a more advanced module on the use of geographic information to analyse epidemiological data. If you would like to be added to a special yahoogroup on GIS Martin is administrating, please let the EAN Board know. EAN is furthermore planning to offer two training modules per year in the future, and soon we will be asking members to give their opinion on this. Just keep your eyes and ears open...

Marion Muehlen (cohort 9),
On behalf of the Organizing Committee



Distribution of red wine at the GIS module dinner

The first European Scientific Conference on Applied Infectious disease Epidemiology was held in Stockholm from 18th to 20th October. ECDC was the sponsor, and it was jointly organised by ECDC, EPIET, the Epiet Alumni Network (EAN) and Tephinet Europe. In timing and partly in content, it was a continuation or evolution of the annual EPIET Scientific Seminars, which for many years have provided a showcase for the work of EPIET fellows. However in many ways it was also a completely new event.

As appropriate for a conference of applied epidemiology, there were many presentations on *outbreak investigations*. A wide variety of pathogens (including measles, Salmonella, Campylobacter, Shigella, Tuberculosis, Legionella and Q-fever) and settings (from a travellers' community in the UK to a mountainous area of Thailand) were investigated. A particular highlight was the multidisciplinary investigation into the outbreak of *Chikungunya fever* in Italy. Lessons from this complex investigation will be particularly useful if current predictions on global warming and the spread of vector-borne diseases are correct.

STIs remain an important topic, with the concern about HIV/AIDS always in the background. Two studies described investigations in often hard-to-reach risk groups: a Finnish study, where subscribers to a magazine read predominantly by MSM received an HIV test kit and survey in the post; and a German study on Hepatitis B and C and HIV in adult prisoners. Later a fascinating talk on *sexual behaviour* gave some clues as to why people don't always behave the way they say they do. An effective vaccine can overcome even risky behaviour, and a French study showed what impact the new HPV vaccines might have on cancer prevention.

Longer-term epidemiological studies on both environmental and infectious hazards also featured in the programme. The burden of disease due to hepatitis B infections in Europe was described, and risk factors for infection in Germany were presented later in the same day. The discovery of an excess "Christmas mortality" in Nordic countries gave rise to an interesting debate on the possible causes.

Finally, there were several presentations which I personally found particularly thought-provoking. One raised the possibility that Norovirus infections might make a larger contribution to mortality in older people than generally thought. A comparison of different guidelines for meningococcal disease control was extremely entertaining (with audience participation) and also of practical use for practice "back home". Similarly, the investigation of an H7N2 outbreak in the UK was a reminder of the practical difficulties of investigating a rare zoonotic disease.

The conference was also a good opportunity to network with colleagues and meet new people, and the atmosphere in the lobbies between sessions was evidence of this effect in action. Amongst EPIET fellows, the dinner and award ceremony on Friday night was a chance to greet the new cohort and say farewell (but not adieu) to cohort 11.

The first ESCAIDE conference was a well-organised international scientific conference that still retained good links with the EPIET programme, and I enjoyed it a great deal. Being "underwritten" by ECDC seemed to give it gravitas, and it is likely that the conference will continue to attract good quality researchers and practitioners from both Europe and the rest of the world in future. As Johan Giesecke pointed out in his address, each outbreak is a natural experiment, and each outbreak investigation adds to the sum total of knowledge about the disease. ESCAIDE helps this process by providing a platform for epidemiological studies, and encourages us to keep on investigating.

Chris Williams (cohort 11)



Happy moment at the award ceremony, Stockholm

Evaluation of ESCAIDE 2007

EAN assisted the organising committee of the ESCAIDE with the conference evaluation. After the conference, we sent an electronic questionnaire to all registered ESCAIDE participants. Response rate was 55%. Participants rated the overall impression and scientific quality of conference as very good. They found the conference interesting and seem to appreciate that the EPIET seminar has been opened up to a wider audience and developed into a European conference on applied infectious disease epidemiology. There are always points that can be improved, such as the poster session, ease of switching between parallel sessions and integration of the EPIET activities such as the award ceremony in the conference. Another interesting discussion focused on the question whether the ESCAIDE should rotate or stay in Stockholm. Two thirds of respondents preferred a rotating conference within Europe. Wherever it will be held, we do not have to worry as 95% of the respondents replied they would come to the ESCAIDE next year.

