



EAN NEWS

October 2008

From the EAN Board

Intro

It's autumn! Plenty of professional activities, meetings and conferences, among others, the 2nd European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) is coming in a few weeks in Berlin. We are looking forward to seeing many EAN members at the ESCAIDE and at the related Training-of-Trainers workshops!

Regarding the EAN activities, as always, we welcome any feedback - please share this with us by e-mailing to EANboard@gmail.com.

From the board

EAN Annual Report

We are currently working on the EAN Annual Report summarising all activities, achievements, financial overview and other information related to the network and board in 2007-2008.

EAN General Assembly during the ESCAIDE

As it has been in the previous years, the EAN General Assembly (GA) will be held during the main EPIET/FETP conference, now the 2nd ESCAIDE. The meeting will take place in the conference venue on Thursday November 20th from 18:00 till 19:00. During the GA, the EAN annual report will be presented and elections for two positions in the board will be held as well. See details below (in "News and activities"). We hope that many of you can attend the conference as well as the GA!

ESCAIDE and travel grants

The EAN has been represented in the scientific committee of the ESCAIDE 2008 by the current president, Barbara Schimmer. As it was decided in agreement with the ECDC, the EAN Board took over the role of the EPIET Programme Office on the overall management of travel grants which would facilitate the attendance of professionals from low-income countries with accepted abstracts at the ESCAIDE. Each grant is only available to applicants who are not able to obtain sponsorship from elsewhere. Since there was no funding left from the previous year, the EAN Board has made considerable efforts to ensure a sufficient amount of grants from possible institutional and company sponsors. The overall amount gathered for this purpose is 16,597.00 €, which allows supporting the attendance of several professionals from low-income countries.

ECDC and training strategy

The EAN will also be represented at the 3rd ECDC Consultation to Member States (MS) on the ECDC's Strategy for training in intervention epidemiology in the European Union, organised by the Preparedness and Response Unit on 27 October, 2008. Topics to be touched upon and discussed include the role, composition and functions of the EPIET Training Site Forum, feedback on training resources and needs assessment in the MS, specific needs of MS to orient priorities 2009 and the accreditation of EPIET and FETPs in the MS curricula.

The second EAN module on "GIS in Epidemiology"

We are making arrangements to organise the GIS II module in December 2008 in the Netherlands. This module would be an advanced course on Geographic Information Systems with special emphasis on epidemiological aspects, in other words, the continuation of the GIS I module held last year in Zarragosa, Spain. More information is coming soon.

EPIET Cohort 14

Fellows in the EPIET cohort 14 completed the Introductory Course between Sept 28 and Oct 18 on Lazareto, Spain. For the first time, not only EPIET/FETP fellows and external participants attended the course, but also two fellows in the newly launched Field Microbiology Training of the ECDC. Please find the names of the new EPIET fellows and host institutes below (after the "Interview").

EAN membership fees

The yearly membership fee is €20. New fellows are exempt from this for the first year of their fellowship. We kindly ask you to contact Gianfranco (gfspiteri@gmail.com) and/or Chris (kitwilliams@doctors.org.uk) in case you want to get information on your membership payment. You should all have received a reminder about this: so please, make arrangements for overdue payments if you have not already done so.

Please contact Gianfranco before the transfer & indicate your name and membership year as reference.

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

News and activities

Elections for EAN Board positions at the General Assembly during the ESCAIDE 2008

Two of the six posts in EAN Board are up for election; these posts are the Secretary and Vice-Secretary. The resigning board members on these positions feel deep involvement in the network and encourage the interested EAN members to stand for election and bring their enthusiasm into an "old-new" Board contributing to the further development of the network. The team is fun and the work is fruitful! Details on EAN duties can be found in the statutes (available on <http://www.epiet.org/fellows/ean.html> or www.epietalumnet.org).

Let us know if you are interested to stand up for election, alternatively, you can indicate your candidacy to us prior to the GA (in the latter case, delegated votes cannot count). We will disseminate the list of candidates known before the GA to all members, so that non-attending EAN members can delegate their vote to an attending member on a signed paper. The ballot will be held at the end of the GA. According to the statutes, the members of the Board shall be chosen from amongst and by the active EAN members (with the exception of the currently trained fellows' of cohort 13 and 14). Decisions are taken by simple majority of votes of attending and officially-represented active members.

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. So make your vote count!

The EAN website one year on

Since October 2007 the EPIET ALUMNI NETWORK has had its own website. The making of the website went through several phases of consultation with the network and the board and was finally launched at the EAN meeting during the 1st ESCAIDE conference in Stockholm. EAN members were unanimous in adopting the idea of a website and committed to keeping it going.