Barbara Schimmer (cohort 10)

The STROBE initiative

STROBE is a collaborative initiative of epidemiologists, methodologists, statisticians, researchers and journal editors involved in the conduct and dissemination of observational studies. It was called into being in 2004 to STrengthen the Reporting of OBservational studies in Epidemiology. STROBE is coordinated by Douglas G. Altman (UK), Matthias Egger (Switzerland), Peter C. Gøtzsche (Denmark), Stuart J. Pocock (UK), Jan P. Vandenbroucke (Netherlands) and Erik von Elm (Switzerland/Germany).

The aim was to establish a checklist of items which are recommended for inclusion in articles reporting such research. In October 2007, a checklist of 22 items (the STROBE Statement) was made available for cohort, case-control and cross-sectional studies. A detailed explanation and elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting.

Several leading medical journals published short articles introducing the STROBE Statement; furthermore supporting journals refer to it in their Instructions for Authors. Words of reservation can be heard as well, and it is worth reading the freely available editorial, relevant documents and commentaries in *Epidemiology* (November 2007, Volume 18, Issue 6). As the developers also stress, STROBE and similar recommendations should be seen as evolving documents that require continual assessment, refinement and, if necessary, change. In general, there is little debate about the importance of STROBE which fosters improvement in the quality and transparency of reporting of observational studies.

More information and the checklists are available on the website of STROBE, www.strobe-statement.org, and the full explanatory document is freely available on the websites of PLoS Medicine, *Epidemiology* (www.epidem.com), and *Annals of Internal Medicine*.

Agnes Hajdu (cohort 11)

Epi cartoon



Santa having trouble with case definition



EPIET has been going through a challenging new phase with the integration in the ECDC, also EAN is shaping new approaches, strategies. We interviewed Gérard Krause, head of the department for infectious disease epidemiology at the Robert Koch-Institut and also of the EPIET Steering Committee, about his viewpoint.

EAN: *How did you first get interested in epidemiology?*

GK: In school I was equally attracted to sociology and medicine. I guess I opted for medicine for being the more hands on practical profession. During medical school I got engaged in health in poor countries and later specialized in tropical medicine. More and more I discovered that public health is basically the merging intersection between medicine and sociology. Within public health epidemiology always called my particular fascination, why I do not know. I just like it.

EAN: *Could you summarise your training to date?*

GK: I studied medicine in Mainz 1986-93, and became interested in tropical medicine through a field study on Leishmaniasis in Ecuador. This became my doctoral thesis in tropical medicine in Heidelberg (1993). I was a registrar in tropical medicine 1993-96, and in 1995 studied the Diploma in Tropical Medicine and Hygiene (DTMH) in Liverpool. Following posts in internal medicine (Osnabrück 1996-97) and hospital epidemiology (Freiburg 1997-98), I became an EIS (Epidemic Intelligence Service) officer at CDC Atlanta 1998-2000, working mainly in Florida. On returning to Germany I was lucky enough that RKI was just in the process of implementing a new infectious disease control law. So I joined the infectious disease epidemiology at RKI in an exciting build up phase, which to be honest, has not stopped yet. My formal qualifications include board certification in emergency medicine (1997) tropical medicine (2000) and hygiene and environmental health (2002); and a PhD in epidemiology and hygiene (2005).

EAN: *How do you think that EPIET compares with the CDC EIS programme?*

GK: Maybe the difference in training experience is larger between fellows and training sites within one programme than between the two programmes. Overall my feeling is that EPIET offers more and better training modules, and tutors its fellows in a more protective way. EIS tends to get their officers more exposed to hands on experience and demands maybe more engagement, independence, and local (e.g. English) language skills from its officers. It occurs to me only now that the different terminology "fellows" versus "officers" may be an expression of this difference.

EAN: *With the current changes to EPIET with it coming under the control of ECDC, how do you see the future of the EPIET steering group?*

GK: Active participation of Member States particularly those with training sites must remain a

major component of EPIET. This participation must not necessarily be expressed through involvement in the steering committee, but maybe something like the SC is necessary to maintain active MS involvement, in the form of secondment for course facilitation, organisation and hosting of modules, hosting and supervision of fellows and provision of fellow salaries etc. I believe ECDC will benefit from a small group of external advisors who are experienced and dedicated in applied epidemiology training. It remains to be seen, how such a group will organized and named. The executive board was in fact such a group.

EAN: *What role would you like EAN to play in the future?*

GK: EAN has more liberty than governmental and EU-institutions and it has the tremendous resource of accumulating experience in applied epidemiology training, particularly from the point of view of the fellow. With those two advantages in mind, EAN should focus on those activities that other organisations cannot provide. In doing so, however, EAN should carefully avoid conflicts of interest that might result from sponsoring. EAN is a valuable resource in advising ECDC in didactical issues of EPIET.

EAN: *What is your opinion on the development of a generic "epidemiologist" accreditation programme across Europe - and what role might EAN play in its development?*

GK: It is true that "epidemiologist" is not a "registered trade mark". The question is, should it be? If so, we must be aware that Epidemiology is being done in many ways, and the EPIET-way is just one. EAN might have a role in making sure that the EPIET-way is being acknowledged as high quality training in epidemiology.

EAN: *How do you convince politicians or policymakers of the added value of the FETP or EPIET programme? What do you tell them?*

GK: Training and qualification of experts is always a good investment. I believe politicians acknowledge this. The difficulty is to reach acceptance that public health institutes have an established role in training. Often postgraduate training is seen as the exclusive domain of universities. I argue that EPIET or FETP kind of training is a complementary qualification to university training. I am convinced that such on the job training can best be provided by public health institutes.

UPCOMING CONFERENCES AND COURSES:

IX International Symposium on Vector Borne Diseases
15-17 February 2008, Puri, Orissa, India
<http://www.mrcindia.org/symposium2008>

Principles of Epidemiologic Data-analysis
18-22 February 2008, Lunteren, the Netherlands
<http://www.nihes.nl/site/>

International Conference on Emerging Infectious Diseases 2008 (ICEID)
16-19 March 2008, Atlanta, USA
<http://www.iceid.org>

Cohort 13

Welcome in EPIET! Many of us got to know your team at ESCAIDE, and we hope to see you again at upcoming EAN modules. We wish you two great years rich in professional as well as personal joy and success.

Fifteen of the fellows are introducing themselves:

Ariane Halm

Delighted to have got into the programme, I will be hosted by the HPA's Centre for Infections in London for the coming two years. German by origin, I grew up mostly in Latin America, and returned to Germany to study pharmacy. Following this, I went into development and humanitarian work with different NGOs in Africa. Afterwards I spent 4 years working for Médecins Sans Frontières Holland as the pharmacy specialist in the Amsterdam headquarters' Public Health department. During this time, I attended a course at Epicentre and decided to specialise in epidemiology, which led me to do an MSc in Epidemiology at the London School. My main interests currently are TB, emerging infections, influenza, HIV/ STIs, and tropical diseases, since my heart still beats for developing countries. Some of my hobbies are hiking, running and other sports, as well as travelling and films.

Sabrina Bacci

I am a medical doctor and I come from Rome, Italy. I studied medicine in Rome at the University "La Sapienza", which is also where I got my speciality in Hygiene and Preventive Medicine. In 2005-06 I did a Master in Epidemiology at the London School of Hygiene and Tropical Medicine. I worked on vaccine preventable diseases at the Istituto Superiore di Sanita' in Rome for a year before joining the EPIET programme. I am currently hosted by the Statens Serum Institute in Copenhagen (SSI). It is quite a challenge for me to move up North in Scandinavia, as I am actually the first Italian fellow hosted by the Epidemiology Department at SSI. I am really looking forward to get involved in the projects, as well as to be able to understand a little bit of Danish (I know this will not be an easy one!). In my spare time, I like to cook and I dance Argentinean tango.

Mirko Faber

I started my training in the German FETP (now PAE) in mid September at the Robert Koch Institute, Berlin. Before that, I had worked on my master's thesis in "Molecular Medicine" at the institute, so I already knew the place and some of the people (you might call it an "informed decision" to apply to the program). Having worked in clinical pharmacology before, some of the methods in epidemiology are also not completely new to me and I enjoy applying things that I know and learning lots of new stuff. Professional interests are: hepatitis A, molecular epidemiology in general (yep, lab can be exiting as well), tropical diseases and of course the projects that I'll be involved in. Hobbies DO include biking through the city, travelling, seeing new places but do NOT include soccer - how un-German :-)

Peter Franz Buxbaum

I am 50 years of age, medical doctor, happily married, father of two daughters - one aged 17, and the other 15. My family did not move with me to Paris. I started my medical career at the Pathological/Anatomical

Department of the University of Vienna in 1984, there I had been engaged in microscopical and bacteriological diagnostics, but I had also the opportunity to come in contact with different lab-methods. 1988 I then changed to the Second Surgical Department/University of Vienna and performed there different surgical specialities. After more than 16 years I have changed 2004 to the Viennese Public Health Board and cooperated with this team, my work including establishing the Viennese Influenza Pandemic Alert Plan, the logistics of the Viennese Heat Alert Monitoring and being periodically a delegate at the Viennese Commission on Zoonoses. Additionally to my degrees in General as well as in Pediatric surgery, I also achieved an Austrian/Viennese degree in Public Health. Being in Paris since 29th of October 2007, I could easily accommodate both personally and professionally. My start at the InVS/DSE happened very friendly and warmly, so I fit in the team and my epidemiologic duties very well. The three weeks of the EPIET Introductory Course gave our cohort the opportunity to get to know each other step by step but intensively to strengthen our team spirit and the sympathies for each other and it worked. I am proud and do appreciate being an EPIET-fellow and therefore an active participating member of a growing group of people strenuously working for the sanitary benefit of our communities.