The website has an open and a closed area. In the open area you can find out about the [network](#), its [objectives](#) and the [board](#). Also on the open area are links to all the [collaborating institutes](#) and [field epidemiology networks](#). You will also find links to [epidemiology journals](#), free [epidemiology software](#) and all previous [EAN annual reports](#). Most interesting for

most of us are the [jobs](#), [courses](#), and [conferences](#) which are updated weekly. Until recently the jobs were on the secure part of the website but were recently moved to the open area as EAN members felt it beneficial to share this resource with other colleagues.

In the secure area, you will find [minutes of EAN board meetings](#), [previous year books](#), and overview of EAN training resources and the very popular [EPIET anniversary cooking book](#). Another great resource is a database of all EAN members which you can either list or search by first name, surname, cohort, city, cohort or work areas. For instance if you come into Geneva, you could go to the EAN website and search for all the EAN members in the city and decide on which one you want to have coffee with. However remember that this resource is only as good as the data we receive from you so kindly log onto the site (your username is first name and surname together e.g. chikweihekweazu and your password is ean) and check if your details are up to date. If they are not kindly write me a short email. Of course you can also list all the members of your cohort if you want to organise a re-union for instance.

A lot of work goes into keeping the website up-to-date and making sure that you get that email from EAN at the beginning of every week with updates on jobs, courses, conference and any other activity that we think will interest you. There is a lot of information for you on the EAN website but a website is only as good as the use you put it to. If you have any ideas or wishes for the website please contact me. But be patient with us as we implement your wishes. Click on www.epietalumnet.org now.

Any comments or feedback please send to Chikwe Ihekweazu; chikwe.ihkweazu@gmail.com and copy in the EAN board; eanboard@gmail.com

Prioritisation of infectious diseases in public health - call for comments

In 2004, the department for infectious disease epidemiology of the Robert Koch Institute (RKI), Berlin, Germany initiated a prioritisation exercise to guide the research and surveillance strategies of the department. As part of updating and improving the current prioritisation methodology, RKI presented this methodology also to the broader international public health community to collect suggestions for improvement. In an article published in *Eurosurveillance*, Gérard Krause and the working group described the methodology of the prioritisation to provide the background information necessary for comment on their approach (available on <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=18996>). The team cordially invites comments on the proposed methodology via a web-based questionnaire accessible at <http://www.rki.de/EN > Prevention of infection > Infectious Disease Surveillance > Pathogen prioritization>.

A local service for local people: health protection in a local unit

The EPIET programme training is centred on national public health bodies, so some fellows and alumni may not have experience of life further down the surveillance chain. As a recent EPIET alumnus who has taken a post (by choice!) in a local health protection unit, I thought I could offer some insights on the transition and the differences between the two settings.

I trained in public health in the East of England - that's the rounded lump sticking out on the right hand side of the UK, just above London. I specialised in health protection (protection of public health against infectious and environmental hazards), starting in a local office in Hertfordshire - here I met my first live EPIET fellow. From there I rotated to regional and then national level (CFI in Colindale). From the national posting I was lucky enough to be able to do some international work and then to take up an EPIET fellowship working in Germany.

The big advantages of working in a national centre are the access to resources and expertise, and the potentially large sources of surveillance data and of outbreaks to investigate. National (and international) experts can be found just down the corridor; there is a library in the same building, with easy access to journal articles; and they have STATA (how I miss it now). Projects involving national surveillance data or national outbreaks are more likely to be large enough satisfy the demands of power calculations, and the results may be more generalisable (and therefore publishable).

In both Germany and England, a "divide" between local and national levels is (and probably has always been) is apparent. At the RKI in Berlin, political reasons meant that direct calls from the RKI to local offices were not encouraged. Local offices may feel oppressed by additional surveillance demands, or the sense of being taken over when an outbreak becomes interesting. National centres sometimes regard local offices as incapable of proper investigation or complete and timely surveillance. Nonetheless both are dependent on each other and generally get on despite the occasional grumble.

By their very nature, national centres must take a longer-term and proactive approach, with most incidents being managed at a local level. This means that work in a national centre can be more routine, with fewer immediate challenges or incidents to address. This for me was the main drawback, although had my German been better I might have had more immediate calls through the duty service at the RKI.

The other disadvantage of national working from my point of view, was the distance from patients and the perceived lack power to make immediate interventions, although on one occasion I did in fact interview a case at their home.