G. Oscar Kamga Wambo

I moved in 1992 from my country of birth Cameroon to Germany where I studied human medicine. Since 2002 I worked as medical doctor in different hospitals in Germany. During the last two, I worked at part time and enrolled in a Masters degree at the School of Public Health Bielefeld, Germany. I am currently working at the Robert Koch-Institut in Berlin in the department of infectious disease epidemiology as PAE fellow/FETP-German. My fields of interest are health and development in low income countries, infection disease epidemiology (surveillance and control), primary health care (Alma Ata 1978), and health system research. My hobbies are music and sport.

Claudia Dima

I am coming from Romania and I am based in the Health Protection Agency, Centre for Infections, Colindale, London. I am a medical doctor, public health and management specialist and PhD student. I had worked for five years in health promotion and health education (research and prevention of tobacco, alcohol and drug consumption especially in young people), but also in areas such as human resources for health, mental health, immunizations and health care quality. My main area of interest is surveillance. The first days in London were very nice. No rain, even more, the sun was shining and colleagues in HPA were really helpful to support me in the order to become part of the centre. It seems to me that there are many opportunities here and hope for an excellent EPIET program until the end.

Michaela Kubinyiová

I graduated in 2005 as Doctor of Medicine at Palacky University, Olomouc, Czech Republic. In January 2006, I began work at the infectious disease epidemiology dpt. at National Institute of Public Health in Prague, where I stayed for almost two years before I got place in EPIET C13 in 2007 in Robert Koch-Institut, Berlin. Beside work, in my leisure time I love travelling, getting to know different countries and their inhabitants, sports and music.



Denis Coulombier and cohort 13 in Stockholm

Harold Noël Placidoux

I am from France, and will spend these next two years in the RIVM, Netherlands. For a long time I have wanted to enter the EPIET family, which I discovered through meeting alumni and fellows in the Institut de Veille Sanitaire during my medical specialization training! That's where I experienced field EPI for the first time and had my first love: "the salmonella outbreak"! Why go to the Netherlands? Because it is a very special country: the Dutch are open-minded and direct, hard-working and pragmatic, consensus-making and diplomatic (which is very exotic in France)! And overall because as far as the Public Health is concerned, there is always something going on in this super-dense country! As a Frenchman I would have never expected Holland to have such a variety of high-quality food products! And I really think that's sad they don't spend more time at lunch to enjoy it!!! So far it's a great & unique experience with the very welcoming RIVM-EPI team, and I'm not worried: they showed they knew how to keep me busy!

Aileen Kitching

I am a medical doctor and I come from Ireland. My interest in infectious diseases began with a 3-month elective in Botswana as a medical student. After qualifying, I worked initially in hospital medicine in Ireland (internal medicine/infectious diseases) and in Australia, then as a General Practitioner in Scotland and Ireland. From 2005-2006, I worked with MSF-Holland in Liberia, mainly on TB and Sexual and Gender-based violence. There I saw the light of Public health and Epidemiology :-), and after returning to Ireland, completed a Masters in Public health in Dublin. I am very happy to have gotten a place on the EPIET programme, and to be hosted by HPA London Region, following in the footsteps of Isabelle and Sandra! My main professional interests currently are TB and HIV/STIs.

Karina Junussova

I trained as a biologist at Tartu University, Estonia. After graduating with a qualification of Master in Molecular Biology and Genetics in 2004, I started work at the Estonian Health Protection Inspectorate, Virumaa Health Protection Service as an Epidemiologist /Supervisory Senior Officer. Main tasks included monitoring and control of communicable diseases, surveillance of completion of state immunization program, routine inspection and anti-epidemic activities at the international point of entry. During my EPIET, I mainly will be involved in surveillance of food-borne diseases and zoonoses, outbreak investigations, research on risk factors for salmonellosis and campylobacteriosis in Norway and surveillance of rotavirus infection at sentinel hospitals in North-West Russia.