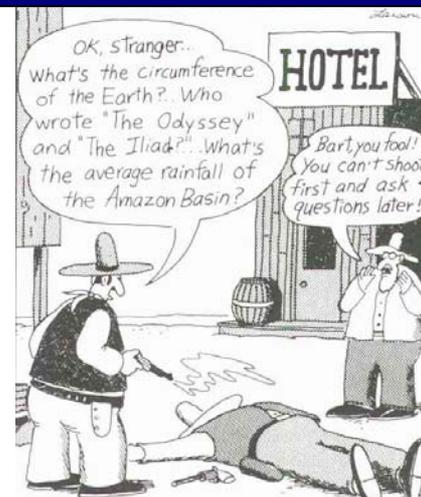
Working in a local office brings me closer to the clinical cases and the environment in which they occur. Every individual case is an opportunity to learn more about disease transmission and also the local social, political and physical environment. We also work with a wider variety of people, and getting to know the relevant people is very rewarding. I have frequent contact with community doctors, hospital microbiologists and clinicians, public health colleagues, local government and vets.

At the local level, interventions and decisions are also more immediate. Chairing an outbreak control meeting is very different to being a participant, and politics can be complex. Also, my media training has finally been put to the test, in numerous short interviews to local radio stations. These are the ultimate reasons why I chose to work locally. I really enjoy the constant new challenges - despite (or perhaps because of) the disruption to routine and pro-active work. Since starting 6 months ago I have dealt with buried bones (could it be anthrax, doc?) on a housing site; an outbreak of psittacosis in poultry workers, requiring intimate knowledge of their slaughter and disembowelment (the poultry, not the workers); a measles outbreak in a Steiner school; and numerous gastroenteritis outbreaks, including E. coli.

Finally, one of the biggest personal changes is living and working in a rural area, after 16 years living in capital cities. I still don't understand why there isn't a tram service from my village to Norwich city. However, having grown up in the country there is a pleasant sense of returning home. In summary I am very please to be working here in Norfolk, and also happy that I have had the experience of working in different settings and countries. Even for those who plan a career in national and international settings, I would recommend a spell in smaller local units, if only to understand the sources of the rich surveillance data archives held at higher levels.

Chris Williams (cohort 11)

Epi cartoon



An example of a severe case of recall bias in a retrospective questionnaire

Interview

A new EPIET co-ordinator team was introduced last year. At that time, we interviewed Viviane, Brigitte, Alicia and Marion about their interests in epidemiology and views on EPIET. Since then, Doris Radun has joined the team as a coordinator based in the Robert Koch-Institut, Berlin. We were interested in receiving her answers as well.



EAN: *What interested you first about infectious disease epidemiology?*

An early but vivid memory of mine regarding infectious diseases stems from a time I was quite little: at that time there used to be a home slaughtering of a pig at the house of my parents once a year (... rural area of Germany), and I remember that when the meat inspector came and unpacked his microscope (on the kitchen table) I always was allowed to peer through it when meat specimens were inspected for trichinella. He always took a pencil and drew the spiral of a trichina on a piece of paper for me, and explained something (presumably on epidemiology of trichinellosis, I am sure I didn't understand much). I then could see the T-stamp on the "deceased" animal, showing that it was free of trichinellae. All this left a deep impression (and seemed quite enigmatic). No surprise, I really like the "Trichinella" case study!

During my final years at medical school, the AIDS epidemic became evident. I thought it was breathtaking to follow the scientific news regarding attempts to identify the causative agent or risk factors for the disease. I also was interested in understanding the reasoning for halting the large clinical trial with Retrovir™ as the control group which received placebo had an outcome markedly worse than the treatment group.

In 1994, I began working at a university hospital in Eastern Germany, a part of the country I hardly knew (few years after the wall came down) to become a physician, where I joined the Department for Gastroenterology and Infectious Diseases. I took care of the patients with infectious diseases, among them patients with HIV/AIDS, viral hepatitis, tuberculosis or respiratory diseases. Apart from clinical care, aspects on disease transmissibility and prevention attracted me. I must say that one of my first contacts with the public health sector wasn't really successful: I suggested to a local health department to initiate further investigations after Q-fever was diagnosed in a student who had had a job in a carpet store: my wish was declined and deemed irrelevant and academic....

I was and am captivated by the complexity of infectious diseases, and the challenge they represent for clinicians, microbiologists and epidemiologists alike. Epidemiology is a powerful tool to better

understand the dynamics of infectious diseases, and it, at least at times, aides decision making in terms of prevention or intervention strategies.

EAN: *How do you think the EPIET/FETP programme has changed since you were a fellow or became coordinator?*

In a sense, it doesn't appear being changed substantially, as it is still a witty and exciting programme (...some advertisement, ok...). Of course, as the cohorts became larger, and thus, "management" perhaps is more complex, some procedures seem more standardised - although this is difficult to tell, as my perspective changed. In any case, the "web" of epidemiologists in Europe meanwhile formed also by EPIET and "side effects" of EPIET (=epidemiologists involved in training or supervision activities) is just impressive.

EAN: *Where do you see EPIET graduates working in the future?*

Of course, there will be a probability distribution regarding graduates in terms of their future activities. Anyway, it is to be hoped that any one of them becomes an independent and capable epidemiologist, and that alumni get involved in epidemiology and public health in Europe, at what levels ever.

EAN: *Why is EPIET important to the EU and member states?*

I can imagine that EPIET contributes a lot to communication among epidemiologists from all over Europe, as a common language is spoken, and views are shared. Countries involved in EPIET become part of the network and thus the discussion forum. Since activities during the training are thoroughly planned according to certain standards, and projects are closely supervised by epidemiologists within the host institutes and by EPIET coordinators, it may contribute to maintain or improve standards.

EPIET Cohort 14 - Welcome!

Name	Surname	Host Institution
Annamaria	Antics	InVS-DSE (France)
Laurence	Calatayud	HPA CFI (UK)
Paloma	Carrillo Santisteve	InVS-DMI (France)
Jaran	Eriksen	HPA CFI (UK)
Katie	Greenland	RIVM (The Netherlands)
Sandra	Guedes	KTL (Finland)
Ignacio	Gutierrez Garitano	IPH (Belgium)
Janusz	Janiec	CDSC/ NPHS Wales (UK)
Martin	Mengel	ISCI (Spain)
Stine	Nielsen	RKI (Germany)
Hana	Orlikova	PZH (Poland)
Margarita	Riera Montes	SMI (Sweden)
Grazina	Rimseliene	FHI (Norway)
Marc	Rondy	RIVM (The Netherlands)
Delphine	Sauvageot	DGS (Portugal)
Otilia	Sfetcu	HPA NI (UK)
Petra	Stocker	ISS (Italy)
Eva	van Velzen	HPS (UK)
Katarina	Widgren	SSI (Denmark)

From the field

UEFA-Football Championship EURO 2008 - experiences from Austria by an EPIET-fellow

The UEFA-Football Championship EURO 2008 has been organized jointly by Austria and Switzerland in the period of 7th and 29th June 08. More than 1 million tickets for visitors of in total 31 matches have been sold, from those 16 games took place at stadiums in 4 different Austrian cities and regions. Additionally, for those fans not attending a match several fan-zones and public viewings all over the country, having capacities to host up to 70.000 fans (Vienna Center), offered also the opportunity to regard and follow each single competition of the tournament.



Being estimated as a “mass gathering” representing an exceptional epidemiologic situation, having the potential to depict a scenario of a public health crisis by increased risk for outbreak and rapid spread of an infectious disease, there has been need for rapid identification of a potential public health threat by increase of alertness and timeliness for otherwise normal steps of routine in notification, documentation and critical analysis of epidemiologic data.

Therefore measures for “enhanced surveillance” have been established by the Austrian Health authorities (Ministry of Health - MoH) with kind support from ECDC and the Robert Koch Institute (<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=8086>).

Further on ECDC offered epidemiologic assistance by scientific advice given by a senior expert and also by seconding an EPIET fellow for the entire period of the tournament. My specific tasks, as being the EPIET-fellow, concerning “enhanced surveillance” in assisting the Austrian health authorities, especially the team at the headquarter “health” at the MoH in Vienna, have been described as:

- 1) to support local public health authorities in:
 - training, as required, to in-country staff related to surveillance needs
 - collecting, analysing, interpreting and disseminating daily disease data from reporting sites
 - follow-up with reporting sites as necessary for missing reports and validation of unusual reports
 - provision of advice or initiating in-country follow-up action as necessary, such as identifying, verifying the need for outbreak investigation and finally participating in, if required
 - liaising with reporting sites and the national reference laboratories on surveillance issues
 - liaising with Switzerland on surveillance issues
 - producing a regular weekly surveillance summary for sharing with reporting sites

- 2) to produce specific communication on by:
 - participating in daily round table teleconference with national health authorities
 - participating in daily round table teleconference with Switzerland and international health authorities
 - providing a field report at the end of the deployment, for the Austrian Ministry of Health and ECDC
 - debriefing with ECDC

To get relevant insight prior to the event I have also taken part in a special EURO 2008 workshop at the Austrian MoH that provided information and coordination between all partners at national and international level being further on engaged in “enhanced surveillance” during the period of the EURO 2008 (<http://www.bmgfj.gv.at/cms/site/standard.html?channel=CH0954&doc=CMS121414272770>).