Tizza Zomer

I am the new EPIET Fellow at the Swedish Institute for Infectious Disease Control (SMI), Department of Epidemiology. I will be working in the zoonoses section with the group of Yvonne Andersson. I am from the Netherlands where I studied Health Sciences and gained my Master of Science (MSc). During my master I specialised in International Public Health and Public Health Research. I got enthusiastic for infectious disease epidemiology through an internship at the European Centre for Disease Prevention and Control (ECDC) and another one at the Dutch National Institute for Public Health and the Environment (RIVM). I am very happy to be part of Cohort 13 and I am looking forward to the coming two years!

Maria Wadl

I am a veterinarian from Austria. During my doctoral thesis I worked on *Campylobacter* spp. Currently I am a German PAE fellow at the RKI in Berlin in cohort 13. The projects I will be working on in Germany focus on HUS, influenza and antibiotic resistance.

Bettina Weiß

Before I joined the German FETP (now PAE)-programme I worked as a medical doctor in internal medicine. After the Diploma in Tropical Medicine and Public Health in Berlin I specialised in medical microbiology. My start at the RKI was quite exiting, because I had the opportunity to take part in the investigation of *Clostridium difficile* Ribotype 027-infections in Germany.

Camelia Slavescu

I am from Romania, hosted by Instituto de Salud Carlos III in Madrid. By training, I am an MD with masters in Public Health and Health Services Management. I have worked for several years in the Romanian Ministry of Health, at the beginning in the Preventive Medicine Directorate and then as counsellor for European accession. For almost a year, I have also worked within the Communicable Diseases Unit, Area of Health Surveillance and Disease Management, Pan American Health Organization/WHO. I have first heard about EPIET when a joint WHO/EURO and EPIET team came to Romania to support the MoH in an outbreak investigation. Since then, I have been close to EPIET community by participating to different courses and seminars organised. These experiences gave me an insight of the programme and increased my willing to apply and become a member of the EPIET family. That is why, being accepted as a member of the 13 cohort has been already a big achievement for me. Taking part in the introductory course and getting to know people and programmes in my first weeks at the Spanish National Centre of Epidemiology, I start to understand the meaning of the saying "If it is no fun, it is not Epidemiology". And I also think it should be understood as "If it is no fun, it is not EPIET".

Siri Helene Hauge

Medical doctor, graduated from Vrije Universiteit in Amsterdam 2004. Before my medical studies I studied psychology for a couple of years. Now I am doing the FETP program in Norway (NIPH), where I started working in February 2004 in the department of infectious disease epidemiology. I've also worked at an emergency clinic in Oslo, as a GP and as an editor for an Internet site for medical information. I enjoy writing, and I currently write a medical column in a Norwegian magazine every second week.

In Memoriam

Tatiana Grigori

At the end of May 2007, a group of people from all over Europe embarked on a trip to the first "face-to-face" interview round in Stockholm for the EPIET cohort 13 selection process. One of them was Tatiana Grigori, a Greek doctor, who like the others was hoping to get into the European programme for intervention epidemiology training.

After successfully passing this first round, she came up with the very appropriate term "speed-dating" for our last day in Stockholm, which for her consisted of interviews with the representatives from hosting sites in South West England, London Regional, Wales, Ireland, Norway and Epicentre in Paris. Even though she had had some hopes of landing in Epicentre, Tatiana was delighted to accept the placement offer at the NPHS in Wales. As the fifteen new cohort members, we were subsequently sent off to the introductory course in the Lazareto of Menorca, where we slowly got to know each other better over nearly three intensive weeks.

Tatiana was neither somebody who imposed herself nor was she one of the louder people in our cohort, and she became a very valued member of the group. We all appreciated her for her wit, profoundness and excellent sense of humour, which would often strike us out of the blue. She had an ability always to surprise.

After the time on the island, we met again in a different context for the introduction days and ESCAIDE conference, again in Stockholm. It was during the first day of the conference, during the evening reception that Tatiana collapsed and perished, to our tremendous shock and without premonition. She was already anchored in our midst, and her loss has left a breach in our cohort 13 circle.

Tatiana's outstanding personal virtues such as her dedication, quiet determination, and opinions (for example on justice and freedom of choice), her scientific curiosity and interest, as well as her gift of observation, social capacity and appreciation of humour are her remembrance and legacy to us. We deeply regret the loss of our cohort fellow.

"We cannot judge a biography by its length, by the number of pages in it; we must judge by the richness of the contents... Sometimes the 'unfinished' are among the most beautiful symphonies." (Victor Frankl, *from Men's Search for Meaning*)

Go raibh suaimhneas síorrai aici!

Fellows of cohort 13