For the time of the EURO 2008 routine surveillance on national level - regional health boards (RHBs) report monthly on communicable diseases paper based and in a cumulative form to the MoH - was changed to a daily reporting system via line list, that had to be sent by the RHBs of the 4 involved cities to the MoH until 12 a.m. Additionally, daily reports on outbreaks and “special events” had to be submitted. This ensured timeliness of reporting and therefore early detection of outbreaks of infectious diseases. To provide continuity of service, all staff of health boards had to be on call 24 hours 7/7 days a week.

A summary of daily reported cases plus notifications from laboratories together with important national and international information being released during the daily audio conferences held with Switzerland, ECDC and RHBs boards was edited in a special “EURO-log-book” and sent out by the MoH to all RHBs, the National Swiss Health Board and the ECDC daily in the afternoon. In addition the “log-book” could also be accessed via the MoH’s internet-site.

The ongoing measles outbreaks in both organising as well as in neighbouring countries such as Germany and Italy, respectively, raised special concerns about the potential of international spread as already assessed by ECDC in April 08. Therefore daily reporting on measles from the RHBs, as already been negotiated in April 08, continued and these reports were transmitted consequently not only to the European Commission but also to Bavarian, Swiss and Italian health authorities. EUVAC and EU-EWRS were also informed by a weekly report. Monitoring of the measles situation was extended 3 weeks more after closure of the EURO 2008.

All participating national and international partners (Austrian health authorities, Swiss health authorities, ECDC team) demonstrated their enthusiasm by contributing specific information. They confirmed the excellent cooperation in exchange of daily detailed specific epidemiologic information, strengthening by this not only the international potential to react against an upcoming threat if necessary, but also in evaluating their own national capacities in collecting and transporting data for eventual rapid analysis and interpretation and final adequate response. In addition, the already established good cooperation of regional and national experts was demonstrated and strengthened, which does encourage all participating partners for further challenges in public health.

The daily detailed information and also particular estimation of potential international threats having possible impact on the EURO 2008 by ECDC was also highly appreciated by all partners.

As in Austria a national electronic web-based reporting system will be operative just by start of 2009, the daily "line listing" performed during the EURO 2008 has been a good example to demonstrate the importance of real-time surveillance. Even having no electronic system of reporting in place it could be successfully demonstrated, that it is also possible to establish daily communication as an import tool of "enhanced surveillance" just by conventional means, but with the help of a motivated, experienced and trained staff, despite consuming enormously resources as time and manpower.

Fortunately, beside small clusters of locally detected different infectious diseases in Austria as well as in Switzerland there has been no explicit outbreak of an infectious disease to be reported with epidemiologic relevancy on the EURO 2008 (http://www.bmgfj.gv.at/cms/site/attachments/7/7/3/CH0954/CMS1211392929657/euro_2008_-_rueckblick.pdf).

Also the number of measles cases declined in Austria and the former epidemic that was also prevalent in EURO 2008 cities had no impact on the EURO 2008 (<http://www.bmgfj.gv.at/cms/site/attachments/8/0/2/CH0954/CMS1214473552720/masernausbruch2008.pdf>).

Finally I, the EPIET-fellow, did profit being seconded to Austria by achieving explicit training in the field for upcoming future routine tasks in organizing, performing, evaluating and communicating measures and strategies of "enhanced surveillance". Of specific interest was the daily inter-disciplinary work of the human sector with the food and veterinary sector which allowed for rapid information exchange and coordination.

Therefore I would like to thank all persons I have got known during my mission to the EURO 2008 for their good cooperation and advices and also the team from the MoH for hospitality.

More fellows should benefit being provided the opportunity to assist such programs during EPIET, especially to be trained in the inter-disciplinary cooperation with the food and veterinary sector and the broader aspects of crisis management in mass events such as cooperation with the civil protection sector.

To summarize: all organizational efforts were successful concerning putting into practice and routine all intended goals for "enhanced surveillance" as previously announced by building up rapid transmittance of data from regional to national and finally to international level to be collected, to be interpreted and in case of relevancy for negative impact on public health to initiate preventive or counter reacting measures.

Peter F. Buxbaum (cohort 13) from the EPIET and Institut de Veille Sanitaire, Paris, France; R. Strauss (cohort 3), R. Muchl, C. Hain, G. El Belazi, P. Feierabend, H. Hrabcik from the Ministry of Health, Family and Youth, Vienna, Austria and P. Kreidl (cohort 3) from the ECDC, Stockholm, Sweden

(And Spain has won the championships.)

